**Title**

Exploring student nurses’ and their link lecturers’ experiences of reasonable adjustments in clinical placement.

**Abstract**

Background: Student nurses who attend pre-registration nursing programmes in the United Kingdom are assessed via academic work and by their performance in clinical placement. Student nurses include those who require reasonable adjustments to support their learning. National guidance exists that defines the available reasonable adjustments for academic work, however, there is limited information available for reasonable adjustments associated with clinical placement. Available relevant nursing literature reports varied levels of success in the facilitation of reasonable adjustments in clinical placement.

Research aim: To explore the experiences of student nurses who require reasonable adjustments and their link lecturers associated with the facilitation of this support in clinical placement.

Methodology: A descriptive phenomenological methodology was adopted. Data was collected using semi-structured interviews with seven student nurses and three link lecturers from three fields of nursing (Adult, Child and Mental Health). Audio recorded interview data was transcribed, coded and thematically analysed.

Findings: Three main themes were identified- ‘Defining reasonable adjustments’, ‘Supporting students’ and ‘Being professional’.

Conclusions: All study participants could define reasonable adjustments and described varied experiences with the facilitation of these in clinical placement. This process could be complex and dependant on many factors which either promoted or hindered the provision of this support.

**Keywords**

Reasonable adjustments; clinical placement; students; mentors; learning disorders; nurse midwives.

**Key points**

1. Available literature is limited that reports upon the support provided for student nurses who require reasonable adjustments for clinical placement in general but especially from the view point of link lecturers who are a main stakeholder in this process.
2. A lack of national guidance for the main stakeholders on how to support these student nurses contributes towards the complexity of the processes involved.
3. All study participants could define reasonable adjustments and described varied experiences with the facilitation of these in clinical placement. This process could be complex and dependant on many factors which either promoted or hindered the provision of this support.
4. Study participants identified that defining individualised support was especially beneficial for optimising the success of this process.

**Reflective questions**

1. Do you feel confident in your knowledge of facilitating reasonable adjustments for student nurses in clinical placement?

2. Do you feel confident in knowing where to access support from clinical and university colleagues to facilitate reasonable adjustments for student nurses in clinical placement?

3. Would you feel comfortable instigating a conversation with a student nurse who requires reasonable adjustments for clinical placement and, if not, why not?

4. Can you describe how reasonable adjustments could be utilised for student nurses in clinical placement whilst maintaining patient safety?

**Background**

Student nurses who attend pre-registration nursing programmes in the United Kingdom are assessed via academic work and by their performance in clinical placement. Student nurses include those who require reasonable adjustments to support their learning. Storr et al. (2011) suggest that examples of conditions requiring reasonable adjustments include dyslexia, dyscalculia (intellectual), mental health issues and chronic health conditions and “the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities” (HMSO 2010 Part 2, Section 6 (1b)).

National guidance exists that defines the available reasonable adjustments for academic work which includes access to disability tutors, utilisation of computer software aids and extra time for assessments (ECU 2010). However, there is limited information available for reasonable adjustments associated with clinical placement. The Nursing and Midwifery Council (NMC) provide guidance for pre-registration nursing programmes which includes defining who is responsible for supporting student nurses whilst in clinical placement. This is primarily the nurse mentor (Supervisor) and the link lecturer (a nurse lecturer from the university who visits the clinical placement areas regularly) who ensure that student nurses have the most effective learning experience (NMC 2008). However, no specific guidance is provided by the NMC regarding reasonable adjustments for student nurses in clinical placement. More detailed and helpful guidance has been produced by the Royal College of Nursing (RCN 2010; RCN 2017) suggesting that student nurses have access to coloured paper or screens as an aid to reading medical paperwork and are allowed extra time to read patient notes as well as the use of other certain technology in the clinical placement setting. Although useful, this guidance is brief and does not address the logistics of facilitating the suggested reasonable adjustments.

The literature on this topic is also limited. For example, there is literature regarding lecturers’ views of supporting student nurses requiring reasonable adjustments in university but little on the link lecturer perspective of supporting these students in the clinical setting (King 2018). The view point of student nurses is also limited in the available literature focussing mainly on experiences of disclosing their need for reasonable adjustments to nurse mentors and the lack of time nurse mentors have for supporting them with reasonable adjustments (Morris and Turnbull 2007; Child and Langford 2011; Ridley 2011). In addition, not all types of reasonable adjustment have been reported upon and if this support was successful or indeed available in clinical placement.

This study intended to offer further research into aspects that have not previously been reported upon in depth including support for student nurses with mental health issues or who have a chronic illness. The study also aimed to locate other specific problems and enabling factors associated with reasonable adjustments in clinical placement which were not already identified in the existing literature.

**Research aim**

The main research aim was to explore student nurses’ and their link lecturers’ experiences of reasonable adjustments in clinical placement. These experiences not only involved descriptions of events provided by the study participants but also aimed to put these experiences into context.

**Research questions**

1. Can student nurses and link lecturers define the available reasonable adjustments for clinical placement?
2. Have student nurses and link lecturers found the process of reasonable adjustments in clinical placement achievable?
3. What do student nurses and link lecturers describe as the barriers and facilitators to reasonable adjustments in clinical placement?
4. Is there awareness of the roles and responsibilities of all the stakeholders (student nurses, nurse mentors, university based staff, ward managers) involved with this process of applying reasonable adjustments in clinical placement?

**Methodology**

To promote the success of this study, it was of import that detailed accounts of the reality of facilitating reasonable adjustments in clinical placement were accessed. Therefore, a qualitative approach was adopted with a view to obtaining rich data for analysis. Specifically, due to the exploratory nature of the study, a descriptive phenomenological perspective.This methodological approach has been used successfully in nursing related research including studies investigating issues associated with supporting student nurses in clinical placement. Dowling (2004) agrees that descriptive phenomenology lends itself successfully to expressing knowledge that exists within nursing practice.

Semi-structured interviews were chosen as the research data collection tool to document the experiences from both student nurses who require reasonable adjustments and link lecturers. This type of interview was applicable to the selected research paradigm for the study and is frequently used in qualitative research (King and Horrocks 2010). This semi-structured style of interviewing aimed to maintain the required exploratory approach. The interview schedule consisted of similar questions for both groups (student nurses and link lecturers) thus enabling the creation of comparable answers for subsequent data analysis. The interview schedule reflected the chosen research questions associated with the research aim.

Study participants were sourced using purposive sampling with a view to recruit student nurses and link lecturers who had the ‘lived experience’ of reasonable adjustments in both the university and in clinical placement. All pre-registration student nurses and link lecturers were contacted via email which specifically outlined the selection criteria as wanting to recruit study participants who had experience of reasonable adjustments in clinical placement. The specificity of the emails sought to clarify which potential participants should apply which worked effectively. In total, seven student nurses and three link lecturers were interviewed from three fields of nursing.

The interviews were audio recorded and interview data was transcribed. All interview transcriptions were read several times and then coded, including the use of a deductive coding frame, and then thematically analysed. Throughout the stages of the research methods including data analysis, the advice from Brinkmann and Kvale (2015) and Smith (in Smith et al. 1995 p. 9-26) was followed closely for instruction on how to correctly use interviews for data collection and to optimise rigour.

Ethical considerations associated with the study were reviewed and addressed. These included consent, data storage, insider researcher issues and support for participants if they found the topic upsetting. Full ethical approval was successfully attained before commencing the study. To date, no ethical issues have been encountered. Guidelines from the British Educational Research Association (2018) were adhered to as well as following the ethical procedures relating to nursing research provided by the associated professional bodies (RCN 2004; NMC 2018).

**Findings**

The three main themes identified were ‘Defining reasonable adjustments for clinical placement’, ‘Supporting students’ and ‘Being professional’.

Defining reasonable adjustments for clinical placement

Encouragingly, all study participants could give examples of reasonable adjustments associated with the clinical placement setting. Comprehension of how to access these specific learning needs was also evident. Defining reasonable adjustments for use in clinical placement emanated predominantly from the utilisation of reasonable adjustments previously used in the university:

*“I have asked them if it is okay for me to start them [patient notes] a bit earlier… they said ‘just do it how you feel comfortable’… as long as all the details are down there and everything is on there they don’t mind…”* (Student B).

However, utilising some of these reasonable adjustments for clinical placement could be challenging and not always a successful process:

 *“It was suggested having a tape recorder, take it in, but then the trust said ‘you can’t do that, because it violates confidentiality’… but as soon as I came out of each appointment, sitting down in the car for five minutes and writing down notes, but quite often I would miss things that had been said…”* (Student C).

Student nurses described developing unique reasonable adjustments and then instigating these in subsequent clinical placements:

*“… and I’ve actually said to them, ‘look, if you see me sitting down, it is not because I’m lazy, it is because I’m probably feeling dizzy and I just need to sit down’. And they’re like, ‘Yes’”* (Student F).

*“… we’ve made some very temporary informal reasonable adjustments around mental health [LD]… they just have a week or so that they can collect themselves, or we’ve looked into moving people to different areas… which had a really good outcome”* (Lecturer C).

Although some success stories were reported, there would appear to be a lack of general awareness of reasonable adjustments available for clinical placement:

*“I don’t think the students understand what reasonable adjustments are, myself. To make matters worse, I don’t think we, as lecturers, understand it”.* (Lecturer B).

Supporting students

Both student nurses and link lecturers talked extensively about support with identifying and facilitating reasonable adjustments in clinical placement. All study participants could describe support available from the university and nursing colleagues:

*“Some of the link lecturers are very good at going and explaining to the areas about me and my limitations”* (Student B).

*“Oh, yes, my mentor there was the manager. I told her and she was really supportive”* (Student E).

*“… the fact that we did go and supported her to have a mentor and I kept positive with the student… And I’m really glad I didn’t because she’s proven to be a very good clinician and she doesn’t have any support in practice now”* (Lecturer A).

Although good practices were evident, there are still areas in this complex process that require improvement:

*“Then I go out to placement and a lady was coming to see me from, I think she was in the Disability Service at the university, and she was coming to see me once a fortnight. In complete honesty, it wasn’t beneficial to me at all”* (Student B).

*“We stopped doing things like the initial lecture to the students saying disabilities, get yourself Registered. That’s a major mistake in my opinion… so yes, more [university preparation]”* (Lecturer B).

Although some clarity existed, there was still confusion regarding the roles of stakeholders associated with reasonable adjustments:

*“… I also believe that we as academics need a lot more education about [reasonable adjustments] because I’ve only learnt this through experience. I wish I’d learnt it 13 years, 14 years ago”* (Lecturer A).

*“Because [the nurses] are scared that I am going to catch something and it would fall back on them. Regardless of whether I say, ‘It is not your fault. I know my risks and my limitations and if the university are aware...’. Some places are a bit worried something is going to come of it and it is going to affect them…”* (Student B).

Being Professional

Student nurses and link lecturers reported issues relating to professional nursing practice regarding the facilitation of reasonable adjustments in clinical placement.

Link lecturers spoke about a ‘dual role tension’ (being a Registered nurse versus being a nurse academic):

*“… I very much identify more as a nurse than an academic... So that can be quite hard and I think that I sometimes have to really realign myself to make sure that when I’m dealing with someone like this that actually I’m not on the side, if you like, with the mentor. I’m actually on a different- I’m with the student and supporting them that way, but it’s hard”* (Lecturer C).

Student nurses recognised the importance of adhering to their reasonable adjustments in developing their own professional nursing practice. They acknowledged the importance of professionalism when utilising reasonable adjustments and the importance of not compromising patient safety:

*“But then I also would be confident enough to say, ‘Look, would you take over that part, and do the medication, while I take over what you’re doing’. But again, that is me being- not putting people at risk…”* (Student F).

**Discussion**

The limited national guidance was evident from the findings as all study participants described the lack of clarity and knowledge of the of stakeholders’ roles and the processes involved with facilitating reasonable adjustments in clinical placement. Although good practice existed, this was not widespread and tended to be due to previous experience and individual practices.

Student nurses reported that although university and nursing staff did have some knowledge of reasonable adjustments ultimately, success of reasonable adjustments was more likely if the student nurse led the process of defining their required support. Student nurses’ responses demonstrated how they had developed being proactive in being able to describe this support and in general received positive responses.

Reassuringly, professionalism was a strong theme which emerged from all study participants. The need to practice safely and maintain patient safety was the priority in all responses. Link lecturers could experience conflict with professionalism and student nurses described how accessing reasonable adjustments was part of being professional. Whatever the experiences or opinions of the study participants, patient safety was at the heart of their need to facilitate reasonable adjustments effectively for clinical placement. These responses are not surprising as this mirrors the philosophy of nursing care.

**Limitations of the study**

Although this study elicited interesting and relevant findings, this study has its limitations which must be acknowledged. The small scale of the study limits the generalizability of the conclusions in addition to not including viewpoints from all the relevant stakeholders. Additionally, not all types of reasonable adjustments were investigated. The study participants were associated with only one university and their associated clinical placement areas located in a small geographical area of England.

**Conclusion**

The findings suggest that the process of facilitating reasonable adjustments for student nurses in clinical placement continues to be complex and dependent on many factors. Whether this relates to student nurse engagement or effective support from the university and nursing staff, there are aspects which can enhance or prevent the effective achievement of this essential support. A definite recommendation is the need for further research and enhanced national guidance to ensure future success of this process.

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