

The duration of clinical placements: a key influence on nursing students' experience of belongingness

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ABSTRACT

Objective

This paper reports selected findings from a study that investigated nursing students' experience of belongingness. The manner in which this experience is influenced by the duration of students' clinical placements is the focus of the discussion.

Design

A mixed method, multi-site case study approach using an anonymous online survey: the Belongingness Scale - Clinical Placement Experience was completed by 362 students, 18 of whom also participated in semi-structured interviews.

Setting

The setting for the study was two Australian universities and one university in the United Kingdom offering undergraduate nursing programs.

Subjects

Third year undergraduate students (n=362) were recruited into the study.

Main outcome measure

Nurses experience of belongingness and the influence of the duration of clinical placement on the experience of belongingness.

Results

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. Differences in belongingness scores between the students from the three sites were statistically significant, with participants from the United Kingdom scoring higher than those from either of the Australian sites, $F(2, 355) = 21.70, p = <.001, \eta_p^2 = 0.11$. Although the reasons for these results are multifactorial, this study found the duration and structure of clinical placements to be one of the most important factors affecting students' belongingness.

Conclusion

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. Findings from this study 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.

INTRODUCTION

Belongingness is a phenomenon of importance to nursing students and to those involved in their education. For the majority of the participants in this study, the duration and structure of clinical placements was a key influence on their experience of belongingness. Students from three universities (two in Australia and one in the United Kingdom) emphasised the importance of having adequate time to settle in, so they could familiarise themselves with the personnel, culture and practices of each unit or ward they were assigned to. They described the uncertainty that surrounded their clinical placement experiences during this settling in phase and how they often felt lost and unsure of themselves, not knowing staff, patients or ward routines. Once settled, students often progressed from feeling like an outsider to feeling like an accepted member of the nursing team. Importantly, students felt that until they were settled and comfortable in the clinical environment they were unable to confidently engage with learning opportunities.

The paper uses a mixed method design to present a compelling view of students' experience of belongingness and how this experience is influenced by the duration of their clinical placements. Belongingness is defined and selected quantitative and qualitative findings are presented from a brief overview of relevant literature. The educational philosophies, policies and practices underpinning the duration of clinical placements are re-examined and challenged in order to bring a fresh perspective to the debate.

Definition of belongingness

Belongingness emerged from the study as:

A deeply personal and contextually mediated experience that evolves in response to the degree to which an individual feels (a) secure, accepted, included, valued and respected by a defined group, (b) connected with or integral to the group, and (c) that their professional and/or personal values are in harmony with those of the group. The experience of belongingness may evolve passively in response to the actions of the group to which one aspires to belong

and/or actively through the actions initiated by the individual (Levett-Jones and Lathlean in press).

Background

A literature review previously undertaken by Levett-Jones et al (2007) discussed the psychosocial dimensions of belongingness and its implications for nursing students. Psychologists and social scientists suggest that the need to belong and be accepted is universal and fundamental, driving much of human pursuit, activity and thinking (Baumeister and Leary 1995; Hagerty and Patusky 1995; Maslow 1987). A diminished sense of belonging can have deleterious emotional, psychological, physical and behavioural consequences (Twenge et al 2001). A broad range of empirical evidence proposes that people who are deprived of belongingness are more likely to experience stress, anxiety, depression, diminished self-esteem and impaired cognition (Hagerty and Williams 1999; Baumeister and Tice 1990). They are also more likely to engage in affiliative behaviours, such as acquiescence and conformity (Clark 1992). Additionally, deprivation of stable social relationships has been linked to an array of pathological consequences, with those who lack belongingness suffering higher levels of both somatic and psychosomatic illness (Baumeister and Leary 1995). However while the experience of belongingness has been demonstrated to be an important and measurable construct, apart from experimental studies, little research has explored the factors that enhance or detract from belongingness.

The concept of belongingness has not been adequately explored in nursing education literature. Even though many papers refer to the importance of students being accepted, welcomed and supported on clinical placements, few studies focus specifically on the experience of belonging. While it is argued that belonging is important to a positive clinical placement experience, few studies address the meaning or implications of belongingness. The ways in which clinical environments engender belongingness and the consequences for individuals, the nursing profession and for patient care, have not been widely explored.

Further, the debates about how the duration of clinical placements impacts on students' experiences are inconclusive (Mallaber and Turner 2006; Clare et al 2003). Some authors (Turner et al 2006; Walker 2005) have referred to the length of clinical placements as a key element in developing a sense of belonging, but little is known about the mechanism for this.

RESEARCH DESIGN

Methods

In this study a mixed method design was used comprising of a survey of 362 students using an online anonymous instrument: the Belongingness Scale- Clinical Placement Experience (BES-CPE). This is a 34 item self-report instrument, modified from Somers' Belongingness Scale (Somers 1999) with the author's permission, and designed to measure belongingness specific to the clinical placement environment. Cronbach's alpha for the BES-CPE was high: 0.92.

Students were informed about the proposed study by advertisements placed on *Blackboard*TM, a web-based platform at each of the three universities. They were invited to download the survey information statement from the website following which they could then exit the system or navigate to the online survey. On completion of the survey participants selected the *Submit Form* button to send it anonymously to a secure site. Submission of the online form was taken to imply consent. Each form was numerically coded for data entry purposes. No identifying personal information was recorded and the internet addresses were removed by appropriate software before the survey results were accessed by the researcher. The quantitative data were subjected to descriptive and inferential statistical analysis using Statistical Package for the Social Sciences (SPSS) (Version 13).

From those who had completed the survey a purposive sample of 18 students was recruited for in-depth semi-structured interviews. To gain a range of perspectives and to guide participant selection, volunteers were asked to provide their demographic

details. Diversity in terms of age, gender and country of birth were accounted for in this sampling method. The interview transcripts were thematically analysed. Emerging themes were identified, categorised and verified by two independent researchers. While numerical data allowed for cross-case comparison and the testing of relationships between variables, the qualitative data elicited rich stories about the student's experiences of belonging related to their clinical placements.

Ethics approval for the study was sought from each of the participating educational institutions. Written consent was gained from participants who participated in the interviews and assurances were given regarding anonymity and confidentiality of the data.

Sites and participants

An international approach was adopted to facilitate a more comprehensive exploration of the concept of belongingness and to gain a comparative perspective. Data collection took place sequentially from the three sites over a nine month period during 2006. The survey participants were recruited from three universities: a large regional university in New South Wales (site 1); a small metropolitan university in Queensland (site 2); and a large metropolitan university in the south of England (site 3). These universities were selected because whilst they each provided a three year tertiary program as the requisite preparation for registration as a nurse, they exemplified different health and higher education structures, curricula and student cohort sizes. The UK site was of particular interest because it offered an opportunity to explore the influence of extended clinical placements on belongingness and a mentorship model of clinical supervision. Third year nursing students were recruited as they had undertaken a number of different clinical placements.

Demographic characteristics of participants

Site 1 comprised 44.2 per cent of the survey sample ($n=160$); site 2 comprised 16.9 per cent of the participants ($n=61$), and 39 per cent of the participants were from site 3 ($n=141$). The participants' ages ranged from 20 to 60 years. School

leavers (participants aged 19-22-years) comprised 41.5 per cent of the sample ($n=144$) and mature age students 58.5 per cent ($n=203$). Most of the participants (90.4 per cent, $n=322$) were women. The majority of the participants identified Australia (47.1 per cent, $n=162$) or the UK (41 per cent, $n=141$) as their country of birth. The remainder (11.9 per cent, $n=59$) were from a wide range of other countries. For 8.14 per cent of the participants, English was not their first language ($n=29$). These demographic characteristics were tested using a one-sample chi-squared test and the sample was found to be representative of the nursing student population from the three universities in the study.

The sub-sample of 18 third-year students recruited for the interview provided a diverse range of qualitative data and enabled data saturation. Sixteen women and two men participated in the interviews with ages ranging from 20 to 47 years.

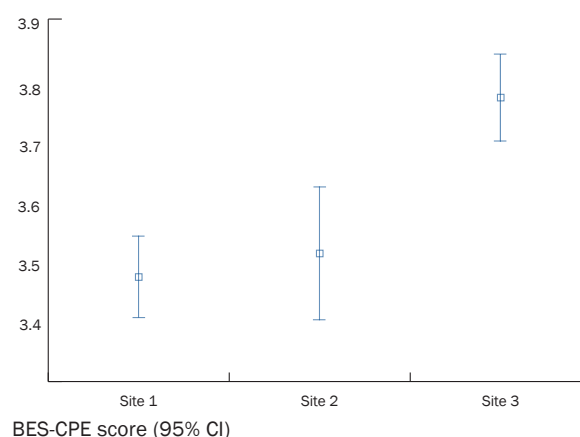
FINDINGS

The first research question was: “*With respect to the clinical placement experience, to what extent do third year nursing students from three different university sites experience belongingness?*” To address this question the mean BES-CPE scores of participants from each site were measured and analysed with a one-way analysis of variance (ANOVA). Using $\alpha=0.05$ ANOVA test assumptions were found to be satisfactory and the result was statistically significant, $F(2, 355) = 21.70$, $p < 0.001$, $\eta_p^2 = 0.11$. Post hoc comparisons using the Tukey HSD test revealed significant differences between sites, with a higher BES-CPE score being achieved at site 3 than for sites 1 or 2: for sites 1-2 $p < 0.81$, for sites 1-3 and for 2-3 $p < 0.001$. Mean BES-CPE scores with their 95 per cent confidence intervals are shown in figure 1.

The second research question asked: “*What factors impact on students’ experience of belongingness and what are the consequences of that experience?*” While analysis of the quantitative and qualitative data revealed few widespread differences between the sites, in two major areas the students’ experiences did diverge. These differences help to explain why

the mean BES-CPE score of site 3 is the highest of the three sites. These factors are: (1) the duration and structure of clinical placements and (2) the consistency, structure and quality of the mentorship provided to students. The following discussion focuses on the duration of clinical placements; mentorship is discussed in a separate paper (Levett-Jones et al in press).

Figure 1: Mean BES-CPE scores with their 95 per cent confidence intervals for each site



Duration and structure of clinical placements 'Settling in' and 'becoming part of the team'

The interviews revealed how the structure and duration of clinical placements influenced students’ experience of belongingness. The themes of ‘settling in’ and ‘becoming part of the team’ were central to the students’ accounts. At the start of each placement, students focused on adjusting to the clinical milieu in preparation for learning to nurse; many described this as a process of settling in. During this time students aimed to become familiar and comfortable with the staff and to gain a beginning understanding of the routines, terminology, language, values and practices specific to the ward or unit. For most of the students interviewed this period of adjustment took a minimum of two to four weeks, although it varied depending on the students’ individual characteristics and the receptiveness of nursing staff. As one student explained:

The first couple of weeks you settle in and find the routine and whatever else, have a look around, and get to know the staff a bit... You find out what their

policies and procedures are. It really takes a couple of weeks before you start to feel comfortable.

For most students the settling-in phase was a time of uncertainty and anxiety; it signified a period of time where their primary motivation was establishing the fundamental interpersonal relationships that would allow them to progress from feeling like an outsider to becoming a recognised member of the nursing team. Successfully negotiating the settling-in phase made them feel as if they had a legitimate place in the clinical unit; they felt secure, supported and comfortable with the team. In essence, students began to experience belongingness:

It's great when you can stay on a ward for that bit longer and learn a bit more. Because that's where you grow in confidence; so to move it is like you have to start again. You begin to build up a rapport with the team. They're used to you being there and they know your limitations; what you can do and what you need help with.

The process of settling in was an inevitable process in each new clinical placement, irrespective of the students' level of experience and many students felt that frequent changes of placements resulted in large amounts of 'wasted' time as they had to renegotiate the settling-in process each time. However once students felt settled, they were able to move forward from this comfortable position to the integration phase during which time their sense of belonging was strengthened and learning became the primary focus. In this phase students sought to consolidate both their place in the team and their knowledge and skills and they embraced new learning opportunities with a greater degree of confidence. In placements that were of adequate duration, students often felt like active, integral and participative members of the nursing team:

With the four week placement I actually felt more like I worked there, as opposed to being a visitor. And I think it also gave me a chance to really get to know the staff and to fit in.

While the students viewed active participation as essential to their learning and professional

development, it often did not occur until they felt as if they belonged. Where placements were shorter than required, students' ability to capitalise on learning opportunities was reported as limited.

The clinical placement models used by the three study sites were reviewed to examine the extent to which each facilitated students' settling-in, integration and belongingness.

Site 1

The New South Wales Nurses and Midwives Board (2003) requires nursing students to undertake clinical placements across a wide range of facilities and clinical specialities that reflect diverse service levels. This is consistent with the nature of a comprehensive curriculum. In line with these guidelines, site 1 uses a placement model similar to that of many universities in Australia (Mallik and Aylott 2005; Heath et al 2002). Nursing students undertake a series of one-two week placements in a range of different clinical facilities across metropolitan, regional, rural and remote locations during the first two-and-a-half years of their degree, followed by extended blocks in their final semester, with a total of just over 800 placement hours. Qualitative findings from site 1 showed that very short placements had the potential to negatively affect the students' ability to successfully negotiate the settling-in phase:

The first weeks are always awkward because you don't know where anything is, you don't know who anyone is ... it is very hard. Two weeks are not long enough [...] you're just focused on finding your way around, getting to know the people, sort of watching people, observing how things are done. There are big gaps between the placements too, and you feel inadequate because you just don't have enough time to practise your skills.

Site 2

Clinical placement locations and duration are not mandated by the Queensland Nursing Council (QNC). Students at site 2 attended local placements for two days each week during the first two years of their program, with extended blocks of ten and twelve weeks across a range of metropolitan, regional and

rural locations in their final year; completing just over 1200 placement hours in total. This model is similar to the one being adopted by a small number of universities in Australia (Turner et al 2006). From the students' accounts, it was apparent that brief weekly exposure to clinical units, even when students returned to the same unit each week, did not always facilitate belongingness because it failed to provide a consolidated and consistent period of time for the students to settle in. Lack of continuity meant they had little opportunity to establish strong collegial relationships and it was more difficult to feel secure and at ease with the nursing staff:

We've been on clinical two days a week and it does make the continuity hard. If you're there for a block you can get a bit of a run with a particular person, but not when you're only there two days a week...It's disruptive. You just start to get comfortable with the staff and what you're doing over the two days and then you have a week's break and have to start all over again ... you know, there's just no chance for follow through.

Site 3

Pre-registration students at site 3 complete a common foundation program and then pursue their choice of - adult, childrens', learning disability or mental health nursing. They undertake a minimum of 2300 clinical placement hours with the NMC (UK Nursing and Midwifery Council 2002) and the European Union Directives (European Union Directive 77/453/EEC 1977; European Union Directive 77/452/EEC 1977) prescribing the amount and type of experiences that students must have to be eligible for registration. Students in adult nursing undertake clinical placements in a variety of facilities, including hospital wards, clinics and community settings such as nursing homes, home visits and local health centres. Students enrolled in mental health nursing gain experience in a range of mental health settings, as well as one general nursing placement aimed at developing physical nursing skills. Similarly, learning disability placements include a broad range of settings in addition to one placement in mainstream health services. Students studying in the field of childrens' nursing undertake placements

across a range of settings aimed at learning about the healthy child and providing care for children and young children experiencing ill health (UK School of Nursing and Midwifery 2006).

In the UK extended clinical placements are the norm (Mallik and Aylott 2005). Students from site 3 typically had placements of four to twelve weeks duration, at five days each week, across a broad range of geographical areas and facilities, with half of the placement hours undertaken in the students' final year. This allowed most students to progress well beyond the settling-in phase, provided adequate time for the establishment of quality relationships between students and nursing staff and, as a consequence, enhanced their feelings of belonging to the team. From the accounts of students from site 3, it seemed that a series of extended placements throughout the program presented multiple opportunities for them to become increasingly at ease in clinical environments, immersed in the ethos and culture of nursing, and socialised into the nursing profession through close and extended relationships with their nursing colleagues. In this way they experienced a sense of belonging, not only in relation to a particular unit but also to the nursing profession:

My best placement was the elderly care ward; it was fantastic. It was for nine weeks overall and I began to feel like I was a member of the team, so it was really nice...I learned a lot because it was quite a long placement. You settle in more with a long placement. It takes about four weeks to settle in and get to know people. If you can sort of get yourself settled then you feel more confident, you can try new things and do more things on your own and that is a lot better.

It seems reasonable to suggest that the higher belongingness scores achieved by site 3 may be attributable, at least in part, to the extended clinical placements typical of that site. It is also possible that the differences in the total clinical placement hours between the sites may have contributed to the different belongingness scores, although the extent to which this is true cannot be determined from the students' accounts.

DISCUSSION

Currently there is little contemporary robust evidence to support many of the practices related to nursing students' clinical placements (for example, minimum clinical hours and structure of clinical placements). Most placement models have evolved through years of experience, custom and in response to industry and professional expectations (National Nursing and Nursing Education Taskforce 2006; Clare et al 2003). Nursing students frequently complain they do not spend enough time in clinical areas to feel comfortable (Mallik and Aylott 2005; Elliot 2002). Mannix et al (2006) state that valuable time is wasted as a result of the frequency and duration of clinical placement rotations and the students' need to re-familiarise and re-orientate themselves to new clinical environments. Nolan (1998) suggested that while students are attempting to familiarise themselves with new settings, routines and staff, they focus on little else but fitting in and being accepted. There is some agreement in the literature that clinical placements of short duration in a wide variety of clinical areas impact negatively on students' feelings of belongingness (Mallik and Aylott 2005; Clare et al 2003; Elliot 2002; Kleehammer et al 1990), although it is argued by others that it is not the clinical placement hours that matters but the quality of the experience (Edmond 2001). Kiger (1992 p.265), although highly supportive of extended clinical placements, suggests that long placements in clinical areas with 'bad' staff, in systems that offer inadequate support mechanisms, do not provide environments that are conducive to either belonging or quality learning experiences. The students in the current study certainly acknowledged that placements in environments where staff members were not welcoming or facilitative of their learning were of little benefit, irrespective of the length.

The registered nurses who support students in practice are also affected by short placements. Arguably clinicians feel challenged by the increased demands associated with an ever changing and constantly revolving mass of transient students. The students' accounts, anecdotal evidence and previous research (Levett-Jones et al 2006), suggest that staff

are more likely to welcome and support students if they attend placements for longer periods of time.

In Australia, constraints around the exposure of students to fewer but longer clinical placements have been cited as: competing curriculum goals, escalating costs of providing clinical supervision staff (Beadnell 2006), increased patient acuity (Heath et al 2002) and the concurrent shortage of qualified nurses to support students in practice (Mallik and Aylott 2005). However using fewer placements of longer duration is in line with the recommendations of an Australian Senate report (2002) which specified that, while maintaining a balance between theoretical and practical training, undergraduate courses should be structured so that clinical placements are of longer duration than those that were currently available in many nursing programs. The findings from the study reported here highlight the need to re-examine the assumptions, educational philosophies, policies and practices underpinning the duration and structure of clinical placements in contemporary undergraduate nursing programs.

LIMITATIONS OF THE STUDY

Using a mixed methods approach allowed one methodological stance to enhance and inform the other by presenting different slices of reality and provided a more comprehensive understanding of the phenomenon of belongingness. However although fairly typical of the student cohorts from whom they were drawn, the participants cannot be assumed to be necessarily representative of a larger population outside the study contexts as they were predominantly white, English-speaking women. Furthermore, because the vast majority of participants were from Australia and the UK, this may limit generalisability to other countries.

An additional limitation is that the BES-CPE data were based on self-report. Thus respondents may have answered in a way they felt was more socially acceptable. It was anticipated however that the anonymity offered by online submission of questionnaires would improve the likelihood of participants responding honestly to the survey.

A small sample size for the interviews is in keeping with qualitative methods where the purpose is to provide detailed and in-depth descriptions of the phenomenon but the recruitment of only 18 participants may be an additional limitation.

CONCLUSION

The importance of a consolidated period of practice for students to settle in and to establish collegial relationships has been identified as a significant influence on their experience of belonging and a necessary precursor to their active and participative learning. Although most Australian universities, following the recommendations made in the Reid review (1994), provide an extended clinical placement in the final semester of the degree, the current study indicates that waiting until then may not be educationally sound nor likely to maximise the potential for active and purposeful clinical learning (Levett-Jones and Lathlean 2008). The scheduling of clinical placements of less than four weeks should be carefully considered as this may not be best practice. These arguments should be of particular interest to nurse regulatory authorities as well as to academics who design undergraduate nursing programs, as the criticism surrounding students' preparedness for practice may be linked, at least in part, to the structure and length of clinical placements in nursing programs and the impact of current models on students' clinical learning experiences.

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