

ORIGINAL RESEARCH

Exploring impacts of student-nurse relationships: Views from across the curriculum

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ABSTRACT

Background and objectives: The clinical encounters that student nurses experience during their training make an impressionable impact on their learning. Previous studies have examined the perceptions of staff nurses in serving as preceptors or mentors, but there is limited literature focused on the student experience. This study aims to highlight the student perspective on working with nurse mentors during various levels of their undergraduate nursing program.

Methods: This study applied a qualitative descriptive design. Purposive sampling was conducted among undergraduate nursing students attending a four-year Midwest university. A total of 19 baccalaureate students were interviewed using conversational-style interviews. This included three different focus group sessions; one designated for each level of the program. Nvivo professional services provided verbatim transcription. The data management was supported by Google Docs. The data was analyzed using qualitative thematic analysis.

Results: Four common themes emerged among the focus groups related to the impact of interactions with nurse mentors on student learning; the themes were (1) sense of belonging, (2) helpful staff approaches, (3) burden, and (4) experience with clinical instructor.

Conclusions: The results from this study add important insight into the student perspective on working with staff nurse mentors during their clinical experience. The findings underscore the critical impact these relationships have on student learning throughout their nursing education.

Key Words: Nursing education, Student nurse perspectives, Clinical learning, Nurse mentors, Student-staff nurse relationships

1. INTRODUCTION

In the United States, nursing programs are regulated by the National Council of State Boards of Nursing (NCSBN) and individual State Boards of Nursing. The NCSBN mandates student nurses have sufficient clinical contact with actual patients as a quality indicator for a successful nursing program.^[1] Since a significant portion of nursing education occurs in the clinical setting, staff nurses are heavily relied upon to serve as mentors and/or preceptors, and educators, as they are paired with students in the care of assigned patients,

thus including students as members of the care team. Nursing students seek to belong within the nursing community. With this in mind, students become a vulnerable and impressionable population. Unfortunately, students often have negative interactions with staff nurses that do not promote learning.^[2] Students may be faced with indifference or disinterest. Another study discussed how students who experience a lack of respect from staff feel less satisfied with their clinical experiences. On the other hand, when nurses participate and engage with students, they significantly influence student

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learning.^[3,4] Staff nurses may simply not realize the significance that their professional interactions with students can have. Furthermore, nursing staff should become more aware and sensitive of the challenges experienced by students in the clinical setting, and strive to support their learning within the nurse-student relationship.^[5] While previous work has focused on the impact of the student-to-nurse relationship, there is limited research exploring differences at the various levels of undergraduate nursing programs. In this study, interviews were conducted to gain a deeper understanding of relationships formed between student and staff nurses during clinical learning encounters and the impact this relationship has on student learning at various points in the program of study.

1.1 Background

The American Nurses Association (ANA) outlines the scope and standards of practice for professional nurses. As identified by the ANA, Standard 12 addresses leadership and specifically states that the registered nurse leads by mentoring others to increase knowledge, skills, and abilities while Standard 13, education, notes the registered nurse facilitates a work environment supportive of ongoing education of healthcare professionals.^[6] Students may not always see these standards applied in their clinical training, but when nurses exhibit these standards the impact on student learning can be positive.

The American Association of Colleges of Nursing (AACN) notes how nursing programs are responsible for ensuring clinical placements are safe, supportive, and conducive for learning.^[7] Furthermore, various models exist for clinical teaching. At the current time, the model used at the University consists of a teacher-led model. With this model, one clinical instructor works with six to eight students on a unit for the 15-week semester. Students are assigned a new clinical instructor, new facility, and/or new unit for their clinical hours every semester. The clinical instructor and students abide by fluctuating policies within healthcare institutions that provide guidance to how involved staff nurses are with students, which can create uncertainty and confusion regarding expectations. Involvement and oversight can also be further limited at the discretion of the clinical instructor. Typically, it is assumed that any staff nurse can be assigned a student to work with during these clinical encounters. While this can offer the staff nurse an opportunity to be a role model, share knowledge, expertise, and wisdom, it can also cause undue stress in the presence of high patient acuity, short staffing, and/or personal desire not to work with students. The student and staff nurse relationship can have impacts on student learning, student confidence, and the overall image

of the profession.

1.2 Aims

The purpose of this study was: (1) Gain a deeper understanding of relationships formed between student nurses and staff nurses during clinical learning encounters and (2) Explore the impact this relationship has on student learning at various points in the program of study.

2. METHODS

2.1 Research design

This study applied a qualitative descriptive design. This design allowed the researcher to explore the relationships formed between student and staff nurses during clinical learning encounters and the impact this relationship has on student learning at various points in the program of study. Clinical time completed for the various levels in the current study were as follows: 45-60 hours for sophomore level, 200-225 hours for junior level, and 540-600 hours for senior level students. The research study was guided by the following research questions: 1) What are the impacts of student nurse and staff nurse relationships on student learning during clinical encounters? and 2) How do impacts of student nurse and staff nurse relationships on student learning during clinical encounters change over the course of the nursing program of study?

2.2 Setting and sample

A purposive sample of traditional and second-degree undergraduate baccalaureate nursing students attending a four-year Midwest university was used in the study. Participants were recruited by research assistants through word of mouth, flyers, social media, and emails. A total of nineteen students participated between the three focus group sessions. The sample included three sophomore level students (n=3; 2 males, 1 female), four junior level students (n=4; 3 females, 1 male), and twelve senior level students (n=12; 8 females, 4 males). Eighteen of the participants were Caucasian and one was Korean. The participants were labeled as P5-P7 for sophomore level, P1-P4 for junior level, and P8-19 for senior level and are referred to as P1, P2, P3, etc. throughout this manuscript.

2.3 Data collection

Conversational style interviews were conducted with three focus group sessions between mid-October 2023 and mid-November 2023. This included three different focus group sessions; one designated for each level of the program. Focus group sessions lasted between 30-60 minutes. With permission from participants, the interviews were audiotaped. Verbatim transcription was completed through NVivo Transcrip-

tion services. Data management was supported by Google Docs. Participation in the study was confidential and voluntary, and students could withdraw at any time without consequences. Prior to focus groups sessions, students consented to the study by completing an informed consent. Research began after Institutional Review Board (IRB) approval.

2.4 Data analysis

As outlined by Braun and Clarke,^[8] a six-step qualitative thematic analysis was used to guide data analysis. Data analysis took place in several stages. First, while listening to the audio-recording, the primary researcher read each transcript to ensure accuracy of transcription and to assign pseudonyms. Next, each researcher independently listened to the audio-recording and read each transcript to immerse and familiarize themselves with the data. The three researchers independently read, color-coded, sorted, and identified key words from responses for each group, and categorized data into themes. Using investigator triangulation to increase credibility, similarities and differences were then examined between researchers and final themes were then developed and agreed upon. It was determined that data saturation had occurred after the three focus group sessions. The researchers established trustworthiness of the findings by establishing and following data collection standards, and methods for theme development. The research assistants also kept a reflective journal and detailed notes from the interviews.

3. RESULTS

The results of the current study allowed the researchers to (1) gain a deeper understanding of relationships formed be-

tween student nurses and staff nurses during clinical learning encounters and (2) to explore the impact this relationship has on student learning at various points in the program of study. While students made it very clear that they were cognizant of nurses who embraced the opportunity to have students, there were other nurses who felt having students was a burden and added to the already demanding workload. Furthermore, students across all three academic levels developed language such as a “good nurse” and “bad nurse” depending on how that nurse engaged with students and made students feel. Four common themes emerged among the focus groups related to the impact of interactions with nurse mentors on student learning, the themes were (1) sense of belonging, (2) helpful staff approaches, (3) burden, and (4) experience with clinical instructor. The four themes were congruent across the three academic levels (see Table 1). For the question: “What are the impacts of student nurse and staff nurse relationships on student learning during clinical encounters?”, the majority of students could identify actions of nurses that had positive impacts on their learning. However, several students noted undesirable experiences that had negative effects. Incidental findings included the impacts of the assigned clinical instructor on promoting student nurse and staff nurse relationships. For the question: “How do impacts of student nurse and staff nurse relationships on student learning during clinical encounters change over the course of the nursing program of study?”, participants were unable to articulate changes over time as data analysis revealed that the four themes for research question #1 remained consistent throughout the nursing program.

Table 1. Themes, participant pseudonym, and research question

Theme	Academic Level/Participant #	Research Question Addressed
Sense of belonging	Sophomore: P5, P6, P7 Junior: P1, P3, P4 Senior: P9, P10, P11, P12, P15, P16	Research question #1
Helpful staff nurse approaches	Sophomore: P5, P6, P7 Junior: P1, P2, P3 Senior: P8, P9, P11, P13, P16, P18	Research question #1
Burden	Sophomore: P5, P6, P7 Junior: P1, P2, P3, P4 Senior: P12, P13, P14, P16	Research question #1
Experiences with clinical instructor	Sophomore: P5, P6, P7 Junior: P1, P3 Senior: P9, P15, P17	Research question #1

3.1 Theme: Sense of belonging

A common theme that emerged was that students yearned for a sense of belonging and when the nurse and staff emulated

those feelings, students felt more engaged and interested in learning (see Table 2). Being included in patient care tasks and challenged to critically think during patient care

encounters were regarded as positive experiences. A senior level student noted, “I was getting report from the charge nurse and she took the time to challenge me on disease states. She was asking me questions like: What are you concerned about? What are you looking for before you even see them? What can you expect to do for them throughout the day? It really made me realize that there’s a lot more that I have to do before I’m ready to be out on my own” (P11). Similarly, a junior level student shared it had been awhile since the cohort had performed tracheostomy care and “we were at the bedside and got into full gear, and then the nurse was talking us through the entire thing and we were asking questions.

She even showed us the airway bag that they have to have and went through all of that. That was really nice, especially since it was our first day” (P1). While a sophomore level student shared a positive experience related to how a nurse had to change an ostomy bag on a patient and “the nurse started running around the floor gathering students. She brought me and four other students in the room. She started handing out different tools, giving directions such as you’re going to cut the hole, you’re going to stick it on, and you’re going to take it off. This was really hands-on, involving everyone and I thought that was really cool” (P6).

Table 2. Qualitative data for sense of belonging

Level	Example of Quotes
Senior	<p>“If the nurse and I go into a patient room and have a shared experience, then we leave the patient room and the nurse is willing to debrief the experience with us, it really helps. Especially if it was something crazy. It makes you feel like you don’t have to worry cause the nurse is like, ‘we are in this together’ (P9).</p> <p>“There’s two sides of the spectrum and you either get someone who’s really great or someone who’s not really great. The really great ones I’ve had have asked me what the medication is for and have given me acronyms on how they remember the different meds. They are asking you questions and they’re also willing to teach you and answer questions in that moment. It’s engaging you” (P10).</p> <p>“A couple of weeks ago a nurse was showing me how to read the EKG strips and I just really appreciated that. I felt a lot more comfortable asking questions about my patient and about the other patients too because they are not acting like they are annoyed with me for being there and stuff” (P12).</p> <p>“I would let the nurses know a focus assessment was the goal of the day and see if the nurse was willing to do it with me. The good nurses would run through the review of systems and go over their clinical judgment and not be so textbook...the good nurse will stand by you, tell you what you’re doing right and what you’re doing wrong” (P15).</p> <p>“On the labor and delivery unit, the nurse I was with put my name on the board and had me do bedside report with her, and introduced me to the patient. If the patient had a question, the nurse was like, ‘Oh, maybe our student can answer that’ and she actually engaged with me” (P16).</p>
Junior	<p>“We were in the labor and delivery room and the nurse was like, ‘No, go stand there and hold her leg, you are part of this team as a student’. She was super encouraging and helpful, so I think that makes a big difference. Just including you versus you standing there in the corner. It made me feel like, yeah, this is a great environment” (P1).</p> <p>“I have had really great experiences because I have had really good nurses that I follow along and include me. They explain everything that they’re doing, like just going over procedures, even if it’s something that’s as basic as a blood sugar. I had a nurse and she was going over latching with the mom and she was telling me every single position that you could do, or different scenarios that could happen and how to handle it. It felt like I was in a teaching lesson” (P3).</p> <p>“Whenever we had to turn patients or give meds, I really felt like I was working as a team and it was enjoyable” (P4).</p>
Sophomore	<p>“Qualities or characteristics we’ve noticed nurses to have that make us feel included are when they are open to teaching, or even just more experienced nurses who are not overwhelmed and have enough experience to be able to manage priorities and also be like, ‘Hey, I understand this job well enough to know that you need experience through experience’” (P5).</p> <p>“As a nurse, you have to educate not just your nursing students but other nurses, new nurses, techs, patients, and families. I find it helps when they educate us” (P6).</p> <p>“I like when the nurses give us the whole lowdown. They’ll teach you what this medication means, ask if I need anything. I’ll joke like, oh, I’m like the shadow of a lost puppy. The nurses are like, ‘Oh, no, you’re fine’. They don’t make me feel like I am an inconvenience” (P7).</p>

3.2 Theme: Helpful staff nurse approaches

The majority of students were able to describe a constructive relationship with a staff nurse which positively influenced their learning (see Table 3). Actions such as providing hands-on learning experiences, explaining technology and monitoring equipment, remaining open to questions, providing educational resources, offering observational and practical opportunities, proactive communication, and positive recognition all positively impacted student learning. A senior level student reflected on an experience in which, “The clinical staff nurse that I was paired with told me that he wanted to make sure that I knew every single med that I was giving and to recite it back to him. . . what it was and what it was

for” (P9). Sharing another positive experience, a junior level student noted that “The nurse was super helpful. She made sure to break down all of the fetal heart rate tracings for me” (P1). Positive recognition was also similarly discussed across the three levels. A senior level student noted how the nurses showed appreciation by being excited to see them on the unit and it “made us feel like we could really make an impact while we were there” (P9). Similarly, a sophomore level student reflected on how staff on the unit would comment ‘glad you’re here, thanks for coming and good job today’ and expressed how “that gives you a desire to remain engaged in clinical and not take off and run to a closet and be like, I just want to hide” (P5).

Table 3. Qualitative data for helpful staff nurse approaches

Level	Example of Quotes
Senior	<p>“Some of the positive experiences from clinical is when the nurses have been pretty receptive and willing to talk to students and teach you stuff. For example, they’re willing to walk with you in every room and pass meds with you, this takes a lot of the load off the instructors too” (P8).</p> <p>“I appreciate when the nurses check in with you and see if you are comfortable doing something instead of just assuming. For instance, when the nurse says they will do it and shows the student how to, or asks if you are willing to participate in the task with them. I feel like that adds a lot more to my learning” (P11).</p> <p>“The nurses showed me in detail the parts of the placenta which I thought was really nice because they didn’t have to. They totally could have just taken it and done whatever they do with them” (P13).</p> <p>“Doing bedside rounding with the nurse was helpful. She was putting me on the spot to help with education” (P16).</p> <p>“Some nurses will educate along the way, which is great. But I feel like I’ve had one nurse that went above and beyond and was like, ‘Write this case study down and at the end of clinical, check back in with me so we can go over the case study together” (P18).</p>
Junior	<p>“There was one nurse who was super nice. She even sent me a giant PDF of all sorts of medications in a table because I expressed concern and confusion about some of the medications. She was helpful with going through the assessments too, so I felt a lot better with her than with some other nurses” (P1).</p> <p>“The nurses thanked me, I thought that was really nice” (P2).</p> <p>“I feel like communication is such a big thing. I remember one time I didn’t get a good backstory on the patient and I was trying to talk to her when I realized that she was talking in a different language. I went to the nurse and she affirmed that we had to use the translator” (P3).</p>
Sophomore	<p>“We had a patient with a pressure injury on the sacrum. The nurse invited all the students to observe the wound care, without prompting from anybody else. She was like, ‘Hey, you guys are learning and this is something you all need to see” (P5).</p> <p>“I’ve had two good nurses that I’ve worked with. I wouldn’t type them as the same, but they were just both very interested in showing us absolutely everything that they could. I think it also comes from a place of ‘I see people not doing this right and I want you to do this right’ because they care about quality of patient care” (P6).</p> <p>“We all took turns listening to his irregular heartbeat, we never had heard atrial fibrillation before and didn’t know what it sounded like” (P7).</p> <p>“I think it’s very simple statements like we’re told to say thank you to the nurse before we leave the unit for the day and a lot of them will say, ‘thanks for all your help today” (P6).</p>

3.3 Theme: Burden

Repeatedly, participants described that the staff nurses displayed both nonverbal and verbal cues which made them feel as though their presence on the unit was an additional burden within the already complex workload (see Table 4).

Participants noted a difference between high patient acuity units such as medical-surgical units and low patient acuity units such as in-patient rehabilitation. The higher acuity units increased the demands of the staff nurse thus creating higher stress levels, which then contributed to a sense of

the staff nurse becoming overwhelmed at times. Dismissive behaviors included actions such as no eye contact, lack of communication or poor communication, sighing to indicate irritation, slow to respond to students' questions or vagueness in providing directions. Some actions were direct while others were indirect. Examples of such behaviors also included the following: nurses directly condemning the student with a comment such as 'you don't know that?' or indirectly insulting the student by talking to other nurses about the fact that 'students are on the floor today', passive/aggressiveness, misunderstanding the students' skill set, and not involving the students in the daily work flow. A senior level student

noted, "The unit we're in is not really receptive at all to having students, it's like the whole unit, not just specific nurses. We'll come in for the morning and we'll say 'Hi' to the front desk and nobody will even say anything or they just sigh and roll their eyes. So that has not been great, it's like starting off on a bad foot" (P13). Similarly, a junior level student shared how "I had this nurse that really dismissed and ignored me as if I was an invisible person" (P4). While a sophomore level student shared how staff have been overheard saying, "Hey, I didn't want students and don't ask me to answer any of your questions" (P6).

Table 4. Qualitative data for burden

Level	Example of Quotes
Senior	<p>"You just really have to take initiative and prove that you're not a burden and show that you can be more of an asset to the team; you need to go above and beyond. But still, there are nurses that are NOT super willing to have students and are NOT eager to teach you" (P12).</p> <p>"I'd say through experience, you recognize the culture on that unit because you start to become part of it. There are different nurses that have a better culture than others, and you can tell those are the ones that are growing that unit and others are weighing it down, such as the nurses who won't make eye contact with you when talking to you" (P14).</p> <p>"In triage for labor and delivery, I had a nurse who really did not care that I was there. I had to chase her into every room and everywhere she went" (P16).</p>
Junior	<p>"The nurse did not say a single word to me so I was just like, okay, maybe I shouldn't be here right now, maybe I need leave... some of the nurses were a little difficult to work with" (P1).</p> <p>"We would be charting and the nurses would go see the patient and wouldn't say, 'Hey, I'm going to do something so you should come with me'. And then you're like, should I go? Should I stay? It is a lot of chasing down your nurses some days and you feel like a burden" (P2).</p> <p>"There are nurses that aren't wanting to work with you, I feel like they just feel like they're above it and shouldn't have to teach because that's not what they went into. You can tell because the communication isn't there and some nurses just act like you can do this and won't follow along with you to the room" (P3).</p> <p>"It really depends on how the nurse views the nursing student because when a nurse has a heavy load of patients that day, it depends on whether the nurse deems the nursing student as another set of hands that she can use or as a burden. I had this nurse that really dismissed me, she ignored me as if I was an invisible person. I saw nonverbal cues too. (P4).</p>
Sophomore	<p>"Everybody's so busy. Nobody's going to take the time to be like, 'Oh, I'm doing this basic thing that's part of my everyday job so do you want to see how I do it?'" (P5).</p> <p>"It's mostly nurses just unengaged with me being there" (P6).</p> <p>"Some nurses act like they're overwhelmed and just avoid you as the student" (P7).</p>

3.4 Theme: Experiences with clinical instructor

Students expressed that the clinical instructor had the ability to impact the relationships formed between students and staff nurses (see Table 5). Students felt that when the clinical instructor introduced students to staff during morning huddle, clearly communicated learning goals for the day, and outlined the role of the clinical instructor and the role of the staff nurse, staff nurses were able to better understand the role of the student, understand expectations, and students felt like they were less of a burden. Communication gaps nega-

tively impacted relationships and learning. In addition, when clinical instructors prevented staff nurses from undertaking more active roles in medication passing, students felt like they missed opportunities to learn and the nurses may have felt more burdened. A senior level student noted how it was helpful when the clinical instructor was familiar with the unit and floor nurses because the instructor "knew who the nurses were and directed us to them, instead of us wandering around trying to find who the nurse was and feeling awkward" (P15). A junior level student noted, "I think some instructors were

really clear in huddle and telling the nurses beforehand what students were doing that day” (P1). Similar sentiments were shared from a sophomore level student, “I think it might be something of value if it was mentioned during huddle in the morning such as ‘we have students on the floor today so if you’re doing anything interesting, grab a student’” (P6).

Table 5. Qualitative data for experiences with clinical instructor

Level	Example of Quotes
Senior	<p>“One thing that I've really noticed is if you have a strong clinical instructor, I feel that really impacts the experience of clinical. I think that the clinical instructor is the bridge between the students and the staff nurses, they advocate for us during huddle” (P9).</p> <p>“Yeah, just clear communication and what our expectations are for giving medication because I mean, with eight students and one instructor I haven't given a lot of injections and I missed out on like three opportunities last week because the instructor did not communicate with the staff nurses regarding med passing” (P17).</p>
Junior	<p>“A lot depends on the clinical instructor. I think some instructors were really clear in communicating in morning huddle. They would tell the nurses what students are doing today, such as assessment and meds” (P3).</p>
Sophomore	<p>“Our clinical instructor actually does pretty well with checking in with all of us and making sure she talks to all the patients and nurses. I think is very helpful, especially for younger students who don't have that confidence” (P5).</p> <p>“So, with my clinical instructor, she's great with making sure that we're comfortable but not necessarily pushing us to be uncomfortable” (P6).</p> <p>“My clinical instructor is cool, nice, and helpful. She knows who all the nurses are and she'll only give us the best ones, ones with a good personality and like to interact with students. She is very selective with who we interact with which makes us feel more comfortable” (P7).</p>

4. DISCUSSION

The results of this qualitative study create a rich narrative that has allowed the researchers to gain a deeper understanding of relationships formed between student and staff nurses during clinical learning encounters and to explore the impact this relationship had on student learning at various points in the program of study.

4.1 Sense of belonging

Findings from this study highlight the importance of staff nurse behaviors that foster a sense of belonging for students so they feel as though they are partners in the delivery of care. Actions by nurses that foster a sense of belonging included inclusion in direct patient care tasks and being challenged to critically think. Results of the current study showed that there were significant similarities between each academic level in the nursing program. The relationship between the staff nurse and student can have long-lasting impacts. Of importance, the sophomore level students were able to identify more positive impacts rather than negative. Sophomore level students, who are first-year nursing students, are learning basic communication, beginner level nursing skills such as infection control, bathing, vital signs, assessment, and documentation rather than performing intermediate or advanced nursing skills such as medication administration. Therefore, staff nurses may feel more comfortable with the questions presented or helping the student with basic care tasks based on their specialty area. Results from another study^[9] found that nurse mentorship was positively facilitated when there

was good communication, time, and available resources. Participants in this study expressed how poor communication, high nursing workloads, and limited human resources negatively impacted learning during clinical encounters. In terms of time for mentoring students, there is a conflict of interest in the role of a professional nurse between rendering good care and facilitating the professional aspirations of students,^[9] which were congruent with perceptions expressed by participants in this study. It is recommended that healthcare institutions that contract with nursing programs establish clear role expectations and formal training for staff nurses who assume mentorship roles with student nurses. Preceptor (mentor) development programs have positive implications for education and practice, especially with regard to workload management and enabling preceptors to apply acquired knowledge and skills in order to benefit undergraduate nursing students.^[10] Mentor development programs need to be evidence based and supported by research findings, which is an area in need of further research.

4.2 Helpful staff approaches

Mentoring is a critical form of learning for students as it ultimately impacts the quality of future healthcare delivery. Yet staff nurses face many challenges in being able to prioritize teaching future generations of nurses including limited time, high workload, and burnout.^[9] Findings from this study highlight what student nurses perceived as beneficial to their learning. Positive actions by nurses included open-questioning, hands-on learning experiences, communication,

sharing knowledge, verbal recognition, and explaining clinical decision-making. It is recommended that Universities and healthcare institutions develop mentor training for staff nurses which address clinical teaching pedagogy. In one systematic review,^[10] results indicated that there had been changes in preceptors' practice such as increased interaction with students, use of appropriate teaching strategies, and evaluation of performance following involvement in mentorship development programs.

4.3 Burden

Students at each academic level repeatedly noted non-verbal and verbal cues from nursing staff which made them feel like a burden. A critical component of professional development for student nurses is learning to communicate and advocate for oneself and for patients. ANA Standard 8 addresses advocacy while Standard 10 addresses communication;^[6] therefore, it is essential for students to develop competency in these actions and behaviors by the time they graduate from their respective programs. Without adequate communication skills to address concerns, advocacy is threatened.^[11] It is recommended that students practice a "5-minute, elevator speech" to gain confidence in advocating for themselves and communicating with staff nurses. Learning how to succinctly explain what year in school they are in, what skills they have already mastered, and what they are working on learning may be ways for students to show initiative and could assist staff nurses in planning how to best mentor the student during that clinical encounter. Experiential learning opportunities afford nursing students the ability to integrate theory acquired through didactic instruction and skills developed in nursing laboratories to actual experiences in patient care environments.^[10] Another recommendation is to allow students an opportunity to practice assertiveness such as how to say "I don't know this; can you show me?" This could be accomplished in the form of self-advocacy skills in the simulation lab. These recommendations are similar to ones discussed in another study^[11] which highlighted the use of experiential training techniques to learn essential communication and advocacy skills.

4.4 Experiences with clinical instructor

Overall, the majority of participants reported actions of the staff nurse that had positive impacts on their learning which are similar to the findings from several other studies.^[4,5,9,12] It was repeatedly noted across the three academic levels how important the role of the assigned clinical instructor was in helping to influence these relationships. While the focus of the research was not on the role of the clinical instructor, this was an incidental finding and subsequent theme. With that noted, research studies have concluded that a major in-

fluence of the students' clinical learning can be attributed to the attitude of staff nurses and clinical instructors, and a lack of a sense of belongingness was demotivating to student learning.^[12] Furthermore, findings from the current study were similar to another study which noted that clinical instructor presence and regular supervision were highly valued as key factors in positive learning experiences for students.^[9] It is recommended that nursing programs develop or revise resources for clinical instructors to help guide them in how to promote a sense of belonging by encouraging strategies which positively impact relationships and experiences such as introducing students to staff nurses, clearly outlining goals for the day, actively engaging with the staff, and being present during the clinical day. Students clearly voiced that staff nurse relationships were better developed when their clinical instructor also had a positive relationship with the personnel on the unit and communicated clearly. Despite the troubles and intricacies students face in clinical learning, the clinical instructors' role remains crucial in facilitating a positive learning environment and building student nurse resilience.^[13]

4.5 Limitations

A purposive sample at one University was used in this study that impacts the transferability of findings, which is common within qualitative research. It was beyond the scope of the study to capture causal links between gender, level of student, and impacts of relationships on learning. Nevertheless, the focus group sessions generated rich data regarding student nurses' perceptions of what impacts relationships developed with staff nurses while in clinical encounters.

5. CONCLUSIONS

It is the responsibility of both healthcare facilities and educational institutions, as well as individual nurses, to attend to the learning needs of students and have established standards for qualified mentors who undergo a formal training program.^[14] Similar to findings noted in a systematic review,^[12] it is possible that this research may assist educators and healthcare institutions, which are academic clinical partners, in formulating strategies to assist both students and nurses in recognizing behaviors that foster positive relationships and contribute to growth in learning. Furthermore, findings from the study could ultimately be used to guide the development of simulation activities or case studies, with a focus on peer relationship building, thus impacting the student's ability to enter into a clinical environment equipped with the appropriate soft skills to positively and effectively engage with the healthcare team. This aligns with conclusions from another study^[11] whereas providing communication competency education to students positively impacted the student's

ability to advocate for themselves and patients. Furthermore, the use of experiential learning techniques is instrumental to positive learning outcomes. Examining the lived experiences of students provided the most accurate primary source of information to address the research questions. While themes did not vary across the three academic levels, exploring various points of view in regard to clinical experiences filled a gap in research. Future research should focus on actions of the assigned clinical instructor to facilitate or enhance the student and staff nurse relationship as well as the efficacy of staff nurse mentor training programs, and how that impacts the student nurses' learning.

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AUTHORS CONTRIBUTIONS

Dr. Valerie Pauli was responsible for study design, data collection, and analysis for all three focus group sessions. Christine Grimm and Elizabeth Joffe assisted with recruitment, focus group sessions, and data analysis. Dr. Pauli led manuscript production with assistance from Christine Grimm and Elizabeth Joffe. All authors read and approved the final manuscript. Authorship was agreed upon based on contributions in the study.

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CONFLICTS OF INTEREST DISCLOSURE

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

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The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

DATA SHARING STATEMENT

No additional data are available.

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