

LEARNING TO BECOME A NURSE: STUDENTS' REFLECTIONS ON THEIR CLINICAL EXPERIENCES

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ABSTRACT

Objective:

To expose the significant events undergraduate student nurses reflect on during clinical experiences as they learn to become nurses.

Design:

A qualitative study using reflective instruments of unstructured debriefing sessions and journal writing.

Setting:

Conducted in a tertiary hospital in South-eastern Queensland, Australia.

Subjects:

Forty voluntarily consenting students were involved.

Results:

The findings of this study identify that students' interpretation of, and learning in the clinical context is influenced by: an interplay between the patient, registered nurse (RN) and the student's construction of themselves as a nurse. Significant to the study and not previously identified is the way students enter the emotive life-world of the patient's experience. The study confirms that the RN makes a considerable difference to the student's experience. Furthermore, students begin to construct a personal identity of becoming a nurse through a process of developing confidence, confirmation of nursing practices and assimilating knowledge.

Conclusion:

Insights into what influences students learning in the clinical setting, how they interpret events and begin to build a repertoire of reflective exemplars provides clinical staff and educators with valuable information to design meaningful clinical learning experiences that will assist students to become nurses.

INTRODUCTION

The advent of tertiary education for nurses in Australia espoused new models of re-conceptualising learning in the workplace. Students now enter the clinical environment endowed as a learner but engaged in the practice of the profession. When reviewing Australian publications regarding clinical education many of these inevitably commence by mentioning the transfer of nursing education from a hospital-based apprenticeship system to the tertiary sector.

Considering this transfer occurred over 20 years ago it is somewhat astounding that we are still coming to terms with it and feel it necessary to compare the two types of education. We acknowledge the education of nurses is different now. We know clinical education is where students develop real world experience of nursing, observing and participating in and learning the language and idiosyncrasies of the profession. We know students spend less time in the practice setting, and we know there are numerous, clinical education models operating that offer various types of assistance and supervision to students (Australian National Review of Nursing Education 2002). Surprisingly, we have little information about how students learn to become nurses during their clinical experiences.

Alarming, research in Australia and overseas about students' responses to their clinical learning experiences and perceptions of their clinical encounters have centred on feelings and frustrations and tended to focus on exposed negative aspects. These have ranged from: not being recognised as part of the profession or being transient (Melia 1982; Nolan 1998); a need to feel welcomed and accepted; tensions caused by the existence of a dichotomy between what is taught and what is practiced (Yong 1996; Shin 2000); feeling they need to prove themselves as nurses (Rummel 1996); dealing with stressors (Elliott 2002); coping with the experience by 'playing the game' or doing only what is necessary to complete the clinical assignment (Chapman and Orb

2001); and, marginalisation and powerlessness (McLeland 2002). Indeed the experience has even been viewed as creating a need to survive (Nolan 1998).

Some research has provided insight into student reflections on their development as a nurse. These studies have identified that the RN or clinical nurse is a powerful influence on student's interpretations of their development (Chow and Suen 2001; Ohrling and Hallberg 2001; Rummel 1996; Yong 1996; Hart and Rotem 1994; Powell et al 1992; Melia 1982). A scant body of research provides an overview of students' other constructs that they perceive influence their clinical experiences (Spouse 2001a, 2001b, 2003; Stockhausen 2000; Holland 1999; Bell et al 1998; Nolan 1998; Rummel 1996; Yong 1996).

However, given the time that nurse education has been in the tertiary sector in Australia, there remains paucity in the literature that serves to highlight how students learn to become nurses. It is generally acknowledged that the nurse learner enters the practice setting armed with knowledge of relevant theories of the sciences and nursing. It is the actual immersion in the practice world of nursing and how students respond to these events that remains somewhat mysterious and obscure (Edmond 2001; Spouse 2001a). Practical experiences in professional education provide students with real life events that enable them to develop, apply and evaluate their own understanding of concepts being studied (Nolan 1998). The learning process involves reflection and allows students the opportunity to build a range of powerful exemplars (concrete examples) gained from experience (Schon 1987; Boud et al 1985; Benner 1984; Kolb 1984). This paper discusses a qualitative study conducted to expose the significant events student nurses reflect on as they learn to become nurses.

THE STUDY

Method

The intention of this qualitative study was to discover and understand new insights into taken for granted experiences students reflect on during their clinical placements. In particular, the students provide an account of their experiences and how they create, modify and interpret the clinical world they interact with during structured clinical placements (Morse and Field 1996; Miles and Huberman 1994; Denzin and Lincoln 1994; Diekelmann 1992). In this paper the students' 'voices' are given an auditorium to be heard. Qualitative research strategies provide the means to examine the subjective interpretations of these voices during the students' clinical experiences (Holloway and Wheeler 2002). To increase the 'audibility' of the voices this research used the same tools that the literature identifies in developing reflective practice: journal writing and group debriefing. These methods are best suited to address the research question: What do students reflect on as they learn to become nurses?

Participants

Following detailed submissions, ethical approval for the study was granted from the tertiary hospital where the study was conducted and the students' residence of study. All students in the study were enrolled in a three-year bachelor of nursing program conducted in south-eastern Queensland, Australia. Five debriefing groups each consisting of eight voluntarily consenting students (40) participated in the study. All were given the opportunity to withdraw at anytime and assured that involvement in the study would not affect their clinical grades. Eighteen students from within the five debriefing groups consented to submit their journals for analysis.

Data collection

Data was gathered during students' organised clinical placements, totalling a period of ten weeks. Reflective group debriefings and the student's journals were used to access interpretations of contextual events through the eyes of the participants. These methods were deemed unobtrusive for students, as reflection was a core development competency within the curriculum. Students were familiar with debriefing for about an hour at the end of most clinical days and journal writing each day.

The selected debriefing forums allowed students to share reflections regarding feelings, thoughts and perceptions, exchange ideas, consider other points of view, draw conclusions and make comparisons from their clinical experiences (Horsfall 1990; Watts and Ebutt 1987; Boud et al 1985). This was made possible by the researcher negotiating with the students at the commencement of the research, confidentiality among group members and permitting equity of time for each participant during discussions. The researcher's role became one of managing group dynamics to facilitate reflective discussion among all participants. The debriefings were unstructured but encouraged each participant to raise issues of importance to them and give an account of their reflection on events of the day. Thirteen debrief sessions were audiotape recorded, permitting monitoring of discussion. Transcripts were then generated.

According to Hammersley and Atkinson (1983, p.165) journals are 'not just a matter of gratuitous introspection or narcissistic self absorption. Feelings, anxieties, comfort, shock or revulsion are of analytical significance'. Each journal potentially became an instrument to expose and reconstruct an experience with both objective (facts) and subjective (feelings and interpretation) dimensions of the clinical experience (Landeen et al 1995; Holly 1987). Students were instructed to write at will and no structure was imposed thus facilitating free expression. At the end of the clinical rotation students submitted their journals for analysis. The journals were photocopied then returned to the student.

Rigour

Dewey's (1933, p.29) fundamental principles of reflection; open-mindedness, responsibility and wholeheartedness were adopted to determine rigour in this research study. Authors working in the qualitative research arena have developed similar criteria for determining rigour (Guba and Lincoln 2002; Roberts and Taylor 1998; Denzin and Lincoln 1994; Sandelowski 1994).

Review of the data

Burgess (1984) implies that the analysis of the data is a product of the inquiry. Reflection aids the researcher's analysis and interpretation of the participants' accounts. Latent content analysis and the development of conceptual categories therefore facilitate the presentation of the data. Cohen and Manion (1994, p.55) suggest that the analysis of qualitative data involves 'collecting, classifying, ordering, synthesising, evaluating and interpreting'. Content analysis is defined as 'a multipurpose research method developed specifically for investigating a broad spectrum of problems in which the content of communication serves as the basis of inference' (Cohen and Manion 1994, p.55).

Preparation for analysis and initial interpretation consisted of listening then reading transcripts from the debriefing sessions and the journals. From word-processed files, hard copies were generated, allowing the researcher to read, reflect and develop ideas through reading the text. Reflecting further on the text, the voices from the participants became audible (Van Manen 1989). Content analysis from the transcripts was undertaken to identify key descriptors that helped examine what was occurring at the time and respond to the research question. On combing the texts particular notation of key words, phrases, sentences or paragraphs became exposed, extracted and then were drawn together into similar threads (Tesch 1990).

Several of these segments of text were grouped into common headings representing a theme. The themes were then translated into a category. The configuration of a major category with supporting themes was identified. The data revealed the significant category: Learning to become a nurse.

The category is supported by three themes: entering the world of the patient; clinicians (RNs) making a difference, and; constructing an identity as a nurse.

The third theme, constructing an identity as a nurse, was further supported by three sub-themes: developing confidence; confirmation; and, assimilating the ways of knowing.

The students, who previously volunteered from those who submitted their journals and who were involved in the group debriefings, were invited to review and reflect on the revealed data. Besides transcripts housing an indication of their development towards becoming a

nurse, students stated that the revealed category and themes presented an accurate record of their accounts. This process further facilitated the students gaining insight into their practices that Bergum (1991) suggests may not have occurred outside the research context.

FINDINGS AND DISCUSSION

Learning to become a nurse

Clinical experience for students is a time to enter the work world of nursing and caring. To function in the clinical setting students require a firm grounding in a range of anatomical, physiological, sociological, psychological, pharmacological and nursing interpretations and interventions. Moreover, they must somehow acquire an understanding of the patient and start to develop a professional identity. As students learn to become nurses there are elements of their educational process that cannot be truly taught or explicated, only experienced. For students, contextual learning occurs as they are immersed in the clinical experience with patients.

Entering the world of the patient

The study revealed that as students enter the life world of the patient, they learn through the patient's experience. Highlighted within the data, students develop a sense of the patient, exposing an emotive element that accompanies the student's learning.

In this study students acquired feelings of empathy with and for the patient through reacting to and deciphering emotive non-verbal cues from the patient as they care for them. The following statement, made during a debriefing session, indicates how the student enters the patient's world:

He had an inch deep hole on his sacrum and the poor man was in so much pain. I was trying to dress it. I tried so hard not to hurt him but every time you touched him he was screaming; so was I on the inside!

And a journal entry:

I watched a Dr do a needle biopsy on a patient's neck today. The needle looked awfully close to the trachea and it made my stomach turn as the needle was pushed and pulled randomly into a lump on the patient's neck. I think I squeezed the patient's hand almost as hard as he squeezed mine (Student's highlighting).

In sensing the non-verbal cues and squeezing the patient's hand, reciprocity of one another's presence and united understanding of the event occurs. As students learn about nursing the patient their authentic encounters with the patient have a potent influence on their transition to becoming a nurse. Patient interactions 'teach' students the humility of caring for another human through human-to-human contact. In this study, students encountered empathy for patients in ways, which written accounts (book learning) or simulations may not truly capture,

express or teach (Rolfe 2003). In the following debriefing segment a student reflects on the significance of 'being with' the patient:

One highlight for me was when I was able to be with one of my patients who is in the last stages of COAD [chronic obstructive airway disease]: dying. Even performing the smallest task for him, such as a shower, was a real effort. Just sitting beside him and being with him allowed me to gain some insight into his illness and develop a kind of bond with him. I knew he appreciated it so much. I will never forget how special those three days with him were.

Bevis and Watson (1989, p.11) claim that as nurses or in this case students, enter an experience with a patient, it promotes 'human interaction with learning intentionality'; students connect with the patient. The students in this study appeared 'to connect' in a sensitive way with the patient's experience responding to and interpreting a collection of signals from the patient that inform their nursing actions. Benner (1984) indicates that this beginning cue-recognition informs not only the initial event but potentially informs future practice situations. Carper (1978) further maintains that cue-recognition and interpretation with patients is a core skill of nursing for developing empathy.

Not all aspects of learning can be taught, are tangible or visible. As students interpret cues they enter the world of the patient and vicariously live through events with the patient. Potentially, learning maybe realised in the duality of the student's reflective interpretation of experiencing events with the patient.

RN clinicians make a difference

In their pursuit to become nurses, the study participants indicated how they perceived the RN makes a difference to their learning experiences. The students share and develop their everyday nursing practices with the RN. As they do they construct their own schemata of admirable qualities the RN displays which they perceive facilitates and in some cases hinders, learning. The findings substantiate that the RN who makes them feel welcome through a friendly and approachable manner initiates a workable relationship. Being acknowledged as a learner held particular importance to the students as indicated in a comment made at a debriefing:

I felt really comfortable with my RN and she put me at ease too. She didn't make me feel like I was going to be an extra pair of hands. She made it obvious right from the start that she was really willing to help me out. She asked me where I was up to in my studies, what I wanted to do, what my learning goals were. She would always check whether I understood something or not, so it was great!

Students identified a number of unique qualities of the RN that have not been previously referred to. In this study

students appreciated RNs who exposed them to 'tricks of the trade'.

I have picked up little tips from the RN, things that she does, like organising her day, that I've never come across before or read about.

The students also indicated that RNs, who explained their rationale for their clinical actions and talked to students about how they made clinical decisions, helped them grasp complexities in situations. Hindrances to learning were identified as organisational constraints such as decreased staffing levels. The following debriefing statement highlights this point.

The ward was extremely busy today with lots of theatre cases. I didn't see much of my RN and it was difficult not to be seen as an extra pair of hands!

Unlike previous studies where students have felt unwelcome or threatened in the clinical environment (Elliott 2002) the overwhelming majority of comments voiced and recorded by students indicated positive regard for the RN. In some instances students in this study recognised the many constraints the RN faced, that their presence may indeed cause the RN stress and explored ways that could maximise the RN's knowledge as well as facilitate their own learning.

Throughout this study, as students reflected on their observations they attempted to make descriptions of the RN, highlighting features of skilful performance. In particular, students used statements such as:

...the RN, could pick up that something was not quite right with this gentleman but I was unable to detect any significant change in him.

and:

The RN showed compassion by touching the patient; she knelt down so she was at the same level as him, she spoke soothingly, her whole manner said 'I care'. She gave the relatives no false hope, but was gentle in telling them what was happening and made it clear she was available to talk to whenever they needed her. After leaving the room she took the time to explain to me what was happening and how the nurses try to maintain the patient while the family are supported so the patient can die with dignity.

For this group of students the RNs exposed their experiences, demonstrating compassion, and insights into becoming a nurse.

Constructing an identity as a nurse

As students learn nursing amidst the realities of the practice setting, they also begin to construct a personal and professional identity of themselves: as nurses. In this study, students constructed their meaning of becoming a nurse through developing confidence, confirming their

nursing practices and assimilating theoretical and clinical knowledge.

Developing confidence

Throughout the study the students' interpretations of personal accomplishment echoed with sentiments of increased confidence and competence. Students identified that confidence developed over time and through opportunities to practice skills. A student illustrates this point:

I felt that I'd definitely improved; I didn't have to think about everything I was doing. Now when I do aseptic technique I can talk to the patient as well as do the dressing. The first couple of times doing it, you can't think of anything else but the wound because you're concentrating on your sterile field and technique. Before I sometimes forgot there was a patient there. So just going over it and practicing I feel more confident.

Revealed in this study is the way in which students require proficiency and confidence with their psychomotor skills that then further frees them to acknowledge and incorporate the patient or other dimensions of the activity into their practice. Descriptive statements reflected the achievement of doing what it is nurses do and being part of the totality of nursing. Common statements in journals and debriefings were procedural in nature and often appeared unreflective. The following journal extract was typical:

Made beds. Monitored strict fluid-balance and documented in the patient's chart. Several urinalyses. Assisted with showers. Performed and recorded observations (TPR and BP), chatted to patients getting to know them better. Was really happy with all this!

In the very act of recording such activities the student presented to themselves and the reader their sense of achievement in being able to undertake the activities of nursing. Viewed in this light, activities such as making a bed or showering a patient were not just 'basic' nursing activities but took on new meaning when considered from a student's achievement perspective.

Confirming

As students developed confidence, their sense of identity increased. Engagement with the activities of nursing confirmed their practice as a nurse:

The RN suggested we do a bladder irrigation and that really helped the man's discomfort. I did two dressings. I hadn't done a single dressing before and everything just worked so well I felt like I was doing something. I felt like I was of use, like a real nurse, I was doing a normal day like the staff.

The high visibility of and successful undertaking of psychomotor skills confirmed for this group of students that they were developing an identity as a nurse because they considered they were doing what it is a nurse does.

Assimilating the ways of knowing

Making comparisons and discriminations of practices further aided the students in this study to construct their sense of identity. Academic and practical knowledge were brought into sharp focus as this group of students viewed how one could influence the other. They could actually see how the knowledge is used. The utility of exploring knowledge in action is exemplified in the following journal extract:

I introduced myself to the patient and asked him to put the thermometer under his tongue. He took it from me and put it in his mouth. I got two strange readings. I notice that he did not really put it in his mouth properly. When I met up with my assigned RN she suggested I read about the patient's condition and then consider the temperature reading. I discovered the reason why the gentleman did not put the thermometer in his mouth properly was because he had no tongue! I realised that I will never do observations on a patient without prior knowledge of their condition nor will I take it for granted that most people can have an oral temperature done.

When learning is embedded in the context, then its uses are more apparent to students. The integration of theoretical and practical knowledge would also appear to provide students with the beginnings of exemplar cases. Over time as students build a repertoire of situation-specific knowledge they assimilate the ways of knowing nursing. The findings of this study suggest that as students construct an identity of themselves as a nurse, their confidence, confirmation of practice and assimilated ways of knowing influence one another.

SUMMARY OF FINDINGS AND RECOMMENDATIONS

Viewed holistically, learning to become a nurse is principled on contextual encounters with the patient and the RN and an opportunity to practice a range of nursing activities that facilitates the construction of an identity as a nurse. Entering the world of the patient engages students in potent encounters with patients, helping students to read and interpret patient cues in order to understand the experience of the patient. While these aspects of becoming a nurse are personal and patient-orientated, RN clinicians make a difference and also help students make the transition to become a nurse.

The student's experience is strongly influenced by their encounters with the RN. In their accounts, students respected the RN as an experienced practitioner and held this experience in high esteem. Students identify that they appreciate RNs who help them gain insight into patient and ward-management. In these moments the RN makes a difference to student's learning as they illuminate the practice of nursing, including detection of subtle patient changes, dimensions of compassion and the impact of extraneous workloads.

As RNs share of themselves and their experiences, the student begins to develop an appreciation of experiential, clinical knowledge informing practice. These findings support those of Nolan (1998) but extend her research as it could be considered that this study identifies that the student begins to consider some elements of the artistry or skill performance of RNs' practices.

Students participating in the activities of nursing in tandem with RNs all encouraged to rehearse the range of activities that assists them to become a nurse. As they practice to become nurses they begin to construct a personal identity of themselves, as nurses. Identity, as a nurse, is shaped through a process of developing confidence, confirmation by others of movement towards being and doing what nurses do and assimilating theoretical and practical knowledge.

The bi-dimensional nature of confidence and confirmation is not experienced separately; each influences the other. As student's confidence with a range of nursing activities develops they confirm to themselves and others that they are becoming a nurse. Much of the 'doing' of 'basic' nursing involves unseen activities and emotions. The 'doing' should be seen as the work of students learning in action, as they become nurses. Nolan (1998, p.626) suggests; 'learning by doing is the crux of clinical placement, as problems are placed within context and critical thinking can be developed'.

Each encounter with patients or RNs contributes to reinforcing and confirming the student's identity as a nurse. In turn, reinforcement facilitates the development of confidence through the opportunities to engage in a range of activities and often in activities in repeated practice (Bell et al 1998). Students in this study also discovered the integration of ways of knowing as they come to experience, construct and reconstruct the ways of becoming a nurse and reflect on this.

The influential forces that students reflect on provide us with a powerful message. It is evident that reflection provides a focus for students as they work through clinical situations that contribute to their professional socialisation and identity. Reflecting on the day-to-day events through conversations with themselves in their journals and with their peers during debriefings, offers students an avenue to explore ways of becoming a nurse and the emotive elements that accompany their practice development.

The primary implication of this study is clear. In the twenty years that nurse education has been in the tertiary sector in Australia, we are still discovering what students reflect on and how they interpret and consider what is important to them from their clinical experiences. As clinical educators we are challenged to fully expose students' reflections and build upon these to facilitate students' learning and progression to become nurses.

The findings of this study also indicate that the encounters students have with patients and the patient's

influence on student learning require further investigation. This is an aspect of nursing education that has received little attention. While the patient is at the crux of the experience, educators and clinicians alike have investigated little into understanding the patient's role as an experience broker in clinical teaching and learning events.

It can also be speculated that the time has also come to investigate the learning importance and the potential inherent in, the 'everydayness' of nursing. For students repeated experiences offer confidence building and confirmation of practice. However, we also need to assist students to develop strategies to, not only, confidently question routine practices but also identify moments of exemplary RN practice and use this information to inform nursing practices. Indeed, exposure to and of the hidden teaching strengths and artistry of practice of RNs as they teach in the complexities of practice, require further exploration (Ohrling and Hallberg 2001).

While the likes of Benner (1984) identified difficulties in revealing this process, perhaps the time has come to investigate further. This should not be limited to just preceptor programs but for the RN to discover what it is they themselves don't realise about their taken-for-granted knowledge and practices and how they can influence student learning as they become nurses.

CONCLUSION

This study provides further insights into the way students construct meaning from their clinical experiences and learn to become nurses. Moreover this study indicates that as students learn to become nurses their experiences are not viewed negatively as some previous research would have us believe. Active engagement of students with patients, peers and staff in clinical practice, the development of a range of clinical skills and the ability to reflect on the alliance between theory and practice in real settings, engages the student in becoming a nurse.

The exposure of students to RNs who support and acknowledge them as a learner and who begin to expose their artistry in practice needs to be explored further and developed to highlight the significance to educative endeavours as students learn to become nurses. Developing student's skill to reflect on all clinical experiences and exploiting this for the development of initial and continued clinical competence is critical if the goal of learning how to be a nurse is to be successful.

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