What Helps, What Hinders? Undergraduate Nursing Students' Perceptions of Clinical Placements Based on a Thematic Synthesis of Literature

Robyn Cant, PhD, MHlthSc[1] (iD)**, Colleen Ryan, RN, BHlthSc, GCertCE, MHPE[2]** (iD)**, Lynda Hughes, RN BN, GDOrthNurs, GDCCNurs, MN, MEd, PhD[3]** (iD)**, Elise Luders, RN, RM, MMid, GCHPE, GDCCU[4]** (iD) **and Simon Cooper, RN, BA(Hons), MEd, PhD[1]**

Abstract

Introduction: Clinical placements are a mandatory component of nursing students' education internationally. Despite clinical education being a key to nursing students' achievement of nursing competencies, few studies have reviewed students' narratives to describe their experiences of learning during clinical placement. Such studies may be important in offering a deeper insight into clinical learning experiences than quantitative surveys.

Methods: A systematic thematic synthesis of qualitative studies between 2010 and June 2020 was conducted. English language studies that offered a thematic analysis of undergraduate nursing students' experiences of learning during placement were sought. A search was made of five databases PubMed, Ovid Medline, CinahlPlus, SCOPUS, and Google Scholar. The study was guided by the ENTREQ statement for enhancing transparency in reporting the synthesis of qualitative research.

Results: Twenty-seven qualitative studies were included in the review. A thematic synthesis showed over 100 themes and subthemes across the studies. A cluster analysis revealed positive elements and others that were seen in the studies as a barrier (hindrance) to clinical learning. Positive elements included supportive instructors, close supervision, and belonging (in the team). Unsupportive instructors, a lack of supervision and not being included were seen as a hindrance. Three key overarching themes that could describe a successful placement were revealed as "Preparation," "Welcomed and wanted" and "Supervision experiences". A conceptual model of clinical placement elements conducive to nursing students' learning was developed to enhance understanding of the complexities associated with supervision. The findings and model are presented and discussed.

Conclusion: The conceptual model presents positive elements that influence students' clinical placement experiences of learning. This model may provide a framework to guide professional development programs and strategies to support students and supervisors alike, an important step forward in moving beyond the current clinical placement rhetoric.

Keywords

clinical practicum, clinical supervision, mentoring, preceptorship, students, nursing, thematic synthesis

Introduction

Clinical placements are a universal experience for undergraduate nursing students and a mandatory component of nurse education across numerous jurisdictions (McKenna et al., 2019). Placements in clinical settings aim to prepare students for professional nursing through the transfer of classroom-based knowledge into practice and the facilitation of socialization into the nursing profession (Henderson, et al., 2012;

[1]School of Health, Federation University Australia, Berwick, VIC, Australia
[2]School of Nursing, Midwifery, and Social Sciences, CQ University, Brisbane, QLD, Australia
[3]School of Nursing and Midwifery, Griffith University, Nathan QLD, Australia
[4]School of Health, Federation University Australia, Gippsland, VIC, Australia

Corresponding Author:
Robyn Cant, School of Health, Federation University Australia, Clyde Rd, Berwick, VIC 3806, Australia.
Email: r.cant@federation.edu.au

Houghton, 2014). These clinical placements are integral in the development of fitness for practice and job readiness (Wells & McLoughlin, 2014). This, then, is dependent on the learner's engagement with and achievement of clinical course learning outcomes. A pivotal requirement is a discipline qualified educator, commonly termed a clinical supervisor, or preceptor (Flott & Linden, 2016). Despite much global variation in role titles, supervisors are responsible for facilitating the learner's development through relationship-based education and training in support of the learner's professional development (Pilling & Roth, 2014).

How students experience clinical supervision is a key influence on their professional development during clinical placements and has been the subject of investigation in order to determine success attributes (Gilbert & Brown, 2015; Levett-Jones et al., 2009). A study of novice Australian nursing students at the point of entry to their first placement reported they were nervous and worried, feeling underprepared for placement with a fear of making mistakes (Levett-Jones et al., 2015). Thus the way in which supervisors model support for students can be key to learning. Likewise, other studies have also found wide-ranging experiences of supervision during placement with suggestions that less positive experiences may form a barrier to students' learning (Flott & Linden, 2016; Ford et al., 2016; Kaphagawani & Useh, 2013) and may lead to deliberations on whether or not to continue their studies (ten Hoeve et al., 2017).

However, clinical supervision is a concept that is not well defined in nursing. In the 1990's concepts of supervision focused on supervisory functions or the supervision process (Lyth, 2000). A conceptual model for nursing student supervision developed by Häggman-Laitila et al. (2007) incorporated four functions: "support of professional development," "pedagogical competence," "research and development activities," and "collaborative working." Flott and Linden (2016) identified four attributes of the nursing clinical learning environment from the literature: "physical space," "psychosocial and interaction factors," "organisational culture," and "teaching and learning components." Kaphagawani and Useh (2013) concluded from the nursing literature that effective supervision necessitated an environment that offers good interpersonal relationships and good communication.

Clinical supervision and its role in clinical placement have been an important field of research in undergraduate nursing studies over the last two decades, with many studies of nursing students' ratings of the quality of placements (Courtney-Pratt et al., 2012; Ford et al., 2016; Grobecker, 2016; Gurková & Žiaková, 2018; Mueller et al., 2018; Warne et al., 2010). These studies utilize a range of validated quantitative measurement instruments to survey nursing student cohorts (Mansutti et al., 2017).

As far as we are aware there has been no recent descriptive review of this topic from the students' narrative perspectives, to present an overview of quality attributes in relation to clinical placement experiences. In the current study, we take the opportunity to further the understanding of students' placement experiences through a synthesis of the views of students, as seen through the lens of the qualitative researchers' thematic findings. An important feature of this analysis is the inclusion of contemporary research conducted over the last decade, to the year 2020.

Methods

The study aimed to explore themes emerging from studies of nursing students' narratives about the impact of clinical practice placement experiences on the development of their competence in nursing. The following research questions are addressed:

(i)   What are the key elements of clinical placement that assist students to learn?
(ii) Are there elements of clinical placement that should be improved to assist students' learning?
(iii) What clinical settings do students regard as valuable for clinical learning?

Design

The review is based on a synthesis of thematic findings from qualitative studies. The key data sources are the concepts and meaning-making opinions that have emerged from researchers' analysis of student narratives. Qualitative studies aim to provide an in-depth exploration of particular concepts and they offer valuable information that can contribute to an understanding of educational dilemmas and help to frame educational decisions (Bearman & Dawson, 2013). However, qualitative systematic reviews have also been criticized as being too subjective and open to bias because of the researchers' interpretations (Barnett-Page & Thomas, 2009). A synthesis of thematic findings from a range of studies is beneficial because it will enable the overall mapping of patterns of students' clinical placement experiences summarized from a much larger sample than would normally be engaged in an individual study (Thomas & Harden, 2008). This thematic synthesis also represents a stage of interpretation whereby the reviewers go "beyond" the primary studies to generate new interpretive constructs or explanations (Thomas & Harden, 2008). Data derived across multiple studies may add to a theoretical understanding of students' experiences of clinical learning environments.

The thematic synthesis was guided by quality criteria described in the ENTREQ statement by Tong et al., (2012) for enhancing the transparency of reporting in studies that synthesize qualitative research. The statement comprises 21 items grouped into five domains: introduction, methods and methodology, literature search and selection, appraisal, and

synthesis of findings. The overall findings will be reported as a *concept model* of what experience elements nursing students found helpful during their clinical placement. We will refer to educators who may fulfill various roles by the general term "supervisor."

Search Strategy

Multiple searches of health care databases were conducted using keywords related to the inclusion criteria. An initial search of PubMed was conducted to determine the breadth of studies in the field. The inclusion criteria were:

- Qualitative descriptive studies of undergraduate nursing students' experience of clinical supervision in a patient care clinical learning environment.
- Studies that report thematic findings from nursing students' accounts of their placement experience. For example, those that analyse descriptive data from the focus group, interviews, open text response to an evaluation survey, reflective journaling, diaries, and similar descriptive sources.
- Peer-reviewed publications in English over the decade 2010 to June 2020.

Studies excluded based on differing supervision contexts were international placements and those of culturally diverse students. Studies excluded because of the design were quantitative studies and reviews of literature. Quality exclusions included studies with a sample of <12 students (Fugard & Potts, 2015). The criterion for identifying sample size varies according to the depth of interrogation (Sim et al., 2018) however, several guides recommend that qualitative studies include a minimum sample of at least 12 to reach data saturation (Fugard & Potts, 2015; Vasileiou et al., 2018). We concluded that studies with a sample of at least 12 would meet the sampling criterion.

The databases PubMed, Ovid Medline, CinahlPlus, Scopus, and Google Scholar were searched. Searches were based on variants of an evidence-based PICOS search strategy of (Participants) students, nursing; (Intervention) clinical placement or clinical practicum; (Comparison) supervision; (Outcome) experience; (Study type) qualitative, or descriptive.

Search Outcomes and Article Selection

The structured searches yielded 1,323 articles in total. One structured search example given below is that of the CinahlPlus database, in a search of titles and abstracts that yielded 606 reports.

[TI nursing STUDENTS AND AB (clinical placement or practice placement or clinical experience) AND (experiences or perceptions or attitudes or views or feelings or qualitative or perspective) (with limiters—Published Date: 20100101-20200630 and Peer Reviewed)].

The identified article titles and abstracts were downloaded into a library database and duplicates were removed. The full texts for 85 articles with potential for inclusion were downloaded and the characteristics of each were charted across ten criteria: author/study, country of origin/placement setting, design/sample, methods/analysis, key findings, and outcomes. This screening resulted in an initial list of 45 eligible qualitative descriptive studies.

A single researcher conducted the searches and extracted and charted the article elements in the first instance. Two authors (R.C. and S.C.) then independently made an iterative assessment of study quality to determine an article's match with the inclusion/exclusion criteria, the availability of desired content information (in Table 1) and an adequate quality of reporting, to determine and agree on studies that were appropriate for inclusion (Kirkevold, 1997). This process resulted in the removal of a further 18 articles (see list in the Appendix). Eight studies did not describe principal themes from students' learning experiences and 10 studies sampled <12 students. The two authors agreed on 27 articles to be included in the review.

Data Synthesis

A thematic synthesis was conducted with the use of NVivo Software (QSR International Pty Ltd, 2020). Following a thematic analysis framework (Lucas et al., 2007) the first author extracted the nominal thematic codes from each study and recorded related quotations. The NVivo coding report was then used as the basis of a two-step cluster analysis (Tkaczynski, 2017). The cluster segments were tabulated based on two predetermined classifications, either "helpful" or "unhelpful" coded elements. In a second step, coded themes perceived as being associated were grouped in a table. Following this, the research questions were addressed descriptively and visually. The mapped themes were examined by two authors (C.R., R.C.) individually and collaboratively to respond to the research questions. This phase included identifying key overarching themes considered to facilitate learning during placement. In the final analytical stage, the findings were built into a concept model of elements conducive to students' learning during placements.

Results/Findings

Twenty-seven studies met the inclusion criteria and were included in the review. Figure 1 illustrates the identification and selection process based on the algorithm Preferred Reporting Items for Systematic Reviews and Met-analyses (PRISMA) (Page, 2020).

The characteristics of included studies are presented in Table 1. The studies examined all levels of course seniority:
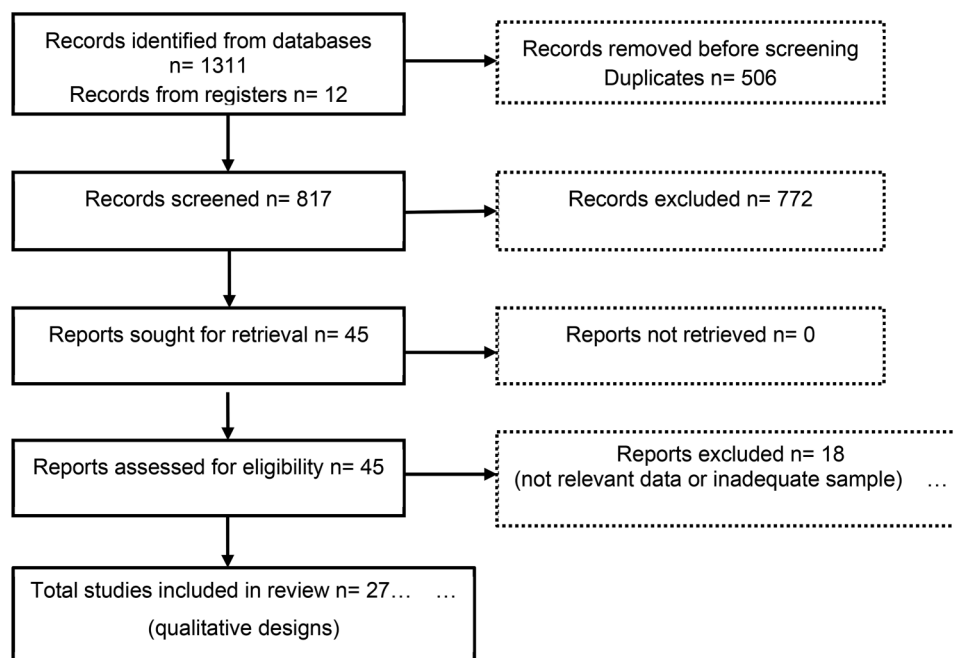
Figure 1. PRISMA 2020—flow chart of article selection.

novice students (year 1, $n = 6$ studies) (Alshahrani et al., 2018; Cooper et al., 2015; Jonsén et al., 2013; McCloughen et al., 2020; Moquin et al., 2018; Thomas et al., 2015); second-year (Arkan et al., 2018) and third- or fourth-year students ($n = 7$ studies) (Bawadi et al., 2019; Birks et al., 2017; Ching et al., 2020; Jarvelainen et al., 2018; Kern et al., 2014; Lopez et al., 2018; van Der Riet et al., 2018). Some examined dual and multiple year groups (Brynildsen et al., 2014; Courtney-Pratt et al., 2018; George et al., 2020; Walker et al., 2014), or the year was not specified (Hurley et al., 2020; Jack et al., 2018; Jamshidi et al., 2016; Lea et al., 2015; MacDonald et al., 2016; Miller-Rosser et al., 2019; O'Mara et al., 2014; van Giersbergen et al., 2016; Vatansever & Akansel, 2016).

Together, these studies incorporated the views of over 1,000 undergraduate nursing students, with the student sample averaging 38 and ranging from 12 to 260. Approximately 40% of the studies sampled small student cohorts of <20 and two studies sampled >100 students.

There was a good representation of global research. The countries of origin were Australia ($n = 11$ studies), Canada ($n = 3$), United Kingdom ($n = 3$), Turkey ($n = 2$) and one each from Finland, Italy, Iran, Hong Kong, Jordan, Norway, Singapore and the United States.

Almost all studies used samples of convenience. As seen in Table 1, study designs were exploratory and they commonly used focus groups or individual interviews for collecting data (18 studies), or else open questions embedded in a survey ($n = 6$), or students' diaries or a mixed methods technique. The designs were generally centered on narrative at a single time-point; two studies conducted repeated interviews.

A total of more than 100 thematic codes or linked subdimensions were evident. Numerous themes described the ways that elements in the clinical placement environment assisted students to learn and improve their competence in nursing, for example, close supervision and supportive instructors. Half the studies presented at least one theme that formed a barrier to students' learning. These clustered around students' descriptions of a negative impact of elements within the placement environment: students not being welcome in the unit, a lack of supervision, unsupportive clinical instructors, or poor-quality nursing practice. Overall, the majority of codes related to both direct positive influences on students' learning and to negative (unhelpful) experiences. The remainder related to students' development of coping strategies to manage anxiety/stressful situations and emotional work to "fit in" with nursing culture. A descriptive summary of the thematic codes extracted from studies is presented in Table 2, using the original terminology. Next, we present a further description of these elements with some illustrative quotations.

Clinical Placement Elements Conducive to Learning

The majority of placements described were in hospital ward settings with students assigned to a ward nurse supervisor or individually supervised by several different nurses over different shifts. Consistent supervision by one or a few nurses was perceived as optimal as these staff would know the student's capabilities and scope of practice and allocate applicable nursing tasks. For example:

Table 1. Characteristics of Included Qualitative Descriptive Studies (*n* = 27 Studies).

Author/Study	Country/Setting (*if given*)	Design/Sample	Methods/Analysis	Key outcome
Alshahrani et al. (2018) Undergraduate nursing students' strategies for coping with their first clinical placement.	Australia	Quantitative descriptive survey included open question items; *n* = 58, first-year nursing students.	Subanalysis of open questions from main survey.	A range of strategies and being adequately prepared enabled coping: Sharing of coping strategies used by nursing students helps to provide a positive introduction to nursing practice.
Arkan et al. (2018) Undergraduate nursing students' experience related to their clinical learning environment and factors affecting their clinical learning process.	Turkey	Qualitative design: in-depth interviews of 14 second-year bachelor degree students.	Transcribed interviews analyzed by simple content analysis.	Five themes arose; students experienced many difficulties in CLE. Beginner nursing student's experiences are impacted mostly by personnel during clinical learning.
Bawadi et al. (2019) Jordanian nursing student and instructor perceptions of the clinical learning environment	Jordan	Interpretative qualitative design (*n* = 28 students in third- and fourth-year; 6 instructors).	Focus group interviews (4 groups of 6–8 students and 2 groups of 6 instructors).	Themes described attributes of clinical training placement, personnel, curriculum and students. Planning for students' clinical experience should take into consideration the challenges associated with these attributes.
Birks et al. (2017) The impact of clinical placement model on learning in nursing: A descriptive exploratory study	Australia	Qualitative study of block versus distributed model of clinical placement; *N* = 22, third-year nursing students.	Focus groups and an individual interview were analyzed using thematic analysis.	Five overarching themes described students' experiences; both block and distributed modes of placement have inherent advantages and disadvantages. Sequencing, consistency and preparation must be considered during planning.
Brynildsen et al. (2014) Improving the quality of nursing students' clinical placements in nursing homes: An evaluation study.	Norway) (Aged care)	Exploratory design (*n* = 260): first- and third-year students' experiences during their clinical placements in five nursing homes.	Student questionnaires and logs were analyzed using content analysis.	Experiences were more positive than negative; there was less satisfaction with supervision from preceptor and how the practice site was prepared for and organized students' placements. Barriers to learning can be collaboratively resolved. Orientation using preplacement information and an introductory session in the facility on the first day was welcomed as was peer to peer learning
Ching et al. (2020)	Hong Kong	Qualitative descriptive	Focus groups (*n* = 10) with	Themes were identified

Table 1. Continued.

Author/Study	Country/Setting (if given)	Design/Sample	Methods/Analysis	Key outcome
Stressors and coping of nursing students in clinical placement: A qualitative study contextualizing their resilience and burnout.		study ($n = 24$) of final-year baccalaureate nursing students identified with low or high resilience.	24 students. A thematic analysis identified two main themes.	regarding stressors and coping. Students should be offered interventions to enable better engagement in reflection to facilitate self-awareness and encourage flexible use of personal and external resources.
Cooper et al. (2015) Key influences identified by first-year undergraduate nursing students as impacting on the quality of clinical placement: A qualitative study	Australia	Survey subanalysis of open-ended question responses from $N = 361$ first-year nursing students over 3 years.	Survey with thematic analysis of one open question about most and least helpful.	Student expectations of supervising ward nurses were perceived by the student as important to the success of learning and the quality of the experience. Students should be purposely engaged in the tertiary sector and provided guidance and strategies related to forming and maintaining relationships with supervisors.
Courtney Pratt et al. (2018) "I was yelled at, intimidated and treated unfairly": Nursing students' experiences of being bullied in clinical and academic settings	Australia	Interview study to explore $n = 29$ nursing students' experiences of bullying in clinical and academic settings.	Convenience sample first-, second- and third-year nursing students who attended interviews; analyzed using NVivo.	Participants described multiple examples of bullying occurring in both clinical and academic settings, but none were reported. Reporting structures and support strategies need to be reexamined and resilience training for students is imperative.
George et al. (2020) Self-efficacy and concerns of nursing students regarding clinical experiences	California, USA	Pre–posttest evaluation study of $n = 60$ junior and senior level students using a survey with open text questions.	Survey with open text questions.	Concerns were voiced in respect to the program; however, students' confidence improved significantly after the clinical experience ($p \leq .001$). Strategies identified that nurse educators can use prior to, during, and after the clinical experience to address student concerns should be implemented
Hurley et al. (2020) Emotional intelligence as a mechanism to build resilience and nontechnical skills in undergraduate nurses	NSW, Australia (mental health or medical/surgical placement)	Interview study of nursing students ($n = 12$) who received training in emotional intelligence (a correlate of resilience).	Semistructured interviews; a thematic analysis	Four themes emerged that described improved student capabilities in understanding patients' situations; student and patient experiences of nursing placement (mental

(continued)

Table 1. Continued.

Author/Study	Country/Setting (if given)	Design/Sample	Methods/Analysis	Key outcome
undertaking clinical placement.				health nursing placements in particular), would be enhanced by preplacement emotional intelligence training and coaching for students.
Jack et al. (2018): "My mentor didn't speak to me for the first four weeks": Perceived unfairness experienced by nursing students in clinical practice settings	Northwest England, U.K..	Mixed methods using survey and interview to explore nursing students' experiences (n = 22 students from nine institutions).	Unstructured interviews were analyzed using thematic analysis.	Unfairness experiences were related to being ignored and unsupported; student nurses want to have feelings of belongingness in the clinical area.
Jamshidi et al. (2016) The challenges of nursing students in the clinical learning environment: A qualitative study.	Iran	A qualitative design using interview/focus group (n = 17 students and three instructors).	Semistructured interviews and a focus group.	Three themes emerged that challenges students learning in the clinical setting; we recommend that the instructors prepare students with a specific focus on their communication and psychological needs.
Jarvelainen et al. (2018) Nursing students' educational experience in regional Australia: Reflections on acute events. A qualitative review of clinical incidents	Australia	Qualitative research reviewing 224 reflective reports on clinical events from 92 final-year nursing students.	Patient deterioration events (40) were identified and subjected to coding and thematic analysis.	Themes/subthemes identified positive and negative viewpoints; students experience a range of practice behaviors from exemplary leadership, to careless individual practices and a "failure to rescue" deteriorating patients.
Jonsén et al. (2013) Finnish and Swedish nursing students' experiences of their first clinical practice placement—A qualitative study	Finland	N = 22 first-year nursing students' experience during their first clinical placement.	Focus group interviews with nursing students, analyzed by content analysis.	Positive and negative experiences were revealed; it is important for preceptors to be more visible and to make the atmosphere at the clinical placement more permissive.
Kern et al. (2014) Undergraduate nursing students' belongingness in clinical learning environments: Constructivist grounded theory	Canada	Qualitative design using the interview to examine the views of 18, third- and fourth-year students.	Semistructured interviews with comparative methods were used to analyze data.	The students' described themes relating to gaining entry into the nursing "atmosphere," a privileged space unique to each clinical placement. In this space, students were granted access to rich learning and socialization opportunities in alliance with the unit-based nurses.
Lea et al. (2015) Improving student nurses' aged care	Australia) (Tasmania) (RAC)	Qualitative pre–poststudy of IG 40 students' plus 39 students in CG: staff	? Quasiexperimental? With IG allocated to a 3-week supported placement at a	The IG mentors and students were well prepared for the placement and students

Table 1. Continued.

Author/Study	Country/Setting (*if given*)	Design/Sample	Methods/Analysis	Key outcome
understandings through a supported placement		formed mentor action research groups to build capacity.	RAC facility; 39 students were placed across 14 CG facilities. Data were collected via student meetings and pre–postquestionnaires.	experienced enhanced teaching and learning derived from high levels of mentor support and increased autonomy. Students' knowledge, understanding and attitudes around aged care and dementia improved.
Lopez et al. (2018) Does building resilience in undergraduate nursing students happen through clinical placements? A qualitative study	Singapore	A qualitative design using interviews of 19, third- and fourth-year nursing students in a Bachelor of Nursing program.	Four focus group interviews with were audiotaped and analyzed.	Nursing students built resilience after accumulating experiences from their clinical placements but peer, clinical, and informational support were lacking. Resilience programs that teach positive coping strategies and mindfulness training could be implemented in the undergraduate nursing curriculum.
MacDonald et al. (2016.) Nursing students' experience of practice placements.	UK (Scotland) (Acute hospital)	A qualitative design using reflective group sessions (longitudinal study: $n = 10$ students).	Fortnightly group reflective sessions to discuss and analyze learning experiences: a group narrative approach.	Students experienced ethical dilemmas around patient dignity, consent and advocacy as well as factors external to the practice setting, such as navigating systems and processes. The students devised recommendations for other students to enable them to navigate their practice placements more effectively.
McCloughen et al. (2020) Nursing students' socialization to emotion management during early clinical placement experiences: A qualitative study.	Australia (NSW)	Mixed methods—exploratory qualitative study with interviews to explore $n = 19$, first-year students' experiences of emotion management during a first-year clinical placement.	Semi-structured interviews.	Students are exposed to clinical environments and interpersonal encounters that evoke strong emotions. Interactions with patients and staff often elicited negative feelings. Structured guidance for emotion management by supervising staff was scarce and students used informal self-reflection and interpretation to guide emotion management. Education providers need to facilitate student nurses to strengthen their

Table 1. Continued.

Author/Study	Country/Setting (if given)	Design/Sample	Methods/Analysis	Key outcome
				internal and external resources to mitigate the risks of emotional labor.
Miller-Rosser et al. (2019) The student experience of a "Kidney Camp" as a primary care clinical placement for undergraduate nursing students.	Australia (Primary care)	A qualitative case study to analyze n = 27 nursing students' experiences at the Kidney Kids Camp primary care clinical placement (5-day camp).	Longitudinal (3 years) using interviews, focus group and an open-ended questionnaire.	Five themes emerged suggesting Kidney Kids camp experiences presented nursing students with an enhanced appreciation of primary care nursing, working with children, and an understanding of the impact of chronic health illnesses, through the primary care lens.
Moquin et al. (2018) From apprehension to advocacy: a qualitative study of undergraduate nursing student experience in clinical placement in RAC	Canada (RAC)	Qualitative study participatory action research to report data from one undergraduate first-year nursing placement (n = 15) in a Canadian RAC setting. Two groups of 7–8 students and two university instructors.	Students were interviewed prior to and after placement. The instructors, staff and residents were interviewed postplacement.	Students progressed in their learning by taking initiative and through self-directed learning pathways. Learning on placement within RAC, students moved from feelings of apprehension to taking on advocacy roles for residents. Better formalized routes for students to feedback their unique understandings on resident care could ensure their contributions are better integrated and not lost when placements end.
O'Mara et al. (2014) Challenging clinical learning environments: experiences of undergraduate nursing students.	Canada	Using an Interpretive descriptive study design, researchers held focus groups with 54 undergraduate students from two Canadian sites. Who self-reported challenging issues in CLE.	Focus group interviews	Students defined a CCLE as affected by relationships in the clinical area and by the context of their learning experiences. CCLE decreased students' learning opportunities and impacted them as persons. As students determined which relationships were challenging, they tapped other resources and used strategies to rebuild, reframe, redirect and/or retreat. Relationships also acted as buffers to unsupportive practice cultures. Implications for practice and research are addressed.
Thomas et al. (2015) Finessing incivility: The	U.K. (Hospital placements)	Nursing students in hospital ward	Longitudinal qualitative data daily unstructured diaries	A theory of "finessing incivility" we developed

Table 1. Continued.

Author/Study	Country/Setting (*if given*)	Design/Sample	Methods/Analysis	Key outcome
professional socialization experiences of student nurses' first clinical placement, a grounded theory		placements comprising a rural District General Hospital and a large city Hospital responding to the question "tell me what it is like to be a first-year nurse on a first placement." (*n* = 26)	for 6 weeks. analyzed using grounded theory,	comprises a conceptual framework depicting how student nurses deal with professional incivility during their initial clinical placement. Being disillusioned with their role as a worker rather than a learner yields a sense of "status dislocation." Despite needing professional benevolence, they remained altruistic and sought recompense from significant others to negotiate for learning opportunities and relocate their student status.
Van der Riet et al. (2018) Nursing students' perceptions of a collaborative clinical placement model: A qualitative descriptive study	Australia (NSW)	14 final-year nursing students. (Collaborative models are a tripartite relationship between students, university staff & clinical partners).	Focus groups with students.	Six main themes described positive experiences around being welcomed and wanted. The clinical collaborative model fostered a sense of familiarity for many participants and this led to belongingness, acceptance, confidence and meaningful learning experiences.
van Giersbergen et al. (2016) The OR experiences of nursing students: a focus group study.	Turkey	evaluate OR experiences of student nurses (*n* = 26).	Interviews were held with a total of 26 students in three focus group interviews	Four themes emerged around positive and negative experiences, including anxiety. Students stated that the period of OR practice was insufficient, opportunities for being able to implement care were limited (they mostly observed), and they experienced feelings of being alone and of fear. Despite findings, the OR practice provided a major contribution to their education and helped determine their career preferences after graduation
Vatansever and Akansel, 2016) ICU experience of nursing students during	Canada (ICU experience)	ICU experience and students' learning (*n* = 18). in ICU units of a University Hospital.	Qualitative study using interview	Four themes emerged. Personal experiences and perceptions of students play an important role in

(continued)

Table 1. Continued.

Author/Study	Country/Setting (if given)	Design/Sample	Methods/Analysis	Key outcome
their clinical placements: A qualitative study.				forming their thoughts related to ICU. ICU's are stressful places to practice nursing skills and considering students' limited autonomy at ICU's we recommend the placement only for students who are close to graduation.
Walker et al. (2014) Constructing a nursing identity within the clinical environment: The student nurse experience.	Australia (Queensland)	$N = 159$ nursing students from all year levels to elicit responses to the question: "What elements are needed during the work-integrated learning experience to enable undergraduate nursing students to construct their nursing identity?"	Qualitative study using an online survey and open text responses $N = 159$ nursing students across were surveyed and provided open text responses. Analysis used a thematic analysis based on a constructivist approach.	Findings reveal five key positive elements to the construction of students' nursing identity; role models, peer support, belonging, confidence, developing critical thinking ability. The findings provide information for student nurses, preceptors and educators in guiding clinical placement experiences that are able to facilitate the development of the nursing identity (see concept model).

CCLE = challenging clinical learning environment; CG = control group; CLE = clinical learning environment; ICU = intensive care unit; IG = intervention group; OR = operating room; RAC = residential aged care.

students assign value to being welcomed into in the clinical setting, appreciate consistency in individual and team attitudes for support, and situate the complex [supervisory] relationship as central to their experience during their placement. (Cooper et al., 2015)

The supervisory relationship was key to students learning and this featured in 25% (28/113) of all themes, whether they be positive or negative elements. Birks et al. (2017) recorded this:

the best placements as those that featured "learning opportunities," i.e., situations that challenged students to make clinical decisions and acquire new skills. These learning opportunities materialised when three interrelated factors were in place: consistent expectations; clear understanding of the student scope of practice; and trust in student abilities.

The supervisory relationship was bounded by rich descriptions and multiple positive themes such as *Nurses'* *collaboration, Student expectations of supervising ward nurse, Supportive clinical instructors, Positive working relationship, Positioning for belongingness, Entering into belongingness,* and *We are there to learn*—as students expected to integrate/meld their knowledge into real-life practice. Assessment and feedback for learning were assumed components in the cycle of supervision, though not especially featured in the coded themes that were reported.

Kern et al. (2014) described the importance of becoming competent to "belong" in the nurse team. The "Belongingness" theme was a privileged space where students were granted access to "rich learning" and socialization opportunities in partnership with unit-based nurses:

… positioning for belongingness involved students' demonstration of their preparedness for clinical practice. A decision to optimize their learning and professional growth within the clinical setting involved Persevering for belongingness. Students were cognizant that their performance was

continually scrutinized by educators and unit-based nurses. Ultimately, entering into belongingness was predicated on unit-based nurses' evaluation of a student's competence and connectedness to others. (Kern et al., 2014)

Entering Belongingness changed the student's status, now being "valued" and "accepted," as a nursing colleague.

Overall, the reviewed studies provided an interpretation of novice to expert transitions featuring novice nursing students through to final-year students. Studies consistently reported themes around the anxieties of novice students' first clinical placement (*First-year nursing student anxiety, Stress at first placement, Coping with anxiety, Stressors of expectations*), through to the impact of more structured learning experiences sought through *Student expectations of supervising ward nurse, Form a relationship, Be trusted.* Through *Authentic experiences* the training outcomes included *Build confidence over time as part of the team, Finessing incivility\Being benevolent\Maintaining values* explaining how students maintained the evidence-based practices already learned and were reluctant to cut corners. Ultimately, themes described *Constructing nursing identity* through achieving a greater understanding of the nursing culture, based on an overall vision of *Positive role models* (supervising nurses), *Belonging, Peer support, Critical thinking abilities, and confidence.*

Clinical Placement Elements That Hinder Learning

Coded themes that were said to form a barrier to students' learning were prominent and were also identified in five of the group of 11 Australian studies. These themes clustered around students' descriptions of a negative impact of some elements within the placement environment (see Table 2).

Preparation for a student's placement was necessary and should be managed by both the university and the health care organization. Birks et al. (2017) recorded a deficit in planning:

> Organisational issues raised by students included staff not anticipating students, students not being told where to go or who to work with, and an inappropriate mix of staff/supervisors. "I was allocated to a placement where they didn't always have students. So, I showed up, they didn't know I was coming …" and the two ladies said "oh I'm not having a student" and the other one said "well I'm not having a student [either]."

Relationships were a source of challenge and formed a *Barrier to practice learning* as staff *Missed opportunities* to allow students to practice a skill or to learn a new one. *Students were not included* in nursing work, forced to learn passively as an observer when a supervisor excluded them from work, fearful of students making mistakes. A lack of close supervision was a thread seen across themes, yet this was disappointing to students who were focused on "*We're there to learn*" and hoped for feedback about their nursing skills.

In units with a low staffing ratio, there may be no supervisor for a student, particularly affecting a beginner student who would need direction (Arkan et al., 2018; McCloughen et al., 2020). There may be a lack of *sequence practice to skill level* with students expected to carry out nursing duties beyond their scope of practice (Arkan et al., 2018; Lopez et al., 2018), undermining their confidence. Without direct supervision, the staff and preceptors "may not know why the students are there, or what the students should do" (Jonsén et al., 2013). The "required hours and learning requirements" may be unmet without adequate supervision (Arkan et al., 2018).

Although the *Challenges faced in clinical placements* were multiple, themes were commonly focused on a *Lack of support* for students' learning. O'Mara et al. (2014) acknowledged that clinical learning is always influenced by relationships in context:

> …relationships in the CLE are fundamental to clinical learning in both a positive and negative sense … our findings suggest that positive relationships also act as buffers to unsupportive practice cultures, and negative clinical unit cultures and relationships. As students identified challenging relationships, they tapped other resources as they rebuilt, redirected, retreated and/or reframed their learning.

Notwithstanding this, a negative culture could enhance students' resilience as they *Learn to reframe negative experiences* into something meaningful that they could relate to their future practice. O'Mara et al. (2014) described one student's response to disappointment owing to negative experiences:

> It's a sense of accomplishment that I can do this. It doesn't matter what we're going to face in our career, if I can get through this then I can [deal] with anything.

What Clinical Environments do Students Regard as Valuable for Learning?

Most studies examined clinical placement programs within generalist hospitals as of value for learning, however five specialty placement studies: Intensive care, operating theatres, residential aged care, nursing homes and primary care were identified (Miller-Rosser et al., 2019; Moquin et al., 2018; van Der Riet et al., 2018; van Giersbergen et al., 2016; Vatansever & Akansel, 2016). Each of these were seen as appropriate for nursing student placements. Specialty placements offered students broader insights into nursing practice, however, were often observational in nature. Students described *Being an intensive care unit*

Table 2. Verbatim Descriptive Thematic Codes Extracted From the Studies Included.

Helpful elements	Unhelpful elements
Welcomed and wanted	Students not welcome,
Feeling welcome	Treated as lesser person
Orientation [importance of]	Not welcome
Educational atmosphere	Just prepare them for us
Preceptor they know from	coming
course [is best]	
Communication between all	
stakeholders includes students	
Supportive clinical instructors	Lack of close supervision
Student expectations of	Lack of mentor affects
supervising ward nurse\form a	learning
relationship	Not supportive clinical
Striving for learning	instructors
opportunities	Experience of being bullied
Positive role model of nurse	Poor-quality practice
Nurses' collaboration	Poor-quality standard
Good quality practice	(nursing)
Given responsibility	Missed opportunities
Taking all that knowledge out	Sequence practice to skill
and practising it	level
We're there to learn	Persons affecting the clinical
Positive working relationships	environment
between parties	Lack of satisfaction
Structure and nature of the	Lack of support
clinical placement	Context as a source of
Convenience location	challenge
	Attributes of clinical training
	placement
Well supported, belonging	Students not included
Entering into belongingness	Discrimination
Build confidence over time as	Finessing incivility [bullying]
part of team	\disillusionment with role\
Learning socialization	Needing benevolence
Role models	\recanting status worker or
Maintaining values	learner\seeking recompense
Constructing nursing identity	for learning\significant others
Students' responses to	Individual versus team
challenges	attitudes
Coping with emotion	Impact of challenges
Patient deterioration themes	Learning to reframe negative
Trains critical thinking abilities	experiences
Positive interactions between all	Evaluate unfairly
parties	Students not feeling
	adequately prepared
	Impact of education in school
ICU placement\being an ICU	Working with Health care
nurse\learning in ICU/patient	Assistants
communication in ICUs	Operating room experience
Night shift learning	\fear, anxiety\information
Operating room experience	
\determination of career	
preference	

(continued)

Table 2. Continued.

Helpful elements	Unhelpful elements
Entering the world of primary	
care\journey of self-discovery	
for students\think differently	
about nursing\ways you	
communicate	
Observational learning takes	
place in speciality areas	
Stress at first placement	Coping with anxiety
Build-use peer support	Coping with stress
First-year nursing student	Inferiority complex
anxiety	Detecting the best time to
Stressors of expectations	communicate with staff
Stressors of fitting into	[students'] Inadequate
culture	readiness.
Theory how to cope with	
anxiety\avoidance coping	
\task-orientated coping	
Students personal	
charactering	
Students use self-reflection to	
cope with stressors	
Other	
Some countries have resource limitations	
Distributed or block placement\longer placement helps	
Observational learning experiences do take place	

Note. Coded themes are reported verbatim; other extracted key phrases are shown in italics.

(ICU) nurse, *Learning in ICU,* and differences in *patient communication in ICU* owing to patients' conscious states and commented the staff members were welcoming and supportive. Owing to the ward context, which can be stressful, ICU placements were said to be most suitable for senior students. In a primary care residential camp for children with renal disease, nursing students found a *Journey of self-discovery* which made them *Think differently about nursing*: i.e., caring for ambulant young people and understanding chronic health issues. In residential aged care, students described *Needing to take initiative* when working with Health Care Assistants and residents without registered nurse supervision. Although lack of supervision was reported in another included study, students also appreciated feeling welcomed through preplacement information and an introductory program at the facility on their first day. Students thought the peer-to-peer learning model where first- and third-year students worked together helped them to learn (Brynildsen et al., 2014).

Overall, themes from the reviewed studies aligned with the prospect of a novice-to-expert trajectory suggesting that students' nursing competence can be enhanced via successive supervised practice placement experiences over the years of study. Lopez et al. (2018) who interviewed third-/fourth-year students at a university in Singapore reported this transition:

The participants shared that they had started out with a beginner's mind and adapted to the ward culture over time as they progressed to their senior years in their academic career: "… I am quite comfortable and now quite familiar with the environment. So to me, I sort of know how the system works and how the hospital culture will generally be like, so it's easier for me to adapt to even if it causes me stress." (Lopez et al., 2018)

Development of a Concept Model

In the final analytical stage, a concept model was developed collaboratively, with a consensus achieved among the authors. This model aimed to be a visual representation of constructive elements for students' learning. Three overarching themes that emerged were "Preparation," "Welcomed and wanted" and "Supervision experiences" (Figure 2).

The model aligns the three themes with strategies perceived to help students learn during placement. It was evident throughout the thematic synthesis that education providers, health care organizations, and students contribute to the success of clinical placement and need to be considered in light of the three main themes. Our concept is, therefore, that the key themes and their components represent impacts on students that operate in tandem, at the level of the main themes (horizontally) and at the level of the roles players play (vertically). The concept model signifies a pattern of nursing student experiences of learning that will likely be repeated in successive placements until competence is achieved.

Discussion

The current study presents an overview of themes from nursing students' narrated experiences of learning during clinical placement. The analysis revealed many elements conducive to learning, as well as a plethora of elements that were regarded in the included studies as a hindrance. As the studies originated in 12 different countries, the findings were not restricted to any region or nursing program, allowing for a broad understanding of potential impacts on students.

The review confirmed that students assign value to be in an inclusive learning environment (Cooper et al., 2015), which supervisors are underprepared to manage and report students concerns (George et al., 2020; McCloughen et al., 2020) and extended the known issues to include that current organizational feedback mechanisms are not always helpful for students in reporting their experiences (Moquin et al., 2018). We also noted that education providers need to teach students coping strategies regarding the stressors encountered during clinical placement (Hurley et al., 2020; Jamshidi, et al., 2016). Although there may not be any perfe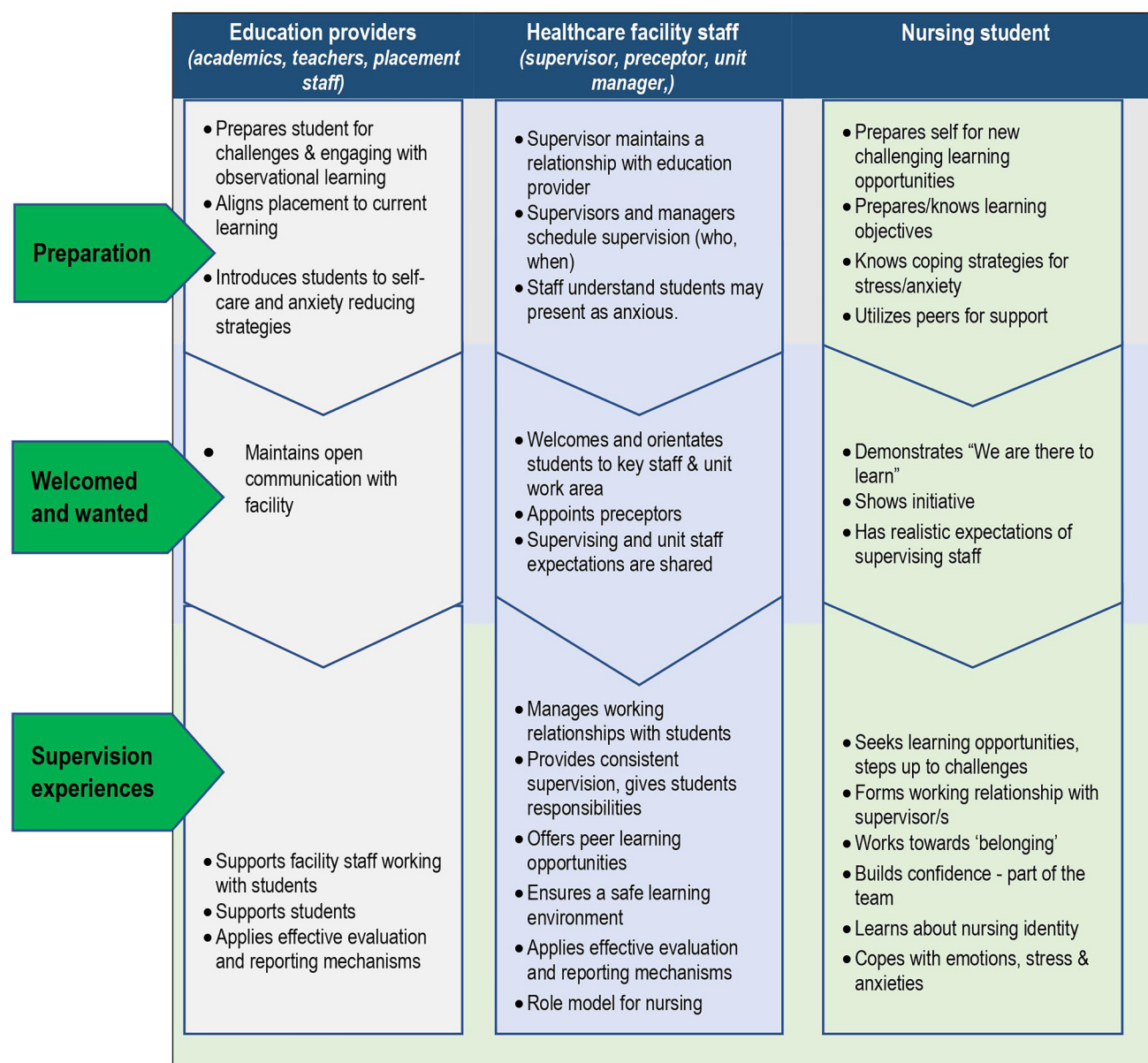cted model for learning during placements the elements clearly represent a "learning cycle" described by Falender and Shafranske (2017):

> clinical supervision involves a cycle of observation, evaluation, feedback, supervisee self-assessment plus the acquisition of knowledge and skills by instruction, modelling, and mutual problem-solving. (pp. 88).

Effective clinical learning commences when students are adequately prepared for placement. Through "*Preparation*," along with the experience of being "*Welcomed and wanted*" students can feel included and arrive ready to learn. This echoes other studies that highlighted the importance of preplacement student preparation (e.g., in nursing skills and communication techniques) (McLeod et al., 2021; O'Brien et al., 2019) along with effective communications between university, placement facilities, educators and students, to facilitate a positive placement experience for students (Garvey et al., 2021; O'Brien et al., 2019). From a placement organization perspective, elements such as orientation, appointing preceptors and structuring the placement were conducive to learning (Birks et al., 2017), whereas disinterested and unwelcoming staff were a hindrance (Cooper et al., 2015). From a university perspective, students and supervisors could be better informed about students' schedules, skills, scope of practice, curriculum and learning objectives, and how these relate to each clinical placement. All this provides a richer understanding of the notion of welcoming and inclusivity that have previously been identified in quantitative studies (see Doyle et al., 2017; Ford et al., 2016; Lamont et al., 2013). Furthermore, students who were prepared for and accepted responsibility for striving to develop their nursing competence, who worked hard to fit in and persevered to "Belong" were rewarded with inclusivity and rich learning experiences with ward staff (Kern et al., 2014). One strategy not mentioned in the included studies that could enhance students' sense of belonging is for supervisors to introduce them to organizational policies and procedures. Inclusivity assists students in developing a nursing identity; elements evident in both the "*Welcomed and wanted*" theme and "*Supervision experiences*" theme.

An emergent theme in our results highlights contemporary thinking in the literature around the need for education providers to prepare students for the challenges of clinical placement by introducing them to coping and anxiety-reducing strategies (Ching et al., 2020; Cornine, 2020). Time and support for students to practice and use the strategies in preparation for, and during clinical placement is also needed. For example, a university workshop was valued by students as preplacement preparation (Garvey et al., 2021).

An element that was not present in the reviewed literature and is worth further consideration is the role of the health care consumer and how they may impact students' learning in clinical placement. As the active involvement of health

Education providers (academics, teachers, placement staff)	Healthcare facility staff (supervisor, preceptor, unit manager,)	Nursing student
Preparation • Prepares student for challenges & engaging with observational learning • Aligns placement to current learning • Introduces students to self-care and anxiety reducing strategies	• Supervisor maintains a relationship with education provider • Supervisors and managers schedule supervision (who, when) • Staff understand students may present as anxious.	• Prepares self for new challenging learning opportunities • Prepares/knows learning objectives • Knows coping strategies for stress/anxiety • Utilizes peers for support
Welcomed and wanted • Maintains open communication with facility	• Welcomes and orientates students to key staff & unit work area • Appoints preceptors • Supervising and unit staff expectations are shared	• Demonstrates "We are there to learn" • Shows initiative • Has realistic expectations of supervising staff
Supervision experiences • Supports facility staff working with students • Supports students • Applies effective evaluation and reporting mechanisms	• Manages working relationships with students • Provides consistent supervision, gives students responsibilities • Offers peer learning opportunities • Ensures a safe learning environment • Applies effective evaluation and reporting mechanisms • Role model for nursing	• Seeks learning opportunities, steps up to challenges • Forms working relationship with supervisor/s • Works towards 'belonging' • Builds confidence - part of the team • Learns about nursing identity • Copes with emotions, stress & anxieties

NOTE: The elements are derived from coded themes in 27 primary studies of students' narrative views of clinical placement experiences.

Figure 2. Conceptual model.

care consumers in nursing education expands globally (Suikkala et al., 2018), the impact of this involvement on students learning during clinical placement warrants examination.

Second, as shown in Figure 2, elements of "Supervision experience" were the largest theme overall. The wider student narratives provided insights confirming nurses' positive collaborations with peers, managers and students, preceptor support, ward staff inclusivity, quality and safe learning environments to encourage students to belong. The positive elements aligned with descriptions of best practice in student supervision in the nursing literature (Flott & Linden, 2016; Häggman-Laitila et al., 2007; Kaphagawani

& Useh, 2013) and in a practical guide to professional experience placements (School of Nursing, 2020). As in our study, however, other studies report that similar negative student experiences of placement persist (Donough & van der Heever, 2018; Mahasneh et al., 2020; O'Brien et al., 2019). The diversity of our findings and those of others confirm a need for supervisor professional development to provide more skilled supervision. This issue is known as a long-standing barrier to quality clinical supervision in nursing, with Salminen et al. (2021) calling for international decisions around what industry-wide standards are required for supervisor competency. The need to identify supervisor

standards with a view to preparing *every* registered nurse for supervising as a requirement of their role was a recommendation from a recent review of nursing education in Australia (Currie et al., 2019). Furthermore, a contemporary review of the international literature concluded that there are few meaningful and robustly evaluated examples of professional development programs made available to supervisors (Ryan & McAllister, 2020).

Our review reported here included 11 Australian studies, illustrating the depth of national interest in the provision of quality placement experiences for students. This is encouraging and supports recent funding decisions for Australian projects seeking to enhance clinical placement quality. One such project has produced a validated and reliable survey instrument, the Placement Evaluation Tool (Cooper et al., 2020) that organizations can utilize to seek student feedback on quality in placement experiences. NHS Education for Scotland (2020) has implemented a national quality management of clinical placement initiative to provide a consistent approach to clinical practice and to improve the quality of placement experiences. These national initiatives are encouraging, helping to ensure that we move beyond what is currently known about students' learning in clinical placement and develop an evidence-based approach to enhance the positives and remove hindrances.

Several limitations of this review are recognized. The designs involving convenience samples and single group data lie at the lower end of the range of research evidence. Studies that have reported students' recall of unhelpful experiences may lead to unintentional response bias, although the hindrances reported here are similarly echoed across the published literature. Although the transferability of findings should be treated with caution, the benefit of this review is that it will inform those who seek to improve the quality of nursing students' clinical learning.

Implications for Practice

The conceptual model derived from a comprehensive exploration of qualitative data can add to understanding the complexities that impact students' learning during clinical placement. The model provides a framework for professional development programs for supervisors and enhances our understanding of the support students may require around clinical placement.

Conclusions

Many elements conducive to clinical learning were identified in this review through an exploration of themes from nursing students' narratives. Numerous themes described clinical placement elements that assisted students to improve their competence in nursing. Although this finding is encouraging, it is disappointing to report many elements that hindered students' experiences, particularly given that many of these elements have been consistently described over the last few decades. Education providers, health care organizations, supervisors, ward managers, and staff cannot rest on their laurels, as all shoulder responsibility of optimising students' learning during clinical placement. Moreover, preparing students to manage stress and anxiety associated with clinical placement is vital in achieving positive learning outcomes.

Students' perceptions are one data collection point, however, our concept model produced here and substantiated by the supporting narrative offers education providers and health care organizations important information for use in the design and implementation of high-quality clinical placements. These results could be further strengthened if supervisor professional development is evaluated and reported, along with work undertaken to ascertain the training needs of the nursing staff who work with students in support of their clinical learning experiences.

ORCID iDs

Robyn Cant https://orcid.org/0000-0001-5430-3275
Colleen Ryan https://orcid.org/0000-0002-1126-3901
Lynda Hughes https://orcid.org/0000-0002-4776-5065
Elise Luders https://orcid.org/0000-0002-9271-0928

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Appendix

Table A1. List of Qualitative Studies Excluded From the Review, With Reasons[a]

Author/study	Reason for exclusion
Arieli, D. (2013). Emotional work and diversity in clinical placements of nursing students. *Journal of Nursing Scholar 45*: 192–201.	Cultural diversity focus
Bickhoff, L., T,. Levett-Jones & P. M. Sinclair (2016). Rocking the boat—nursing students' stories of moral courage: A qualitative descriptive study. *Nurse Education Today 42*: 35–40.	Sample $N = 9$
Baglin, M. R. & S. Rugg (2010). Student nurses' experiences of community-based practice placement learning: A qualitative exploration. *Nurse Education in Practice 10*: 144–152.	Sample $N = 6$
Callaghan, A. (2011). Student nurses' perceptions of learning in a perioperative placement. *Journal of Advanced Nursing 67*: 854–864.	Sample $N = 6$
Coyne, E. & J. Needham (2012). Undergraduate nursing students' placement in speciality clinical areas: Understanding the concerns of the student and registered nurse. *Contemporary Nurse 42*: 97–104.	Sample $N = 7$
Dale, B., A. Leland & J. G. Dale (2013). What factors facilitate good learning experiences in clinical studies in nursing: Bachelor students' perceptions. *ISRN Nursing 2013*: 628679.	Sample $N = 8$
Halcomb, E., C. Antoniou, R. Middleton & M. Mackay (2018). The experiences of Australian undergraduate nursing students of a clinical placement in Cambodia. *Collegian 25*: 313–318.	Sample $N = 6$
Hart, B., M. Cavanagh & D. Douglas (2015). The "Strengthening Nursing Culture Project"–an exploratory evaluation study of nursing students' placements within Aboriginal Medical Services. *Contemporary Nurse 51*: 245–256.	Sample $N = 8$

(continued)

Table A1. Continued.

Author/study	Reason for exclusion
Helgesen, A. K., A. G. Gregersen & A. K. O. Roos (2016). Nurse students' experiences with clinical placement in outpatient unit—a qualitative study. *BMC Nursing* 15(1).	Sample $N = 7$
James, A. & Y. Chapman (2010). Preceptors and patients – the power of two: Nursing student experiences on their first acute clinical placement. *Contemporary Nurse 34*: 34–47.	Sample $N = 6$
King, B. J., T. J. Roberts & B. J. Bowers (2013). Nursing student attitudes toward and preferences for working with older adults. *Gerontology and Geriatrics Education 34*: 272–291.	Not learning focused
Koch, J., B. Everett, J. Phillips & P. M. Davidson (2014). Diversity characteristics and the experiences of nursing students during clinical placements: A qualitative study of student, faculty and supervisors' views. *Contemporary Nurse: 49*: 15–26.	Cultural diversity focus
McKenna, L., L. McCall & N. Wray (2010). Clinical placements and nursing students' career planning: A qualitative exploration. *International Journal of Nursing Pract 16*: 176–182.	Not learning focused
Morrell, N. & V. Ridgway (2014). Are we preparing student nurses for final practice placement? *British Journal of Nursing 23*: 518–523.	Sample $N = 8$
Peters, K., S. McInnes & E. Halcomb (2015). Nursing students' experiences of clinical placement in community settings: a qualitative study. *Collegian 22*: 175.	Sample $N = 9$
Raso, A., L. Ligozzi, L. Garrino & V. Dimonte (2019). Nursing profession and nurses' contribution to nursing education as seen through students' eyes: A qualitative study. *Nurse Forum 54*: 414–424.	Not learning focused
Ryan, C., Ellem, P., Heaton, L., Mulvogue, J., Cousins, M., & De George … Walker, L. (2018). Australian final-year nursing students' and registered nurse supervisors' perceptions of a gerontology clinical learning experience: A preliminary appraisal. *Nurse Education in Practice, 31*, 182–187. doi:10.1016/j.nepr.2018.06.003	Sample $N = 8$
ten Hoeve, Y., Castelein, S., Jansen, G., & P. Roodbol, (2017). Dreams and disappointments regarding nursing: Student nurses' reasons for attrition and retention. A qualitative study design. *Nurse Education Today, 54*: 28–36.	Not learning focused

[a]Exclusion reasons: inadequate sample <12, or inadequate data.