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EDITORIAL

Jill Iliffe
AJAN Editor

Nursing education is an area of intense interest for researchers; both the theoretical content and the availability and adequacy of clinical placements. In this issue of AJAN, Levett-Jones et al investigated nursing students' experience of 'belongingness' and the way this experience is influenced by the duration of students' clinical placements. They found that students' self-concept, degree of self-efficacy, confidence, resilience, willingness to question or conform to poor practice, career decisions, capacity, and motivation to learn were all impacted by the extent to which they experienced belongingness. They suggest a consolidated period of practice for students to 'settle in' and establish collegial relationships is an important influence on their experience of belonging and a necessary precursor to their active and participative learning and call for a re-examination of the assumptions, educational philosophies, policies and practices that underpin the duration of clinical placements in contemporary undergraduate nursing programs.

Neville et al examine clinical placements for nursing students in the aged care sector. While most universities were able to negotiate sufficient aged care placements for their students, the adequacy of the placement was frequently not tested and clinical nursing experts in aged care were frequently not available. Neville et al suggest the development and implementation of a clinical audit tool for aged care placements, together with incentives for experienced aged care nurses to participate as educators between the university sector and the workplace. They also suggest greater use of community aged

care services for aged care clinical placements and greater use of services away from the immediate locality of the university such as in more rural and remote locations.

Nayda and Rankin mapped information literacy skill development in the undergraduate nursing program from a South Australian university in order to explore student's understandings of their information literacy skill development and the link between information literacy skills and life long learning. They concluded that changes are required to increase both students' and academics' understandings of information literacy and its links to life long learning, including staff development and collaboration between academics, librarians and study advisors on the design and implementation of a consistent and progressive curriculum approach to teaching information literacy skills.

Scanlon's study aimed to assess the decision making process of nursing undergraduates when choosing a graduate nurse year program and to explore whether clinical school experience affects the decision making process. The transition from university to workplace is a critical time for newly graduated nurses. Scanlon found that choice of graduate nurse year program is strongly associated with past clinical experience and nursing specialisation offered and that undergraduate nursing students are choosing which graduate nurse year program will best suit their present and future career needs, regardless of past (positive) experience in a clinical school.

Mature aged students form a significant proportion of the undergraduate nursing student population. The study by Drury et al describes how mature aged people reconstruct themselves as nursing students. They found that mature aged students experienced three stages in their trajectory of becoming a registered nurse: taking the first step; keeping going; and letting go and moving forward. They also found,

not surprisingly, that mature aged students have different needs to younger students, including academic and pastoral support on campus, subsidised child care and creative timetabling.

Clinical nursing research has the objective of improving nursing care. Ozer et al examined the effect of music on preoperative anxiety in men undergoing urogenital surgery. Their results support the use of music as an independent nursing intervention to manage preoperative anxiety in patients undergoing urogenital surgery and that listening to self-selected music during the preoperative period can effectively reduce anxiety levels; a simple and cost effective way to enhance nursing care and improve the care experience of preoperative patients.

Hill and Clark looked at the capacity of diabetes educators to meet the needs of the increasing number of people with diabetes in Australia. Alarmingly, they found that almost 80% of the diabetes educator respondents were over the age of 40 years, with only 5% in the 20-29 year age and 5% in the 30-39 year age group, an insufficient number to ensure a sustainable workforce into the future. They suggest that strategies to address the barriers to effective teaching and learning in diabetes education in both the acute and community contexts, such as limited time and resources, individualised approaches and opportunities to maintain advanced skills and knowledge, need to be addressed.

In another paper focused on diabetes, Atak et al conducted a randomised single blind controlled study to evaluate the effect of patient education on knowledge, self management behaviours and self efficacy in patients with type 2 diabetes. The study was based in Turkey. They found that patient education had a limited effect on knowledge and self reported self management behaviours but had a significant effect on self efficacy in patients with type 2 diabetes. They recommended the development of long term patient education programs focused on patients' needs and concerns to follow-up and maintain knowledge, self management behaviours and self efficacy.

Rafii et al's paper from Iran studied the relationship between patients' reports of nurse caring and patient satisfaction with nursing care. They found a statistically significant relationship between patient reports of nurse caring and satisfaction with nursing care, however noted that heavy workloads and severe staff shortages in Iranian hospitals are reducing the time nurses are able to give to direct care with a potentially negatively affecting on patient's perceptions of nurse caring and their satisfaction with nursing care in the future.

In their second paper on the issue of young people and mental illness, Webster and Harrison explored how young people experienced the onset of mental health problems and investigate their initial interactions with the health system. Their research identified a basic process with four stages which had the characteristics of a maze through which young people have to struggle to find a way. At each stage, barriers and/or facilitating factors either delay or speed progress. Webster and Harrison's earlier paper which constructed a research based pre-care model to improve mental health interventions for young people was published in AJAN Volume 24 Issue 4.

And finally, Chater and Tsai examine the notion of truth telling and its place in palliative care nursing with a particular focus on nursing people from minority cultures. They raise some interesting questions around a patient's right to know the truth and the patient's choice to know the truth and the conflict that can arise between the culture of the nurse and the culture of the patient around 'telling the truth'.

Australian Government changes to the way research will be funded in Australia in the future are the subject of our guest editorial from Mary Courtney, a member of AJAN's Editorial Advisory Board. Mary sees opportunities for nurses and nursing research in the proposed changes and considers that, as a result of nurses' strengths in applied research and their ability to translate research outcomes into real world solutions, nurses are well placed to build external research partnerships and that nursing research is well positioned to be at the forefront of addressing national health priorities.