

Living on the edge: issues that undermine the capacity of residential aged care providers to support student nurses on clinical placement

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Abstract

This paper reports in part on the Building Connections in Aged Care Project about developing quality clinical placements for undergraduate nursing students in residential aged care in Tasmania, Australia. Informed by an action research approach, and using multi-methods data collection, the three-stage project explored issues impacting on students' experiences of placement, implemented strategies to address identified issues, and tested the sustainability of achievements gained. This research highlights the vulnerability of residential aged care facilities to changing conditions and shows how problematic circumstances related to staffing and workloads can readily undermine their capacity to provide supportive teaching and learning environments for students.

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THE AGEING OF Australia's population¹ presents challenges to aged care providers. Residential aged care facilities (RACFs) will provide care for increasing numbers of frail elderly people —since the late 1990s there is evidence which suggests that people are entering residential aged care older and with greater levels of dependency.² This changing profile highlights the importance of attracting appropriately trained staff to provide required care.

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What is known about the topic?

Residential aged care facilities are recognised as appropriate sites for student nurse clinical placements. However, little study has been done on the impact of staffing and organisational issues on student learning opportunities.

What does this paper add?

The lack of key staff and associated organisational conditions that escalate stress levels within facilities negatively impact on the capacity of aged care nurses to provide students with a productive learning experience. The effects compromise the quality of clinical placements and undermine student interest in working in the sector following graduation.

What are the implications for practitioners?

Practitioners should recognise the requirements for effective clinical placements in aged care.

The number of registered nurses (RNs) employed in aged care has been steadily decreasing since 1997,³ and with shortages of nurses willing to work in RACFs⁴ there is cause for concern. Increasing levels of casualisation and part-time employment mean that RNs now constitute just over 20% of the workforce,⁴ and consequently, their role in providing “direct care” to residents has declined. Meanwhile, the proportion of care provided by personal care assistants (PCAs) has increased significantly.⁵

The disproportionate increase in the number of PCAs in RACFs has led to increased supervisory responsibilities for RNs, while inappropriate skill mix reportedly has a negative impact on RNs' work satisfaction and their recruitment and retention into the sector.⁶ It is not surprising then that aged care nurses are reportedly less satisfied than other aged care workers.⁴ Evidence of unsupportive work environments, stress associated with staff shortages and high workloads, combined with increased resi-

dent dependency, further adds to dilemmas around staffing in aged care.⁵ Such are the circumstances that student nurses find themselves in when undertaking clinical placements in RACFs.

A positive experience while on clinical placement is recognised as an important factor in facilitating students' recruitment.⁷⁻⁹ While it is strongly agreed that RACFs are appropriate sites for student nurse placement,^{10,11} with potential to provide useful learning opportunities,^{10,12-14} there has been little critical assessment of the impact on students of staffing and organisational problems associated with aged care practice. Similarly, while it is known that the capacity of aged care providers to support learners has a significant impact on students' placement experience,⁸ there has been limited investigation into barriers inhibiting RACFs from providing quality clinical placements.

Research in acute care hospitals has shown preceptors can help students make links between theory and practice and increase students' learning.^{15,16} Students have identified hospital staff shortages and the absence of key staff as especially problematic.¹⁷ The consequence of not having a regular preceptor is students lacking direction in their learning and feeling that they are a "burden" to other staff.¹⁷ Staffing and resource availability issues impact on the capacity of aged care nurses to provide a positive educational experience to student nurses on clinical placement in RACFs. This issue was identified in the Tasmanian research *Building connections in aged care*, which explored developing quality clinical placements in aged care with the intent to positively influence students' attitudes to working in the sector following graduation (http://www.snm.utas.edu.au/research/building_connections.html). Reported here are the project findings on how staff in RACFs "live on the edge" and as such have a limited capacity to effectively support students on placement in the context of unexpected problems with staffing and resources.

Methods

Integral to the project was our deep interest in "not only . . . improving outcomes . . . but also . . .

assisting practitioners to arrive at a critique of their . . . work and work settings".¹⁸ The project was informed by the principles underpinning action research methods and as such employed a collaborative, interactive and reflexive process.¹⁹ This approach provided aged care nurses with an opportunity to collaborate both in an investigation of their practice and to take action to bring about improvement.²⁰ Within this process and consistent with the research approach,²¹ the project utilised multi-method data collection strategies to facilitate an investigation of the issues and concerns and the evaluation of actions undertaken to improve the situation. In this way the research participants take responsibility for any changes instigated. It is the method of choice when a group of people, such as the aged care nurse preceptors involved in this study, want to better understand and improve their situation.²⁰

The intervention phase of the project was conducted over three stages during 2004–2005 and involved six RACFs located in the three regions of Tasmania. Two RACFs participated from each region, and within each, nurse preceptors worked with students during their placement. The three stages involved six participating RACFs in:

- scoping issues impacting on staff capacity to support student learning;
- collaborating with nurse preceptors to develop and implement strategies to build capacity to more effectively support student learning;
- assessing the sustainability of improvements achieved.

Participants included:

- three cohorts of second year nursing students ($n = 20-21$ /stage for a total of 61 over the three project stages) each of whom undertook 3-week clinical placements in the RACFs over three successive semesters of the academic year;
- registered and enrolled nurses ($n = 37$) employed in the RACFs who acted as the students' preceptors.

During successive placements, students and preceptors from the two RACFs in each region met in separate, weekly, one-hour research meetings facilitated by research team members. Meeting discussions focused on the students' experiences of being

I Teaching and learning survey* — students

- Q1 The preceptors were effective in welcoming me to the unit
- Q2 My preceptors introduced me to fellow staff and patients
- Q3 My preceptors facilitated my acceptance on the unit
- Q4 My preceptors acknowledged my prior experience when structuring teaching and learning opportunities
- Q5 My preceptors assisted me to make decisions about my learning objectives/needs
- Q6 My preceptors helped me identify strategies to meet my learning objectives/needs
- Q7 My preceptors encouraged me to be an active learner (eg, to seek information from the library, negotiate learning opportunities)
- Q8 I feel more confident about my nursing practice
- Q9 My preceptors actively looked for opportunities to optimise my teaching and learning
- Q10 Through working with my preceptor, he/she gained useful information on the organisation of the undergraduate curriculum
- Q11 After this practice experience, I feel more confident about my competence in practice
- Q12 When asked, my preceptor assessed my skills effectively
- Q13 I received constructive feedback from my preceptors
- Q14 I feel more positive about working with a preceptor than I did before

* Response categories were arranged on a five-point Likert scale ranging from "strongly agree" (5) to "strongly disagree" (1).

preceptored, and preceptors' experiences of working with students. In each stage, the preceptor groups also participated in additional planning and evaluation meetings. Over the three stages of the project a total of 27 meetings were held with students and 45 meetings with preceptors. The attendance rates of students averaged 95%, and those of preceptors 75%.

All meetings were audiotaped and transcribed. A thematic analysis was conducted of transcripts, involving thorough reading and re-reading, identification and clustering of significant recurring concepts, and generation of themes. The analysis informed the development of meeting notes that were returned to the respective participants via a secure internet "drop site". Access to the notes facilitated a process of member checking, thus establishing credibility of the analysis.²²

On completion of each project stage, themes and issues common across the groups were identified by two researchers. In Stage 1, this involved a manual process of analysis; in Stages 2 and 3, data were converted into a rich-text format and entered into NVivo qualitative software (QSR International Pty Ltd, Doncaster, Vic, Australia).

New codes were later developed to represent issues identified from the themes as the analysis of the data proceeded. In Stages 2 and 3, NVivo also facilitated the tracking of participants and their comments. This allowed for a differentiation of the disparities and similarities between the RACFs with respect to their preceptors' efforts to facilitate teaching and learning and to the students' experiences of aged care.

Several quantitative data collection tools were utilised. An orientation checklist, designed to evaluate induction procedures, was administered at the end of the first week of students' placements. The checklist included 18 questions with yes/no responses addressing issues such as arrangements, introductions to facility personnel, orientation to the site, emergency procedures, common tasks and routines and the organisation of work.

Surveys administered before students commenced the clinical placement ("Student initial evaluation") and at completion of the placement ("Student final evaluation") sought information on students' experiences during the practicum and their attitude to working in aged care following graduation. A key question in these

2 Teaching and learning survey* — preceptors

- Q1 As a preceptor, I feel confident in welcoming students into the unit
- Q2 As a preceptor, I am effective in introducing students to fellow staff and patients
- Q3 I facilitated the students' acceptance on the unit
- Q4 I am able to acknowledge the students' prior experience to more effectively structure teaching and learning opportunities
- Q5 I am able to assist the students to make decisions about learning objectives/needs
- Q6 I can facilitate the students in finding strategies to meet learning objectives/needs
- Q7 I have the ability to encourage students to be active learners (eg, to seek information from the library, negotiate learning opportunities)
- Q8 I have the ability to support students to develop their competence in practice
- Q9 I actively look for opportunities to optimise the teaching and learning of students
- Q10 Working with students supported the development of my knowledge of the undergraduate curriculum
- Q11 After this experience, I think the students feel more confident in practice
- Q12 When asked, I felt confident assessing the students' skills
- Q13 I am able to provide constructive feedback to the students
- Q14 Working with students has made me feel much more positive about being a preceptor than I did before

*Response categories were arranged on a five-point Likert scale ranging from "strongly agree" (5) to "strongly disagree" (1).

tools was: "Following graduation would you consider working in aged care?" Student responses to survey items were recorded on a four-point Likert scale: "definitely"; "possibly"; "possibly not"; and "definitely not". Other survey questions sought to evaluate the degree to which students found their nurse preceptors "helpful", "supportive" and "friendly". Student responses were recorded on a five-point Likert scale: "very helpful"; "helpful"; "neutral"; "unhelpful"; and "very unhelpful".

In each stage, on completion of the placement, each student and preceptor participant completed a "Teaching and learning survey" seeking information on their experience of either being preceptored or being a preceptor. These surveys consisted of 14 closed-ended questions, with response categories arranged on a five-point Likert scale ranging from "strongly agree" (5) to "strongly disagree" (1). These surveys aimed to check the concurrence between students' and preceptors' experiences of the practicum. They were adapted from the instrument used by Robinson and Di Cocco²³ with test retest reliability established using a Pearson product-moment cor-

relation. Questions asked of students and preceptors appear in Box 1 and Box 2, respectively.

Quantitative survey data collected during the three stages of the project were analysed using Microsoft Excel 2002 (Microsoft Corporation, Redmond, Wash, USA). Each survey was assigned a unique alphanumeric code and all surveys were manually keyed into Excel templates. Any non-responses or ambiguous responses were noted in a comments field attached to the relevant cell. Descriptive statistical analysis was performed using available Excel formulas and charts, which were customised.

Ethical approval was obtained from the Northern Tasmania Health and Medical Human Research Ethics Committee, University of Tasmania Human Research Ethics Committee (Tasmania) Network (Ethics Ref: H7316).

Findings

Overview

The Stage 1 scoping study highlighted concerns including inadequate student orientation, a lack

of continuity between students and their preceptors that undermined teaching/learning, and inappropriate supervisory arrangements when students worked with PCAs. Student comments indicated that PCAs had limited capacity to provide productive learning experiences. For example, students reported being relegated to observers while busy PCAs provided care, suggesting limited understanding of students' learning needs. In this stage, the impact of the placement on students' career intentions was minimal, despite the support that preceptors and students received through their participation in the weekly meetings. For example, on entry, 50% of students indicated a "possible/definite" interest in working in aged care following graduation. This figure only increased marginally to 64% at completion. These findings are documented in the Stage 1 project report.²⁴

On commencing Stage 2, the preceptor groups were provided with the Stage 1 report and met at each RACF to discuss and critically reflect on the findings/recommendations and develop specific strategies to:

- improve orientation processes;
- facilitate continuity between students and identified preceptors;
- improve supervisory processes to better facilitate teaching and learning; and
- develop a range of resources to support students' integration into the RACFs.

During Stage 2, each RACF implemented their identified strategies.

Findings from Stage 2 revealed that students' attitudes towards working in aged care showed a significant improvement over the course of the 3-week placement. Similar to Stage 1, the "student initial evaluation" showed 55% of students had a "definite/possible" interest in working in aged care following graduation. However, as indicated on the "Student final evaluation" at the completion of Stage 2, this figure had risen to 90%. As well, the degree to which students felt "very welcome" on arrival also showed a marked improvement (50% in Stage 1 to 80% in Stage 2). Evaluations also demonstrated that students in Stage 2 rated their preceptors as more friendly,

helpful and supportive compared with Stage 1 results.

Student responses to the orientation checklist also indicated a substantial improvement in the activities addressed during Stage 2 student orientation to the RACFs compared with Stage 1. Responses by students and preceptors to the "Teaching and learning survey" also illustrated significant improvements as measured by the 14 items in the instruments (Box 1 and Box 2). Overall, the Stage 2 evaluation highlighted a marked positive change in the students' experience of the clinical placements across all six facilities. These findings are documented in the Stage 2 report.²⁵

Stage 3 tested the sustainability of improvement gained in Stage 2. While this stage largely replicated Stage 2, no support was provided by the research team to the preceptor groups before commencing the stage. However, the Stage 2 report was provided to all preceptors, highlighting the positive changes that had occurred in students' placement experiences.²⁵ In this third stage, identical evaluations were administered to students. With respect to career intentions, the findings highlighted little improvement between commencement and completion, with 70% of students on entry indicating a "definite/possible" interest in working in aged care following graduation, compared with 75% at completion. Notwithstanding the higher score on entry, this finding suggested that without significant input from the researchers before the students' placement, staff would struggle to have a positive influence on students' attitudes to working in the sector.²⁶

However, the data indicated that all was not as it seemed. Further analysis revealed a significant drop in performance of two of the six RACFs involved in the project, as measured by student evaluations. These two facilities (referred to as RACF *a* and RACF *b* hereafter) experienced significant organisational disruption immediately before and during Stage 3 of the project that had a marked negative impact on their capacity to support students engaged in a clinical placement.

3 Student final evaluation — student responses Stage 1–3

Question	All RACFs Stage 1*	All RACFs Stage 2*	RACF <i>a</i> and <i>b</i> Stage 3*	RACFs excluding <i>a</i> and <i>b</i> Stage 3*
In this clinical placement did you find your nurse preceptors “very friendly”?	61%	85%	29%	79%
In this clinical placement did you find your nurse preceptors “very supportive”?	42%	85%	14%	71%
In this clinical placement did you find your nurse preceptors “very helpful”?	58%	90%	14%	79%

RACF = residential aged care facility. * Percentage of students who found their preceptor “very friendly”, “very supportive”, “very helpful”.

Factors impacting capacity to support students

Members of the preceptor groups in RACFs *a* and *b* struggled to effectively participate in Stage 3 of the project. This was most apparent in the meeting attendance rate which was 42% in Stage 3 compared with 77% in Stages 1 and 2. In contrast, the attendance rate of preceptors in the other four RACFs in Stage 3 was sustained at nearly 75%.

Furthermore the number of staff in RACFs *a* and *b* who participated in the Stage 3 meetings was about half the number that participated in Stages 1 and 2. Similarly, while five nurses from RACFs *a* and *b* participated in both Stages 1 and 2 of the project, only one nurse participated in all three stages. This meant the research had a far smaller “footprint” in these facilities during Stage 3, because only one preceptor had a working knowledge of the two preceding stages and the lessons learnt.

These findings led us to investigate the reasons underpinning poor levels of participation by preceptors in RACFs *a* and *b*. Further analysis showed a diminished capacity within the facilities to support participation in the research and students on placement. For example, over the previous months, RACF *b* experienced changes in key management personnel, which stretched its capacity to ensure continuity of operation. Subsequently, the facility was subject to accreditation visits conducted by the Aged Care Standards and Accreditation Agency Ltd. One visit was conducted immediately before the arrival of the Stage

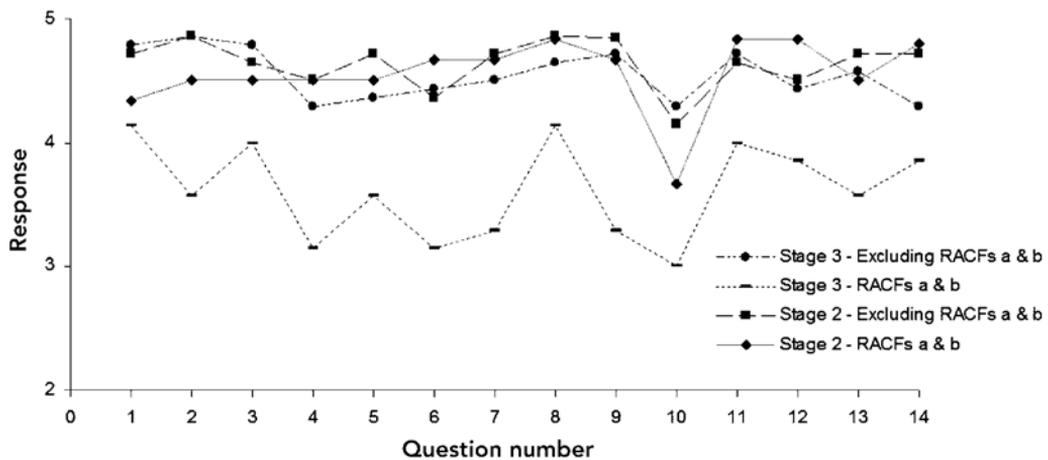
3 student cohort. According to preceptors in RACF *b*, the succession of accreditation visits, described by one as “hostile audits”, was a highly stressful experience. She suggested that staff in the facility were “really very nervous and tense when the accreditation team visited”. In this context, participation in the research meetings was seen as an extra burden, especially given they were “feeling exhausted”.

The situation in RACF *a* was little better. Immediately before the arrival of the Stage 3 student cohort, RACF *a* opened nearly 20 new beds and subsequently admitted new residents. Concurrently, this facility experienced the absence of four key staff members who had been actively involved in the earlier two stages of the project. During this time, the facility was often staffed with agency nurses, many of whom worked with students on placement. Furthermore, participation by a fifth experienced preceptor was disrupted by sickness and an inability to attend meetings due to the heavy workload associated with the influx of new admissions. This was clearly a stressful time, as the fifth preceptor intimated when she said:

You should have seen me after the end of the month, when I had been working to admit all these new residents as well as to put my heart and soul into the students. I thought I was going to be cactus at least for a week.

The absence of key staff integral to the research meant that in Stage 3 the students on placement in RACF *a* had limited access to staff who had previously been actively involved in the project.

4 Student responses: teaching and learning Stages 2 and 3



RACF = residential aged care facility. Response: 5 = strongly agree; 4 = agree; 3 = uncertain; 2 = disagree.

Impact on student experience

During the meetings of students placed in RACFs *a* and *b*, concerns were raised about a lack of continuity with preceptors. As one student recounted: “The other day I was with about six different people in two different areas and I hated it”. Such comments reflected student concerns associated with working with agency staff, who, as one student recounted, “just wanted to keep me busy”, which they described as “frustrating”.

The negative impact on students’ experiences related to the change in circumstances in RACFs *a* and *b* were further confirmed in Stage 3 evaluation data. Box 3 provides a comparison between students’ assessments of their preceptors in RACFs *a* and *b* ($n=7$) compared with students in the other four RACFs ($n=14$). Clearly, there are marked differences in students’ accounts (from RACFs *a* and *b*) of their preceptors being “very friendly”, “very supportive” and “very helpful”. The table also highlights that students’ assessment of their preceptors significantly deteriorated when compared with the prior two stages of the project.

These data indicate that Stage 3 findings were anomalous to those from Stages 1 and 2. The poor level of continuity in RACFs *a* and *b* in Stage 3, combined with students working with numer-

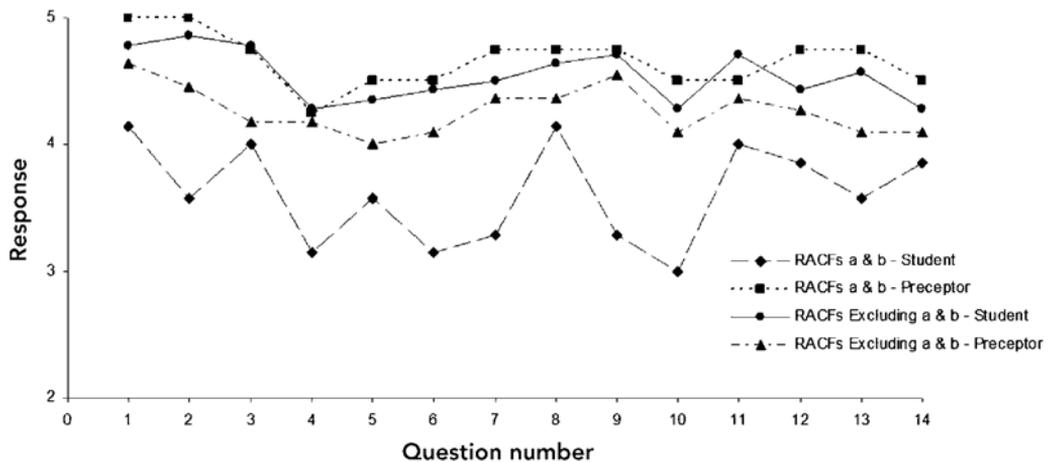
ous staff who had little or no prior involvement in the research, indicate that the preceptors were limited in their capacity to provide students with timely and useful information that supported teaching and learning. Thus, the change in circumstance in these two facilities had a significant impact on their capacity to support students.

Impact on teaching and learning

Results from the “Teaching and learning survey” in Box 4 demonstrate that student evaluations in RACFs *a* and *b* were inferior to those of their colleagues in the other four facilities in Stage 3 of the project. It also highlights a negative shift in teaching and learning measures in RACFs *a* and *b*. These results provide further evidence that the change in circumstances in RACFs *a* and *b* meant that, unlike the other four RACFs involved in the project, their prior performance could not be sustained.

The negative shift in student response in RACFs *a* and *b* is most evident in the areas of facilitating student integration in the RACF (Q2), accounting for students’ prior experience (Q4), facilitating student learning (Q5, Q6, Q7 and Q9) and giving feedback (Q13). These data suggest that the preceptors were disengaged from the students. Not surprisingly, the students’ attitude to working with preceptors (Q14) in these facili-

5 Student v preceptor responses: teaching and learning survey, Stage 3



RACF = residential aged care facility. Response: 5 = strongly agree; 4 = agree; 3 = uncertain; 2 = disagree.

ties was less positive than in Stage 2. Overall, these findings reflect the situation in RACFs *a* and *b* at the time Stage 3 of the project was conducted, where there was high use of casual staff, the burden of many new resident admissions and a generally stressed workforce.

In contrast to the student evaluations of Stage 3, the qualitative data provided by preceptors within RACFs *a* and *b* indicated the view that students did not suffer any negative consequences as a result of changed circumstances. For example, one preceptor posited: "I don't think there was a problem with the students; they had a really good time here". A marked difference in perceptions between students and preceptors was evident in the surveys on teaching and learning. Box 5 indicates that in RACFs *a* and *b* students' perceptions of the preceptorship process in Stage 3 were different to those recorded by their preceptors. Students consistently rated their experience lower. This stands in contrast to the evaluations of teaching and learning completed by students and preceptors in Stage 2 of the project in these same facilities, which demonstrated a high level of congruence in responses. The Stage 3 evaluations completed by students and their preceptors in the other RACFs, also evident in Box 5, highlight a

general congruence between student and preceptor evaluations of teaching and learning. This was consistent with the findings reported in Stage 2 of the project in these RACFs.

Students' career intentions and experiences of preceptorship

The results demonstrated a trend among students' career intentions regarding working in aged care following graduation, and their experiences during clinical placements. This was most apparent when the career intentions of students in RACFs *a* and *b* were compared with the intentions of the students on placement in the other RACFs. Box 6 demonstrates that during the Stage 3 clinical placement, students in RACFs *a* and *b* became more negative with respect to working in aged care following graduation. This is in sharp contrast to the cohorts of students involved in clinical placements in Stage 2 of the project. Changing circumstances in RACFs *a* and *b* during Stage 3 clearly had a profound impact on the students' experience and, consequently, a negative influence on their career intentions. Conversely, in the other facilities where the Stage 2 improvements in placement organisation and development of resources were sustained, students developed a

more positive attitude towards working in the sector at completion of the placement. Indeed, the positive shift in attitude towards students' career intentions achieved with the Stage 2 cohorts of students was sustained in the other RACFs during Stage 3.

Living on the edge

Data indicated that RACFs *a* and *b* experienced difficulties in Stage 3 of the project that undermined their capacity to support students on clinical placement. However, when these findings were fed back (in the Stage 3 evaluation meeting) to the preceptors following completion of the students' practicum, those in the other four RACFs argued that they too had few extra resources to manage any change in circumstance and that in fact they often existed in a state of semi-crisis. One nurse stated, "We live on the emotional edge, financial edge, staffing edge", while another followed, "We live on the edge every day". Despite implementing a very effective capacity building program to support students on placement within the facilities, and the associated positive impact that this had on students' attitudes to working in the sector, the vulnerability of RACFs to changing conditions can easily undermine sustainability. In these circumstances even the best aged care providers will struggle to sustain hard-won improvements.

Indeed, if any RACFs other than *a* and *b* had faced similar situations they too would likely have suffered a similar fate.

Discussion

Project findings suggest that RACFs have a limited reserve capacity to effectively support students on clinical placement and are vulnerable to changing conditions, particularly where continuity of staffing is not sustained. During Stage 3, the absence of key preceptors in RACF *a* had a significant impact on the facility's capacity to continue active engagement with the research or to effectively support students. Students' reports also indicated working with agency nurses during placement was unsatisfactory as these nurses had a limited understanding of their learning needs. The increased workload in the facility associated with the expansion of bed numbers and admission of new residents further compromised the remaining preceptors' ability to effectively support students. Similarly, while most preceptors in RACF *b* were available to participate in Stage 3 of the project, findings suggest the turnover of key managerial personnel and the subsequent accreditation visits were associated with significant organisational stress, which in turn undermined the nurses' capacity to focus on student learning.

6 Student responses — student initial and final evaluations, Stages 1–3

Question: Following graduation would you consider working in aged care?

	Definitely/possibly	Possibly not/definitely not
All RACFs on entry Stage 1	50%	50%
All RACFs at completion Stage 1	64%	36%
All RACFs on entry Stage 2	55%	45%
All RACFs at completion Stage 2	90%	10%
RACF <i>a</i> and <i>b</i> on entry Stage 3	71%	29%
RACF <i>a</i> and <i>b</i> at completion Stage 3	43%	57%
RACFs excluding <i>a</i> and <i>b</i> on entry Stage 3	71%	29%
RACFs excluding <i>a</i> and <i>b</i> at completion Stage 3	92%	8%
All RACFs on entry Stage 3	71%	29%
All RACFs at completion Stage 3	75%	25%

RACF = residential aged care facility

The increased stress experienced by nurses in facilities *a* and *b* probably compounded ongoing and well documented problems associated with staff shortages, skill mix and workplace satisfaction in aged care.^{4,6} However, the preceptors in RACFs *a* and *b* were largely unaware of the degree to which the changed circumstances negatively impacted their capacity to support students and facilitate teaching and learning. This finding suggests that aged care nurses operate at a threshold level of stress such that when the facility “tips over the edge” they struggle to acknowledge a reduced capacity and the associated negative implications for practice.

Student evaluations highlighted a marked negative impact across all areas when compared with Stage 3 students on placement in the other four RACFs, as well as the entire Stage 2 student cohort. Given the negative impact on practicum learning outcomes associated with the absence of key staff, high workloads and resource constraints resulting in diminished preceptor interest in teaching students (well documented in the literature), this finding is not surprising. It suggests that aged care providers should only take students on clinical placements when their circumstances are optimal or at least when the status quo is maintained. Moreover, when the status quo is undermined, the implications for recruitment of new graduates is severely compromised. The literature makes clear that the nature of students’ clinical experience has a profound impact on subsequent career decision making. Given the ongoing problems with recruiting nurses into aged care, providing students with positive aged care clinical placements should be paramount to aged care providers and governments. Our findings indicate that aged care providers should address critical problems in their organisation before taking students on placement.

The research calls for caution on the part of aged care providers and schools of nursing when considering placement opportunities for undergraduate nurses. The impact of changed circumstances in RACFs *a* and *b* highlight how situations in RACFs can change. Given this, providers need to be aware that in the context of adverse events, student placements may not be appropriate until they are resolved. What is evident is that RACFs can equally be productive sites for clinical place-

ments over time, as shown in the project findings about the four RACFs excluding *a* and *b*. The students who will one day be newly registered nurses are a valuable resource to aged care providers. It is the responsibility of universities to discuss with RACFs their ability to effectively support students on placement. It is imperative that students not be placed in facilities that are experiencing periods of instability, as this can only produce negative consequences for students, the RACF and the aged care industry as a whole.

Conclusion

Considering that student opinions about working in aged care after graduation are linked to the quality of their placement experiences, we recommend that students be placed only in RACFs with the capacity to offer a supportive, friendly environment, and reasonable levels of staff continuity. Also, given the reality that RACFs function with limited capacity to cope with sudden changes in circumstances, we recommend that schools of nursing and aged care providers collaborate to carefully evaluate the capacity of RACFs to support students and staff during any proposed student nurse clinical practicum.

This research has since been expanded to a national focus, resulting in the development of an evidence-based/best practice model for quality clinical placements in aged care.²⁷ Testing of this model should be an imperative.

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Competing interests

The authors declare that they have no competing interests. The funding bodies played no role in the study design, data collection, analysis and interpretation, and writing or publication of this paper.

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