

Clinical Learning Environment In A Specialist Forensic Mental Health Setting: Perception Of Irish Student Nurses^{*}

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Abstract

The introduction of the BSc programme in Nursing in 2002 has dramatically changed how Irish nurses are educated. Mental health nursing students are now exposed to various specialist practices including child, adolescent and family mental health, substance misuse, intellectual disability, psychiatry for older people and more recently nursing in forensic and secure environments. Much research has been conducted on students' experiences of the clinical environment. A considerable amount of research has also been conducted among preceptors exploring their experiences and their role and the assessment of the clinical setting itself. However no research has been carried out on student nurses perceptions of clinical learning within a specialist setting.

This study aimed to explore student nurses' perceptions of the clinical learning environment in a specialist forensic setting.

A descriptive, quantitative design was used. All second, third and fourth year undergraduate student nurses on clinical placement in the specialist forensic setting were invited to participate in this study. A total of fifty six student nurses participated. The Clinical Learning Environment Scale (CLES) by Dunn and Burnett (1995) was used to collect the data. CLES is a 23-item instrument with five subscales: 'Staff-student relationships', 'Preceptor's commitment', 'Patient relationships', 'Student satisfaction' and 'Hierarchy and ritual'.

The findings from this study revealed positive staff student relationships, a high commitment by the preceptors and good relationship with patients. Further, there was evidence of high satisfaction among students.

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1. Introduction

The introduction of the Bachelor of Science in Nursing in 2002 has dramatically changed how Irish nurses are educated. Mental health nursing students are now exposed to various specialist practices these include child, adolescent and family mental health, substance misuse, intellectual disability, psychiatry for older people and more recently nursing in forensic and secure environments. This study was carried out in a forensic unit in Ireland which provides clinical placements for undergraduate student nurses from all 12 nursing colleges across the country. In order to ensure a quality placement for students and to continuously assess quality of the service, the clinical learning environment of the hospital is audited biannually. Previous audits have drawn attention to limitations in the delivery of nursing care in relation to professional practice issues, for example the absence of a model of nursing care and challenges to effective communication within this environment. However, these audits did not examine students' needs and their perception of the learning environment. Therefore, it was deemed essential to carry out this study to explore student nurses' perception of the clinical learning environment in a specialist forensic setting.

2. Literature Review

Clinical learning environment is defined as "an interactive network of forces within the clinical setting that influence the students' clinical learning outcomes" (Dunn & Burnett 1995, p.1167). A detailed literature review has shown that the clinical learning environment has been evaluated from the perspectives of both student nurses and preceptors. Research which focussed on student nurses mainly looked at developing a clinical learning environment scale (Dunn & Burnett 1995; Chan 2001) and students' perception of the clinical learning environment (Stutsky & Laschinger 1995; Papp et al. 2003; Pearcey & Elliott 2004; Chan 2004; Midgley 2005; Henderson et al. 2006; Kim et al. 2008; Perli & Brugnolli 2009). A recent quantitative study confirmed that Italian student nurses have positive perceptions of the clinical learning environment (Perli & Brugnolli 2009). Sixteen second, third and fourth year Finnish nursing students' revealed four elements describing the clinical learning environment in a qualitative study by Papp et al., (2003). The four elements include feeling appreciated and supported in the clinical area, the quality of mentoring and patient care, and the opportunity for self directed learning (Papp et al. 2003). Interestingly, in a cross-sectional descriptive study by Chan and Ip (2007) there were significant differences between Hong Kong nursing students' perceptions of the actual clinical learning environment and the ideal clinical learning environment they desired. Within Ireland it is been shown that a variety of factors for example, age of the student and year of study can influence student nurses perceptions of the clinical learning environment (Keogh et al. 2009).

Studies that concentrated on preceptors tried to identify the meaning and need for preceptorship training (Bowles 1995; Nehls et al. 1997; Coates & Gormley 1997; Alan & Simpson 2000), living experience of preceptors (Ohrling & Hallberg 2001; Hickey 2009) and their role (Corlett et al. 2003; Fox et al. 2006) and assessing the setting itself (Penman & Oliver 2004). However the majority of this research was carried out in mainly generic mental

health settings. Two Australian studies by Martin and Happell (2001) explored undergraduate student nurses' views of mental health nursing in a forensic setting and Martin et al., (2007) evaluated the clinical learning environment in a forensic setting for a graduate nurse programme. To date no research has been carried out on mental health nurses' views on the clinical learning environment in an Irish forensic mental health setting. Therefore, this study aims to explore student nurses' perceptions of the clinical learning environment in a forensic unit in Ireland.

3. Methods

This study used a descriptive quantitative design. All second, third and fourth year undergraduate student nurses on clinical placement in the specialist forensic setting during the year 2007-08 were invited to participate in this study. These students were on clinical placement for 35 hours a week for a period ranging from 2-6 weeks. A total of sixty six (N=66) student nurses did their clinical placements during the year. Fifty six (n=56) student nurses agreed to participate in this study.

4. Ethical Approval

Permission to carry out the study was obtained through the ethics committee within the service. Returning the survey questionnaire was considered as the consent to participate in the study.

5. Data Collection

5.1 Description of the Instrument

The Clinical Learning Environment Scale (CLES) by Dunn and Burnett (1995) was used to collect the data for this study. CLES is a 23-item instrument with five subscales: 'Staff-student relationships', 'Preceptor's commitment', 'Patient relationships', 'Student satisfaction' and 'Hierarchy and ritual'. Each statement is checked against options Yes/No. These sub - scales have been shown to have strong substantive face validity and construct validity as determined by confirmatory factor analysis. Reliability coefficients for the scale ranges from high ($r = 0.85$) to marginal ($r = 0.63$). This instrument provides the educator with a valid and reliable instrument to evaluate affectively relevant factors in the CLE, direct resources to areas where improvement may be required, and nurture those areas functioning well (Dunn & Burnett 1995). The tool has been previously tested with a sample of 423 undergraduate nursing students (Dunn & Burnett 1995), and with a sample of 229 undergraduate nursing students (Dunn & Hansford 1997).

The first item in this instrument 'staff-student relationships' highlights the major influence nursing staff can have on students' perception of the clinical learning environment. The second item 'CNM commitment' describes the Clinical Nurse Manager's influence on valuing

the student as a learner, and participating in the student's teaching and learning. The third item, 'patient relationships' determines issues about nursing practice, exploring the method of delivery of nursing and care plans. The fourth item, 'student satisfaction' refers to the importance of students' own attitudes in relation to the clinical learning environment. Finally, the fifth item in the CLES subscale 'hierarchy and ritual' contained elements relating to both the relationships between participants and organizational culture of the clinical learning environment (Dunn & Hansford 1997). The items on these subscales are discussed in the results and discussion section. Permission to use the scale was granted by authors.

6. Pilot Study

A pilot study was carried out using 10 student nurses to find out the feasibility of this instrument. They revealed that the terms Clinical Nurse Manager in sections 'CNM commitment' and 'Hierarchy and Ritual' were ambiguous. The questionnaire was then adapted to reflect the feedback from this pilot study. The term 'CNM commitment' was replaced by 'Preceptor's Commitment' since each student nurse is assigned to a preceptor who is a registered nurse and may not always be a clinical nurse manager.

Two sections were included, section one gathered the demographic variables in order to get baseline information on student nurses such as year of the nursing programme they are in, age, gender, previous experience of working within a hospital setting, grade of preceptor and the length of placement and a second section allowed for comments from participants. These changes are reflected in the adapted version of the CLES.

7. Data Collection Procedure

Each student nurse on commencement of placement receives an induction pack. Study information was provided within this induction pack. This information included an invitation to participate in the study, participant information leaflet, questionnaire and a stamped, addressed envelope. Students were requested to return the questionnaire at the end of their placement. 56 student nurses returned the completed questionnaires.

8. Data Analysis

Data was collected and stored in a locked file. Data was analysed using S.P.S.S. Version 12.0. Frequency distribution of the study group was identified using descriptive statistics. Further chi square test was utilised to identify an association of demographic variables and the subsections in the CLES. A linear regression analysis was carried out to verify significant association between the variables. The data included in the comments section of the questionnaire was analysed using Newell and Burnard's (2006) thematic analysis framework.

9. Results and Discussion

In the following paragraphs, results are discussed in two sections: description of demographic variables and Subsections in the CLES.

9.1 Description of Demographic Variables

9.1.1 Year on BSc Nursing Programme

There were 56 student nurses participating in this survey mainly from universities within Dublin and a small number of students representing universities and institutes of technologies (IT) outside Dublin. More than half (55%, n=31) of the participants were in their 2nd year of study since An Bord Altranais (2004) recommended speciality placements to take place before the rostered year i.e. the 3rd year of study (Table 1). However, this rostered placement has been replaced by an internship in the fourth year of the programme.

Year of Study	Frequency	Valid Percent
2 nd year	31	55.4
3 rd year	11	19.6
4 th year	14	25.0
Total	56	100.0

Table 1: Distribution of Student Nurses According to their Year on BSc Nursing Programme

9.1.2 Age

More than half (52%, n=29) of participants were aged over 23 years. The reason for this may be that nationally, within psychiatric nursing, 35% of quota places are allocated for mature code applicants (An Bord Altranais 2008). Mature code applicant is explained as an applicant who is 23 years of age or over on 1st January in the year of application and who wishes to be considered for a place on grounds of mature years and not on examination results (An Bord Altranais 2008). The gender distribution of participants shows that the majority (80%, n=45) were females. This result is expected result since nursing is predominantly a female profession.

9.1.3 Previous Experience

More than 50% (52%, n=29) of the participants had previous experience of working in a hospital setting. However, there were 48% (n=27) of participants who had no previous experience of working in a hospital setting prior to their nurse training (Table 2). Those who had experience of working in a hospital setting were employed previously as care assistants. Nationally forty places are offered to care assistants each year to train as nurses (Department of Health and Children 2001). Having previous experience would indicate that student nurses are more familiar with health care environment and health care teams. This may reduce stress, increase confidence, enhance their clinical care skills, improve theoretical understanding and generally prepare them for the reality of undertaking placements (Mc Kenna et al. 2006).

Years of Experience	Frequency	Valid Percent
None	27	48.2
1-5 years	21	37.5
More than 5 yrs	8	14.3
Total	56	100.0

Table 2: Distribution of Student Nurses According to their Previous Experience of Working in a Hospital Setting

9.1.4 Clinical Placements

Student placement in the service during the year 2007-08 ranged from 2 to 6 weeks. 39% (n=22) of participants did a 4 week placement and 21% (n=12) did a 2 week placement (Table 3) with participants reporting that the 2 weeks placement was too short.

Number of Weeks on Placement	Frequency	Valid Percent
2 wks	12	21.4
3 wks	7	12.5
4wks	22	39.3
5wks	8	14.3
6wks	7	12.5
Total	56	100.0

Table 3: Distribution of Student Nurses According to Number of Weeks of Placement

9.1.5 Preceptors

A preceptor is a registered nurse/midwife who has been specially prepared to guide and direct student learning during clinical placement (Nursing Education Forum 2000). Every preceptor is expected to complete a preceptorship training course to familiarise themselves with the process of assessment, teaching, supervision, evaluation and feedback. Preceptorship training is provided over a one to two day period. It covers the various components of nurse education. The findings of this study shows that the majority (52%) of preceptors were Clinical Nurse Manager IIs with an average of 6-8 student nurses a year to precept. The remainder of preceptors were Clinical Nurse Manager Is or staff nurses who had an average of 1-3 student nurses to precept annually. The reason for the difference in number of students assigned to these categories of nurses may be that very few staff nurses received training in preceptorship during this period where as all Clinical Nurse Manager II and Clinical Nurse Manager I's had received the training. The recommendation from the Nursing Education Forum (2000) is that the Clinical Nurse Manager II should allocate a named preceptor to each student or group of students. The forum identifies Clinical Nurse Manager II with a pivotal role in creating and maintaining a clinical learning environment and positively influencing the attitudes of staff towards students as well as the quality of the learning experience.

9.2 Subsections in the CLES

9.2.1 Staff-Student Relationships

All (100%) participants indicated that there was a good team atmosphere in the areas where they did their placements (Table 4). Participants revealed that they were encouraged to ask questions and their questions were answered satisfactorily. Students reiterated these statements in their open comments that "Staff were very helpful and knowledgeable" and "...

Staff went out of their way to help students and answered every question and encouraged to ask more". All of them felt that in planning their shift, much thought was given to ensure that they gained the widest possible experience. A comment by a participant which supports this is "Enough time was given to participate in groups, therapy, meetings and self-directed learning". All participants stated that they found their ward 'a happy ward for both staff and patients'. Furthermore, all of them felt that they were treated as an individual on the unit not as "just another student". This is also supported by participants' comments "I Felt very welcomed", "felt very safe" and "felt part of the team". Langridge and Hauck (1998) recognise that the hospital culture that sustains a supportive and encouraging approach to students is a key factor impacting on students' learning.

Sl. No.	Staff-Student Relationships	No. Of 'Yes' responses (N=56)	Percentage
1.	All staff on the ward, from CNM2/CCO to the newest student, feel part of a ward team	56	100
2.	In planning the shift, allowance is made for nursing students to gain the widest possible experience	56	100
3.	This was a happy ward for both patients and nurses	56	100
4.	I did not feel I was treated as an individual, but rather as "just another student"	0	0
5.	We are generally able to ask as many questions as we want to	56	100
6.	Our questions are usually answered satisfactorily.	56	100

Table 4: Student nurses' responses to the subsection Staff-Student relationships

Analysis of overall scores in this section indicates that there was a very good staff-student relationship with this cohort of student nurses.

9.2.2 Preceptor's Commitment

A majority (93%, n=52) of the participants stated that the 'preceptor/co-preceptor devotes a lot of time to teaching students' (Table 5) and 80% (n=45) of them indicated that the preceptor had a teaching programme for students. Around 96% (n=54) stated that preceptor attached

great importance to learning needs of participants. However 16% (n=9) of participants felt that 'preceptor was too busy with more important matters to be able to spend time' with them. A further analysis of preceptors' preceptorship training profile showed that these negative views were related to preceptors who did not complete the recommended training. Over all the analysis shows a very good preceptor's commitment to student teaching in this service.

SI. No.	Preceptor's Commitment	No. Of 'Yes' responses (N=56)	Percentage
1.	The preceptor devotes a lot of his/her time to teaching students	52	93
2.	The preceptor has a teaching programme for students on this ward	45	80
3.	The preceptor attaches greater importance to the learning needs of nursing students	54	96
4.	The preceptor here was too busy with more important matters to be able to spend time with us.	9	16

Table 5: Student nurses' responses to the subsection Preceptor's Commitment

9.2.3 Patient Relationships

Items on this subscale examine the nursing practice on the units, exploring the method of delivery of nursing and care plans. The majority (82%, n=46) of participants stated that 'patient allocation is the practice on the ward rather than task allocation' (Table 6). All participants (100%) stated that each 'patient had an individualised nursing care plan'. 95% (n=53) of participants agreed that 'first priority was given to patients needs'. However, in the comment section a participant remarked "... security aspects are given too much priority ... there should be more therapeutic communication among staff and patients on acute units". (Davies 1993) suggests that students value highly the inclusion of clients in conversations and decision making. Similarly, Pearcey and Elliott (2004) report that students viewed communication as central to good nursing.

The last item in this section explored the availability of the learning aids within the units and 89% (n=50) of participants stated that there were 'learning aids on the units such as books/articles' to facilitate student learning on clinical issues as they arose.

Analysis suggests that over all this cohort of student nurses, perceived patient relationships in this setting as very good in relation to individualised care plan, prioritising the care and patient needs and the practice of patient allocation.

Sl. No.	Patient Relationships	No. Of 'Yes' responses (N=56)	Percentage
1.	Patient allocation, rather than task allocation, is the practice on this ward.	46	82
2.	Nursing care is individualized for each patient on this ward.	56	100
3.	The patient's needs really are given first priority.	53	95
4.	Learning aids such as books/articles are available to nursing students on this ward.	50	89

Table 6: Student nurses' responses to the subsection Patient Relationships

9.2.4 Student Satisfaction

All (100%) participants stated that 'it was a good ward for their learning' and they are 'happy with the experience' they had on the ward (Table 7). It is evident from their comments "Placement was a good introduction to forensic psychiatry and what it entails", "The placement has been an excellent experience where theory and practice has joined up for me", "... great learning opportunities given", "... found the whole experience very educational; and enjoyable". All (100%) of the participants felt that the 'work they did was mostly very interesting' and they were 'more eager to become a registered nurse'. The impact of a supportive placement cannot be overstated.

One of the participants commented "... This placement was a very positive learning experience of which I will carry with me through out my future career as a registered nurse". A number of 4th year students expressed an interest in working as a qualified nurse in the service which was evident in their statements "... hope for future employment", "... would like to return in the future".

There were many other comments from participants in relation to level of satisfaction with their placement for example "... hospital has a very good programme in place for students" "I am very impressed at how education is a huge priority in the hospital", and "... Grateful to have availed of all the learning opportunities in this setting". Participants went on to state that their placement was well planned and structured for example "induction and orientation planned effectively, well structured and recommended the needs/learning objectives of my placement", "visits were well planned" and "... got an opportunity to do risk assessment CPI courses". Furthermore, participants suggested that clinical placements reduces stigma, myths or fears about the forensic services for example "... Opening up placements to students nationally was

a positive factor in reducing the stigma about the forensic setting". Prior to this the placement was open only for student nurses from regional universities.

Overall the findings indicate that student nurses were very satisfied with the clinical placement in this service.

Sl. No.	Student Satisfaction	No. Of 'Yes' responses (N=56)	Percentage
1.	This was a good ward for my learning.	56	100
2.	The work I did was mostly very interesting.	56	100
3.	I am happy with the experience I have had on this ward.	56	100
4.	This experience has made me eager to become a registered nurse.	56	100

Table 7: Student nurses' responses to the subsection Student Satisfaction

9.2.5 Hierarchy and Ritual

All four items in this section are negatively constructed and students referred to them as 'tricky questions'. The majority (89%, n=50) of participants disagreed with the first statement in this section that 'CNM2/CCO do not explain instructions coming from higher level to registered nurses' and 88% (n=49) of participants disagreed with the statement that 'there were too many rituals on the wards' (Table 8). Participants' comments would suggest that they experienced a lot of therapeutic activities on the wards for example "Good group works and individual sessions organised by the Clinical Nurse Specialist and other staff nurses on the unit". 96% (n=54) of participants disagreed with the following statements 'nursing students learn more from other students on the ward than from the nursing staff' and 'nursing students are expected to obey registered nurses' instructions without asking questions'. Rather participants stated that "Staff were very helpful" and moreover, "newly qualified staff were enthusiastic in teaching and were approachable". 98% (n=55) of them disagreed that the CNM2/CCO regarded the 'nursing student as a worker rather than a learner'. In this section, the analysis reveals that there is a very low system of hierarchy and rituals on the units.

Sl. No.	Hierarchy and Ritual	No. Of 'No' responses (N=56)	Percentage
1.	The CNM2/CCO does not usually explain instructions coming from higher level to registered nurses.	50	89
2.	There were too many rituals on the wards.	49	88
3.	Nursing students learn more from other students on the ward than from the nursing staff.	54	96
3.	Nursing students are expected to obey registered nurses' instructions without asking questions.	54	96
4.	The CNM2/CCO regards the nursing student as worker rather than a learner.	55	98

Table 8: Student nurses' responses to the subsection Hierarchy and Ritual

Thus frequency distribution provided an understanding of students' views on clinical placement. In addition, to identify an association of demographic variables and the subsections in the C.L.E.S., chi square test was carried out. At 5% level, the chi square analysis revealed a significant association between students' gender and preceptor's commitment ($p=0.004$) and previous experience of working in a hospital and patient relationships ($p=0.002$).

A significant association with students' gender and preceptor's commitment suggests that female student nurses felt that preceptors were committed but some of the male student nurses perceived lack of commitment by the preceptors. To verify these associations a linear regression analysis was carried out, which reveals that there is a negative correlation between participants' gender and preceptors commitment ($\beta=-0.389$ and $p=0.003$). However this represents a small number of sample ($n=11$) which may not be significant.

An association between previous experience of working in a hospital and patient relationships suggests that student nurses with no previous experience of working in a hospital setting (48%, $n=27$) perceived patient relationship in this setting as very good however participants with more than 5 years of previous work experience (8%, $n=14$) rated the patient relationship as moderate. In addition, linear regression analysis reveals a negative correlation between previous experience of working in a hospital and patient relationships ($\beta= -0.361$ and $p=0.006$). For students with no previous experience every experience is as a novice. However

those with some experience of working in psychiatric setting may have compared their previous experiences with the practices in this setting and probably would have felt there is more to do with patient care. Although these findings are statistically significant, it cannot be generalised to every student nurse due to the limited number of participants with more than five years of previous work experience in the study.

It is evident from the study that irrespective of background, student nurses perceived the clinical learning environment in this forensic unit more or less equally except for the above two factors.

10. Implications for Clinical Forensic Nursing Practice

Preceptors play a very important role in the creation of the clinical learning environment. It is evident from this study that some students experienced difficulty when they were assigned to a preceptor who had not completed the recommended preceptorship training. Preceptors who have completed the preceptorship preparation training may help a student nurse to achieve their learning outcomes more effectively. It is also evident from this study that having a good working relationship between staff and student nurses enhances their teaching-learning. Directly as a result of the findings from this study a one day preceptorship preparation training course is now provided to all registered nurses working in this forensic setting.

Further research may be carried out as a result of this study to elicit student nurses to compare and contrast student nurses perception of clinical placements in generic psychiatric and forensic psychiatric services to get a wider understanding of their expectations and experiences. It may also be worthwhile to further explore possible gender-base differences in nursing students' perceptions of preceptor support.

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