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Work readiness of student nurses voluntarily supporting NHS during COVID-19 pandemic: a mixed methods investigation into students' experiences

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Background: Transition from education to the workforce has been recognised as difficult and linked to 'reality shock.' Due to the unprecedented circumstances of the COVID-19 pandemic, many student nurses opted in for NHS emergency placements and prematurely transitioned to the workplace, which calls for an in-depth investigation of the work readiness and transition experiences of this cohort.

Aim: The aim of this study was to investigate self-perceived work readiness, the effectiveness of support provided by the universities and the NHS as well as explore the experiences of student nurses who responded to the COVID-19 crisis to understand the impact of this early transition to the clinical workforce.

Design: A mixed methods study was conducted. It included two stages: (1) an online survey consisting of a work readiness questionnaire and close- and open-ended questions about received support; and (2) online semi-structured interviews that were thematically analysed.

Methods: Participants were nursing students from Scottish universities who took on emergency NHS placements. Thirty-three (30 females and 3 males) participants completed the survey and 8 of them (all female) participated in semi-structured interviews. The Work Readiness Scale for graduate nurses along with questions about the support received were completed in the first stage of the study.

Results: Organisational acumen was perceived by participants as higher than social intelligence, work competence and personal work characteristics. Three superordinate themes emerged: (1) participants expressed appreciation of and need for coordination of support from the university and the NHS as a key factor in easing into their role; (2) they indicated the sense of obligation as the key driver for taking up this placement; (3) placement was seen as an opportunity to understand their role and develop their professional identity.

Conclusions: The findings found the importance of support from the clinical placement and academic teams to help with the integration and application of theory into practice.

Keywords: COVID-19; emergency placements; readiness; transition to practice

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Plain Language Summary

This paper investigated the self-perceived levels of work readiness of nursing students who opted in for NHS emergency placements during the COVID-19 crisis. Interviews were conducted with these students to gain a deeper understanding of their experiences of early transition to the clinical workplace. It was found that, before commencing the work for the NHS, student nurses perceived themselves as keen to learn and develop for their practice but were less sure about the level of their professional knowledge, ability to connect with new colleagues and meet the work demands. The findings have shown the importance of support from the clinical placement and academic teams to help with the integration and application of theory into practice. This paper offers important insights into the work readiness of nursing students and offers helpful implications for practice.

Impact statement

This research adds an understanding of the transitional experiences of nursing students to professional practice to better support nursing students through their educational careers.

1. Introduction

In March 2020, the World Health Organization declared SARS-CoV-2 (COVID-19) pandemic. To combat the pandemic and ensure enough healthcare professionals were available to assist the NHS, a call was put forth encouraging nursing students to go onto emergency placements (Scottish Government, 2020). Student nurses and midwives in the second and third year of their 3-year degrees could opt-in to join a revised programme of extended paid placements within the NHS (NES, 2020). In the Joint Nursing and Midwifery Council (NMC) statement on increasing the nursing workforce in response to the COVID-19 outbreak, student nurses and midwives were recognised as those who could *'deliver the care that is needed in a way that is safe and effective for all concerned to meet demand'* in such unprecedented times (NMC, 2020). Despite not completing the required 2300 h of clinical placements (RCN, 2019), these students entered the workforce which meant that they were asked to transition to professional practice before they were at a stage of formally acknowledged preparedness. It was advised though that student volunteers would be offered a two-element induction (online modules provided by NHS Education for Scotland (NES) and local face-to-face induction in the placement area) to prepare them for their roles; universities also offered help in this transition.

In Scotland, approximately 4848 nursing and midwifery students responded to the call by 6th July 2020 (NES, 2020). Once opted-in, students were registered with the NES recruitment portal and their placements were allocated by their universities closely collaborating with NES, Scottish Government, and placement providers. Students who were in their second year or at the early stage of their third year could opt-in to paid placement at the Band 3 level, but they maintained student status and were still supervised. Students in their final six months of degree could opt-in to paid placement at Band 4 level until the end of September 2020 which coincided with their normal graduation and Nursing and Midwifery Council (NMC) registration time. These students also maintained student status and were still supervised and assessed. These 'emergency' placements, however, were markedly different from regular placements as students were counted as part of the workforce (i.e. they had a so-called 'non-supernumerary' status) and were paid. At 'regular' placements students are not typically counted as part of the workforce (they are 'supernumerary') and are not paid. According to the Royal College of Nursing (RCN, 2019), the 'supernumerary' status is important as it assures both patients' and students' safety. Royal

College of Nursing (RCN) also stated that if pre-registered nurses are counted as part of the workforce, they are likely to be used as support staff and therefore have fewer opportunities to develop their key skills and competencies. Some initial reports on students' experiences of these placements have been published by NES (Colthart et al., 2020) and NMC (2020), however, these reports used surveys that did not allow deeper analysis of students' experiences. Also, the level of self-perceived job preparedness of student volunteers prematurely transitioning to practice due to the COVID-19 pandemic has not been thus far directly investigated in the UK. Furthermore, the most recent review of research investigating factors related to undergraduate students' readiness for practice has not included studies from the UK (Lee et al., 2023).

2. Background

The transition from universities to the workforce is difficult under normal circumstances. Indeed, previous research showed high turnover rates of graduate nurses within the first year of their work (e.g. Kovner et al., 2014; MacKusick & Minick, 2010; Shi et al., 2016). Nursing graduates have been previously shown to be overwhelmed and stressed during this transition (Duchscher, 2009; Flinkman et al., 2013; Hofler & Thomas, 2016). The transition period has been recognised as a particularly stressful time due to issues of "reality shock" as nurses fully immerse themselves into the work environment (Duchscher, 2008; 2009; 2012; Kramer, 1974). Roth and Bobko (2000) suggested that the difficulties related to transition are linked to graduates' poor skills in developing interpersonal relationships, teamwork and poor communication and problem-solving skills which collectively can be understood as work readiness. It has been previously suggested that a good level of graduate work readiness could mitigate some of the stressors experienced during the transition (Walker et al., 2013). Those who display work readiness experience less stress during the transition, and such readiness is associated with better job satisfaction and better work engagement (Walker & Campbell, 2013).

Cabellero and Walker (2010) defined work readiness (also referred to as work preparedness) as competencies and attributes of graduates at the point of entering the workforce; they are seen as characteristics that prepare the graduates for success in the workplace and are predictive of job success, performance, and career advancement (e.g. Atlay & Harris, 2000; Casner-Lotto & Barrington, 2006). It has been emphasised that work readiness goes beyond technical skills and knowledge and is multidimensional (Walker et al., 2013). Caballero et al. (2011) were the first to develop a measure of work readiness for graduates. They included four factors in their Work Readiness Scale (WRS): work competence (WC), social intelligence (SI), organisational acumen (OA) and personal characteristics (PC) of graduates. Walker et al. (2013; 2015) further tested the WRS to confirm its theoretical constructs and validity and developed a revised version of the scale that is suitable for graduate nurses (WRS-GN) and allows for reliably measuring the four factors in a nursing context. Research revealed a gap between graduates' work readiness and healthcare organisations' expectations (Bisholt et al., 2014; El Haddad et al., 2017; Hatzenbuehler & Klein, 2019; Milton-Willey et al., 2014) and shows that social assimilation into nursing work is central for a smooth transition (Connor, 2019; Walker & Campbell, 2013).

Qualitative research looking into the support required during the transition indicated that specific areas that new graduates require are clinical judgement, clinical skills, and emotional support (Ankers et al., 2018; Della Ratta, 2016; Voldbjerg et al., 2017). Murray et al. (2020) emphasised the importance of education and support provision to new graduate registered nurses during their transition to professional practice that should prioritise patient safety. It is recognised that adequate education and support during transition are of utmost importance.

Transition-related difficulties are recognised under ‘normal’ circumstances, while the current global health emergency poses even more threats to this often-fragile process. The extant research has highlighted the delicateness of the transition period for student nurses to clinical practice but has been restricted to studies about nurses who have completed their required educational training. The current situation with COVID-19 and NHS calls for volunteers has placed nurses in clinical positions ahead of their time. Therefore, it is pivotal now to understand and explore the job readiness of student nurses responding to the pandemic to support them in their education and to make further provisions to prepare them for work after graduation or before that if needed. A better understanding of the work readiness aspects that student nurses report on and their experiences of working for the NHS will allow us to enhance current teaching and transition programmes.

2.1. Aim

This study investigated self-perceived work readiness, the effectiveness of support provided by the universities and the NHS as well as explored the experiences of student nurses who responded to the COVID-19 crisis to understand the impact of this early transition to the clinical workforce. This study explored practical implications for how to improve training for nursing students as they transition to professional practice by informing undergraduate curricula of the dynamic experiences of this process.

2.2. Research questions

The following research questions will be addressed in this study:

1. What was the self-perceived level of work readiness of student nurses who voluntarily transitioned to NHS staff during the COVID-19 pandemic? (stage 1 of the study)
2. Which of the four work readiness factors (i.e. work competence, social intelligence, organisational acumen, and personal work characteristics) was perceived as the highest? (stage 1)
3. How did student nurses assess/rate the support in their transition provided by their university and the NHS? (stages 1 and 2)
4. What has been the experience and the level of job readiness of student nurses who voluntarily transitioned to NHS staff during the COVID-19 pandemic? (stage 2)

3. Methods

3.1. Design

This was a mixed methods study that included two stages: (1) an online survey consisting of a job readiness questionnaire and close- and open-ended questions about received support; and (2) online semi-structured interviews.

3.2. Setting and Sample

Thirty-three (30 females and 3 males) participants completed the survey. Sixty-one individuals did not complete the study fully or did not provide consent. Participants’ ages ranged from 19 to 50 (mean age = 28.47; SD = 9.50). Most participants ($N = 20$; 63%) commenced their nursing studies in 2018 which means they were in the second year when they responded to the NHS call; also, the majority of them ($N = 23$; 72%) were aiming to graduate in 2021. Eighteen of

the participants (56% of the sample) were studying an Adult Nursing degree, while others indicated they were studying Nursing ($N=6$, 19%), Mental Health Nursing ($N=6$, 16%), Child Nursing ($N=2$, 6%) and Midwifery ($N=1$, 3%). Twenty-two participants (69%) studied at Edinburgh Napier University, six at the University of Edinburgh and four at Glasgow Caledonian University. Forty-seven per cent ($N=15$) of participants had experience as a health care assistant before commencing the placements. A further 44% ($N=14$) had no health-related job experience; two had worked as support workers; one did not answer. Fifty-nine per cent of participants still worked in health-related fields at the point of survey. The length of the NHS placements students volunteered for ranged from 2 weeks up to a full year with 12 participants (38%) being on NHS placement for 4 months.

Eight participants (all female) who completed the survey, volunteered to take part in the one-to-one online interview. Participants were informed of the reason for the study through the participant information sheet.

Participants were recruited by sending information about the study directly to programme leaders of nursing programmes at all Scottish Universities ($n=14$) as well as through social media and word of mouth. Data collection commenced in March 2021 and completed in November 2021. Participants had to be at least 18 years old and be current nursing students at a Scottish university. Participants must have responded to the NHS call by undertaking a paid placement during the COVID-19 pandemic.

3.3. Data collection

Both stages of the study started with information and consent forms and finished with a debrief and re-consent. The survey was placed onto Qualtrics, which adheres to all required data processing laws. The survey progressed from the consent to the demographic questions followed by the received support and then the job readiness questionnaire. Interviews were audio recorded and field notes were taken. Participants were given an opportunity to get back to the researchers within two weeks after completing the interviews to withdraw or to add any details. None of the participants got back to the researchers. Transcripts were not returned to the participants for comments.

All co-authors participated in the participant recruitment; they did not have any prior relationships with the participants. Two co-authors (XX and XX) who conducted the interviews had extensive (PhD level) experience and training in qualitative interviews prior to commencing the study. Interviewees were informed about the purpose of the study, but information about researchers' personal goals was not shared. Researchers had very limited personal experience with NHS and student nurses, however, any pre-existing biases were written down, reflected on and put aside before and during the study as much as possible.

3.4. Materials

3.4.1. Work readiness scale

The Work Readiness Scale (WRS-GN) was used to measure variables of perceived competence of graduates entering the workforce (Walker et al., 2015; Walker & Campbell, 2013). Four constructs were measured: work competence, social intelligence, organisational acumen, and personal work characteristics. The WRS-GN consisted of 46 self-report items. Items were measured on a 10-point Likert scale (from 1 - completely disagree to 10 - completely agree), with high scores representing a higher level of perceived work readiness. The overall mean for job readiness and the mean score for each construct were calculated. Cronbach's alpha for the entire scale was .837, for work

competence .888; social intelligence .880; organisational acumen .894 and for personal work characteristics .884 which shows good internal reliability, in line with previous research (Walker et al., 2015), and exceeds recommended standards (Nunnally & Bernstein, 1994). This scale was adapted to evaluate student nurses who voluntarily took up NHS placements during the COVID-19 pandemic. Participants were asked to reflect on the start of their placement while completing the questionnaire. The following instructions preceded all the items: ‘thinking back about when you have just started your NHS placement during COVID-19 pandemic ...’.

3.4.2. *University and NHS support questions*

Participants were asked if they received support or training from their university and the NHS before their placements began (YES/NO questions). Also, participants were asked to assess whether the support they received prepared them for the placement. These questions were measured on a 5-point Likert scale (from 1-yes to 5-not). The final questions were open-ended questions about what support (if any) they received from the university and the NHS, whether it was helpful and whether other support would have been helpful. The answers from open-ended questions were included in qualitative corpus data and analysed thematically.

3.4.3. *Demographic questions*

Basic demographic questions about participants’ age and gender were included. Questions about participants’ education and relevant job experience were also asked.

3.4.4. *Interview schedule*

Semi-structured interviews were conducted one-on-one by either PR or ES via Microsoft Teams. An interview schedule was developed based on initial answers obtained from the survey and based on existing literature and was designed to delve further into the experiences of the participants. This allowed a deeper understanding of the aspects of work readiness and ‘transitional shock’ experienced by the student nurses. These included questions such as: Why did you decide to respond to the NHS call during the pandemic? How did the experience add to your understanding of the profession?

3.5. *Data analysis*

Stage One quantitative data were summarised using descriptive statistics and inferential statistics investigating differences (repeated measures analysis of variances) in levels of the four work readiness factors. We followed the American Psychological Association (APA) style guidelines (Appelbaum et al., 2018). Stage Two qualitative data were analysed thematically. Reflexive thematic analysis (RTA) is an approach that allows for flexibility in exploring the data obtained (Braun & Clarke, 2006). The consolidated criteria for reporting qualitative research (COREQ) were used throughout the development of this study. The use of RTA meant that the qualitative data from the survey and interviews were able to extract detailed experiences and accounts of participants. The interviews were transcribed verbatim and collated with the open-ended questions from the survey. The data were coded to develop an understanding of the experiences of participants, and this was an iterative process. Two authors coded the transcripts. Through this process, the research team saw patterns in the data that were able to be grouped into themes and sub-themes. No software was used for data analysis. Participants did not provide comments on the findings.

As a result of both the quantitative and qualitative analyses a clear picture of what this experience has meant to the student nurses became apparent and the implications this has had on their education and training were extracted.

3.6. Ethical considerations

The study received approval from the Research Ethics Committee at Edinburgh Napier University (Application ID: 2708025). Consent was given when responding to the online survey and obtained before commencing interviews by completion of a consent form. Re-consent was also obtained at the end of each stage of data collection. All ethical processes were in line with the British Psychological Society code of conduct.

4. Results

4.1. Stage one: quantitative analyses

4.1.1. Work readiness

Participants were asked to reflect on their work readiness (measured by WRS-GN) at the beginning of their paid placements for the NHS. Table 1 presents descriptive statistics for the subscales of the Work Readiness scale.

A repeated measures ANOVA with a Greenhouse-Geisser correction (due to violated assumption of sphericity) determined that the means of the Work Readiness scale subcomponents were significantly different ($F(2.155, 53.880) = 11.811, p < 0.001$). Post hoc analysis with a Bonferroni adjustment for multiple comparisons revealed that organisational acumen (OA) was statistically significantly higher than social intelligence (1.483 (95% CI, .630–2.337), $p < .001$), work competence (1.941 (95% CI, 1.207–2.675), $p < .001$), and personal work characteristics (1.935 (95% CI, .641–3.229), $p = .001$).

4.1.2. Perceived support

Twenty-five participants (78% of the sample) indicated that they did not receive any additional support or training from the NHS prior to the commencement of the placement; seven participants indicated that they did receive the support. Of those who received the support two indicated that the support they received *definitely* prepared them for the placement; further two said that the support *probably* prepared them; two were undecided (they indicated the answer *might or might not*) and one indicated that the support *probably not* prepared them.

Twenty-two participants (69% of the sample) indicated that they did not receive any additional support or training from their university prior to the commencement of the placement;

Table 1. Descriptive statistics for work readiness.

Measure	Minimum	maximum	Mean	SD
Overall Work Readiness	5.62	8.97	7.28	.85
Work Competence	3.57	9.36	6.80	1.34
Social Intelligence	3.13	10.00	7.46	1.42
Organisational Acumen	6.56	10.00	8.78	.934
Personal Work Characteristics	2.75	10.00	6.69	2.05

Note: $N = 31$ or 32 (1 person did not fully complete PWC questions).

ten participants indicated that they did receive the support. Of those who received the support three indicated that the support they received *definitely* prepared them for the placement; two said that the support *probably* prepared them; three were undecided; one indicated that the support *probably did not* prepare them, and one indicated *definitely not*.

4.2. Stage two – qualitative analyses

The qualitative analysis resulted in three themes and three sub-themes which are discussed below.

4.2.1. Coordination of support

The coordination of support was acknowledged as an important consideration felt by the nursing students as they undertook their work in their designated regional health board. As the participants prepared to undertake this work during the pandemic and the uncertainty around that, it was important for them to feel supported. Two subthemes were identified and are discussed below.

4.2.1.1. *Backing from the university.* Participants identified feeling that they were supported in their placements by their universities. It was seen as pivotal to have the university's support while they were on their placements as this provided the students with guidance and assurances. This was particularly important as the nursing students made the decision to undertake the placements. As the participants did not yet have their qualifications, their universities supported them. It was acknowledged that working during the pandemic meant that while no one knew what to expect, the university helped prepare them for professional practice. One participant said:

I feel that, definitely, university does help to prepare you for practice, but there is definitely a lot that the university will never prepare you for, and I don't think ever could. (P4; Lines 227–228)

For some participants, the support from the university allowed them to feel prepared for the work. With the background of the COVID-19 pandemic and the students not having finished their professional training and qualifications, it was felt that more could be done by the university to support them during that time, as evidenced below.

'This is something that's brand new, and everybody has to adjust to it, and things like that, but I feel like, like the majority of students, like, especially, I was a second year student when I opted in, so especially the second year students were just – The – We all felt like we were just left' (P1: Lines 139–142)

For one participant, contacting the university helped them feel constant support. It was seen as an important aspect while they were on their placement to have a lecturer from the university keep in touch with them during the rapidly changing situation. The students were relying on the university to provide them with new information as it came in.

'We would constantly have influx of information from the university and from the ward about what's happening this month, and how things are going to, em ... Evolve, so yeah, I felt like I had all the support I needed.' (P3: Lines 170–172)

4.2.1.2. *Feeling like part of the team.* A prominent experience shared by participants was how these placements allowed them to feel like a member of staff. Participants felt they were not viewed as students, but as part of the team, and this meant they felt valued. This was particularly

true for a participant who felt that this experience made them feel like an actual member of staff when compared with other work experiences during their studies.

'I was acknowledged so much more, and people just wanted to talk to other people, and wanted to hear how everyone else was doing, and ... Yeah, it felt much more like a community, and like, they, like, valued me being there' (P2: Lines 108–110)

While working during their placement they felt like they were appreciated by other staff in ways that were not experienced before. In previous placements, there was a divide between staff and students where the nursing students were made to feel they were fewer than other members of staff. This placement allowed them to feel valued by others and gave them a sense of belonging.

For some participants, they felt they were being looked after by senior members of staff. During this challenging time, it was important that the participants felt that they were supported by senior nursing staff as there were gaps in their knowledge and they needed to feel secure in getting the necessary guidance. This allowed participants to feel confident in their clinical skills as they knew someone was looking out for them to answer questions they had.

4.2.2. *Drivers to take part*

This theme was concerned with the motivational factors that influenced the nursing students' decisions to volunteer as frontline staff. There were various considerations made by participants as they weighed up their options to undertake the work during the COVID-19 pandemic.

4.2.2.1 *Having a sense of obligation.* Participants shared that they felt a sense of duty and obligation to do something to assist during the pandemic. It was acknowledged that their skillset and experience would be beneficial during the fight against COVID-19. This feeling of responsibility was met with apprehension as the call for nursing staff was at the start of the pandemic when little was known about the virus. Participants expressed the uncertainty and risks associated with taking on their roles.

For some participants, there was a sense of familial duty as their parents worked for the NHS and there was no reason for them to consider not taking the placement. During this period there was a lack of information about COVID-19, but student nurses saw that they could use their skills to help. The alternative option of not assisting was not something they felt to be considered.

I think I kind of felt obliged to opt in. I mean, I live alone and, em, like, both my parents worked for the NHS, I felt like, if I didn't opt in ... Really, what, what was I going to do (P1: Lines 69–71)

The thought of knowing that fellow healthcare staff would be having difficulties during this time spurred participants' decision to take on the placement. The realisation that they have skills that could be used to help was also an important consideration.

Like, I ... I couldn't imagine the ward struggling for staff, em, and patients not getting looked after, and me just sitting at home doing nothing when there, there was no reason for that. I could have opted in and helped. (P1, Lines 90–92)

4.2.3. *Developing into the role*

This placement provided an opportunity for nursing students to understand more about the role and develop their professional identity more than previous clinical experience during their studies. The clinical work that participants were doing during this time allowed them to

become more confident in their skills and to also reflect on the responsibilities of a nurse. Much of their understanding of the role at this point was from their supervised clinical work during their first couple of years of studies. This placement afforded the participants the chance to further develop into their clinical roles through opportunities such as having autonomous care of patients, which is something they may not have typically encountered until completion of their degree.

For one participant, this experience allowed them to understand what it means to be a nurse as they could practice more advanced skills not taught to them at that point. This participant became more comfortable in the role of nurse through the chance of being responsible for their own patients. They continued to have senior support as they took on these new challenges but were able to get a clearer idea of what responsibilities they would have as a nurse.

I definitely felt by the end of that placement, I definitely knew the role of the nurse inside-out. I never oversaw my own patients, because that was just kind of too advanced for me at that point, while on the extended placement, I was able to become really comfortable, and because I was there for so long, the staff nurses trusted me to look after my own patients, (P4, Lines 208–210)

It was recognised that the level of knowledge that students had developed as part of their courses and how they could draw on that knowledge to help them with the new challenges they faced. For participants they did not understand aspects of what they were taught and not until they had the experience of putting things into practice were they able to see the value in the education they had been given. Through seeing how the skills they were taught could be used in practice, the connection between clinical skills is viewed as abstract to be concrete for everyday practice.

I felt like, a lot of the first- and second-year learning was solely based around, kind of, holistic learning based on, like, the social stuff ... there was definitely some modules that I was struggling to, kind of, find the link between – How is this actually going to be relevant to me? (P4, Lines 4–9)

5. Discussion

The COVID-19 pandemic provided unprecedented challenges, and this was particularly felt by the clinical environment and workforce (Ulenaers et al., 2021). Nursing students were left in a precarious situation during this time as they were not yet finished with their clinical training and were unsure of how their future education would look in response to the pandemic. The study findings provide rich details of nursing students' experiences of readiness for professional practice as they undertook clinical placements during the COVID-19 pandemic. These non-typical placements gave students a chance to continue to develop their professional and clinical skills while also allowing them to support healthcare staff during COVID-19. These placements were designed to fill the gap in nursing staff during the pandemic as further assistance was needed to support the large influx of patients.

The findings highlighted the importance of feeling supported during these placements as they looked to their universities and senior nursing staff to help guide them. In general, students felt they received more clinical rather than academic support through their placements as they felt the contact and information received from their universities was not always forthcoming. These placements provided them with the opportunity to further relationships with other clinical staff members and start to feel as part of the team. This was important as these students had not finished their training but were expected at times to do clinical work beyond the skills they had been taught. Participants scored relatively high on the social intelligence subscale (Walker et al., 2015) which shows that their ability to develop work

relationships and to show a friendly, open approach was good. This finding was corroborated with participants' qualitative reflections on their placement experiences where they gave examples of building relations with senior members of the team. Previous research has evidenced the importance of these relationships during clinical placements to ease the transition to practice (Malau-Aduli et al., 2022).

Students reflected on their eagerness to develop into their roles, and this was evidenced by both sets of data. The work readiness scale revealed that organisational acumen was perceived as the highest. This specific factor captures individuals' willingness to learn and develop at work. It also shows that they saw feedback as an opportunity to learn and improve their skills (Walker et al., 2015). The sense of feeling an obligation to take part ties in with this finding further as some participants felt that this was their only opportunity to further their education due to the disruption of the pandemic.

Due to the nature of the work students did during these placements they were able to get first-hand experience of what being a nurse will be like. This was significant for the students as the transition to professional practice is a stressor and often met with anxiety (Hofler & Thomas, 2016). The Theory of Reality Shock looked to explain the difficulties experienced by nurses as they transition to professional practice (Duchscher, 2008; 2009; 2012; Kramer, 1974). While these placements existed due to the pandemic they highlighted to the students where potential gaps in their learning are and what they can expect once they have completed their studies. This could potentially make the transition of becoming a nurse less stressful and feel more like a natural progression.

5.1. Limitations

The findings from this study should be considered with an understanding of the following limitations. The first limitation is that the sample was only from the central belt of Scotland and there could be inherent differences with other institutions throughout Scotland. This may not be an issue as the education curriculum for nurses is similar across Scotland but can be difficult to put into context in the rest of the U.K. Secondly, considerations need to be made for the context of the pandemic that this study took place in. The responses by participants may have been influenced by stressors of that time. Additionally, the study was small in nature, including only 33 survey responses and 8 interviews, which further limits its potential to generalise the findings to a wider nursing student population. Nevertheless, we are convinced of the importance and relevance of the findings in providing rich information about nursing education and preparation for the transitional experience to clinical practice.

5.2. Implications for practice

The findings from this study indicated that the skills being taught felt disconnected from actual practice prior to these placements. It was found that nursing students felt that what was covered during their first two years of teaching did not prepare them at times for actual clinical practice. This has implications on how clinical teachings could better support students to see the relevance of all that is taught. This study further highlights that to ease the transitional experience of nursing students it is important for educators to potentially consider what is taught in the early years of nursing education and apply those skills to clinical practice. Also, nursing students should be encouraged to work on enhancing their work readiness throughout their degree. This could be done by first completing WRS-GN (or similar scale) to gain awareness of where they are at and then co-creating (with a designated mentor) a plan on how to address any weaknesses and develop specific skills. Regular check-ins throughout the years of their degree should be

conducted with the mentor and this work could continue into the first year of employment. Further establishing of academic and clinical support is needed by incorporating further clinical placement experiences to increase familiarity with the profession and reduce transitional anxiety.

6. Conclusions

Overall, the convergence of both types of data indicates that before commencing the work for the NHS student nurses perceived themselves as keen to learn and develop for their practice but were less sure about the level of their professional knowledge, ability to connect with new colleagues and meet the work demands. The findings have shown the importance of support from the clinical placement and academic teams to help with the integration and application of theory into practice. This type of support could be in the form of a mentorship programme where nurses could work closely with identified individuals who could help them reflect on skills gained and areas for improvement. This study further evidenced the importance of clinical placements in allowing students to better establish themselves in their roles and prepare for future practice.

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