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[Link lecturers' views on supporting student nurses who have a learning difficulty in clinical placement](#)

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## **Title**

Exploring link lecturers' views on supporting student nurses who have a learning difficulty in clinical placement.

## **Abstract**

Background: Literature that reports upon the experiences of facilitating reasonable adjustments for student nurses who have a learning difficulty (LD) in clinical placement from the view point of link lecturers is limited and warrants further exploration.

Research aim: To explore link lecturers' views on reasonable adjustments in clinical placement and if they are confident with their own knowledge of the processes involved.

Methodology: Data was collected using interviews with three link lecturers from three fields of nursing (Adult, Child and Mental Health). Audio recorded interview data was transcribed, coded and thematically analysed.

Findings: Three main themes were identified- student engagement, clarity of link lecturer role and external barriers.

Conclusion: Findings demonstrate that link lecturers have some confidence with their own knowledge of the processes involved with supporting student nurses with a LD in clinical placement but these processes are complex with many barriers preventing successful facilitation of available reasonable adjustments.

## **Key phrases**

1. Available literature is limited that reports upon the support provided for student nurses who have a LD in clinical placement in general but especially from the view point of link lecturers who are a main stakeholder in this process.
2. A lack of national guidance for the main stakeholders on how to support these student nurses contributes towards the complexity of the processes involved.
3. Link lecturers are key to supporting both student nurses with a LD and their nurse mentors but this group could lack confidence in providing this support due to limited available guidance.
4. The link lecturers interviewed in this study reported upon the impact of the lack of clear guidance and admit that their knowledge and understanding of how to instigate and facilitate reasonable adjustments in clinical placement could be developed.

## **Keywords (from MESH)**

Students; mentors; learning disorders; attitude; nurse midwives.

## Background

Pre-registration nurse training programmes in the United Kingdom are organised and facilitated by approved Higher Education Institutions (HEIs). Student nurse assessments consist of an equal weighting of academic work and demonstration of competencies that are achieved during time in clinical placement.

Student nurses who attend a pre-registration training programme include those that have a learning difficulty (LD). A learning difficulty “constitutes a condition which creates an obstacle to a specific form of learning, but does not affect the overall IQ of an individual” (Mental Health Foundation 2018). Examples of a LD include dyslexia, dyspraxia and dyscalculia and some mental and physical health related conditions (Storr *et al* 2011). These conditions can be defined interchangeably in existing literature as learning disabilities or learning difficulties, but, for this paper, the term learning difficulty has been chosen due to its relevance with the student nurses involved in this study.

If student nurses disclose their LD, they can then expect to access reasonable adjustments during their pre-registration nurse training both in the HEI setting and whilst in clinical placement to maximise the additional support they can receive and increase their chance of completing the programme (HMSO 2010; ECU 2010; Tee *et al.* 2010). National guidance is clear for reasonable adjustments in the HEI setting for academic work, but problems exist in the actual types of reasonable adjustments available in clinical placement and how these can be facilitated.

This problem is compounded by the Nursing and Midwifery Council (NMC) providing very limited guidance on this matter. Other relevant information is published by the Royal College of Nursing (RCN) which is in more detail but again it is limited and does not cover all types of LD (NMC 2010; RCN 2010).

The body of literature available for defining reasonable adjustments in clinical placement for nursing students is also limited. In light of this information, the key stakeholders in clinical placement are potentially unsure as to what reasonable adjustments are available and how these can be instigated and utilised effectively.

The key stakeholders in this instance are the student nurse, their mentor who is assessing student nurse performance and the link lecturer (a HEI based nursing lecturer who visits the clinical placement area regularly to primarily provide support for student nurses and their mentors).

The available literature relating to the topic of reasonable adjustments for student nurses with a LD in clinical placement is mainly focussed on the students' experiences of disclosing their LD. Research which is directly associated with the link lecturer is limited and reports primarily on the views and attitudes of link lecturers towards student nurses with a LD rather than the experiences of instigating and facilitating reasonable adjustments in clinical placement. Taylor *et al.* (2008) report that in the HEI setting, link lecturers acknowledge that supporting student nurses with a LD results in a change to their teaching style and higher levels of pastoral support for these students.

Link lecturers also feel restricted in their role due to the lack of relevant guidance and policies (Ashcroft & Lutfiyya 2013; Evans 2014). This includes the dilemma that can occur whereby the student nurse has not disclosed their LD to a mentor; there is limited guidance on how a link lecturer should handle this situation whilst preserving a student's confidential LD diagnosis and ensuring patient safety. In addition, Storr *et al* (2011) explain that evidence exists that describes support strategies that can be accessed for student nurses with a LD in clinical placement, but there is a lack of research regarding what happens once these strategies are in place and the role of the link lecturer is also not explicit.

Elcock (2007) suggests that the link lecturer is fundamental in identifying and overseeing any reasonable adjustments in clinical placement and supporting both the student nurse and nurse mentor through this process. However, given the lack of national guidance and available research, the assumption arises that link lecturers could be unclear on reasonable adjustments. Further research is therefore required to ascertain if link lecturers are aware of this process as a whole which forms the basis of this study.

## **Research Methodology**

### Research design

A research design was chosen utilising a descriptive phenomenological perspective. By having a research aim of ascertaining link lecturers' understanding of reasonable adjustments in clinical placement, the study sought to access the essence of their experiences which echoes the purpose of descriptive phenomenology (Ellis 2010).

### Sampling

For this study, purposive sampling was utilised by choosing three experienced link lecturers, one from three nursing fields (Adult, Child and Mental Health).

### Research method of data collection

Audio taped interviews were chosen as the method of data collection. As Ellis (2010) suggests, interviews can create rich data as the interviewer can interact with the participant and ask for expansion upon any relevant responses. Due to the lack of current guidance and research on the chosen research problem, this was deemed an essential component during data collection.

The interview schedule consisted of one open question "What do link lecturers describe as reasonable adjustments for student nurses in clinical placement?". Hollway & Jefferson (2000) support the use of open questions in interviews as it can stimulate storytelling and free association of speech around the research problem.

## Ethical Considerations

Prior to commencing the study, ethical approval was granted by the HEI associated with the research course for which this study was undertaken and the HEI where the link lecturers were employed.

All three participants were given a study information sheet and completed a consent form before being interviewed. A continuous consent model was adopted as recommended by Allmark *et al.* (2009). All written and recorded data was stored securely and the anonymity of participants was maintained.

## **Data Analysis and Interpretation**

Interview data was transcribed verbatim, reduced and interpreted using thematic analysis (Ellis 2010). A deductive coding frame was developed seeking to extract data relevant to the research aim and research questions (Table 1). Three overarching themes emerged from the codes- student engagement, clarity of the link lecturer role and external barriers. A thematic network was developed for each theme to aid analysis of the data (Figures 1-3).

Table 1: Coding frame with examples from interview data

<b>Code name</b>	<b>Description</b>	<b>Examples from interview data</b>
Awareness	Awareness of link lecturers that reasonable adjustments are available in clinical placement	<i>“It’s just made me think a bit more about not just providing that service within the university but also thinking outside of the university there are students on the wards who are needing reasonable adjustments”</i> (Lecturer C)
Confidence	The confidence of link lecturers in their knowledge and understanding of reasonable adjustments in clinical placement	<i>“I think because I have experienced it and I have seen it, for many years I have seen it”</i> (Lecturer B)
Processes	If link lecturers perceive the process of reasonable adjustments in clinical placement as achievable	<i>“We do have students that are very successful in making their own reasonable adjustments, aren’t they, by the end of their training”</i> (Lecturer A)
Link lecturer role	How link lecturers describe their role in facilitating reasonable adjustments in clinical placement	<i>“I would say to the student, look if you have a disability let people know on the ward and they have to provide for you because it is part of the disability”</i> (Lecturer B)

## Theme 1: Student engagement

All participants described how the student was key to instigating any reasonable adjustments but that there were sometimes issues with this engagement which hindered the success of this process:

*“Very often it tends to happen, the practice area does not know that the nurse has a disability it is difficult for them to make reasonable adjustments... What tends to happen, they go into practice and, whatever the disability is, the mentor notices something difficult with them. It could be interpreted as that student is not functioning only because it has not been divulged as a disability” (Lecturer B).*

By not disclosing their LD to both the link lecturer and clinical staff, reasonable adjustments are not instigated and the student can struggle to achieve their full potential:

*“... we’re endlessly action planning, to the point where we’re on the verge of failure, and a student turns round and says ‘well, actually I’ve got dyslexia’. Right, now we could have avoided all those action plannings...” (Lecturer C).*

The view that students need to take responsibility for managing their LD was also described by the participants as important for successful instigation and planning of any required reasonable adjustments.

*“However, I feel it still comes down to the students, because as much as we teach them in theory, not necessarily do we know who has reasonable adjustments...” (Lecturer C).*

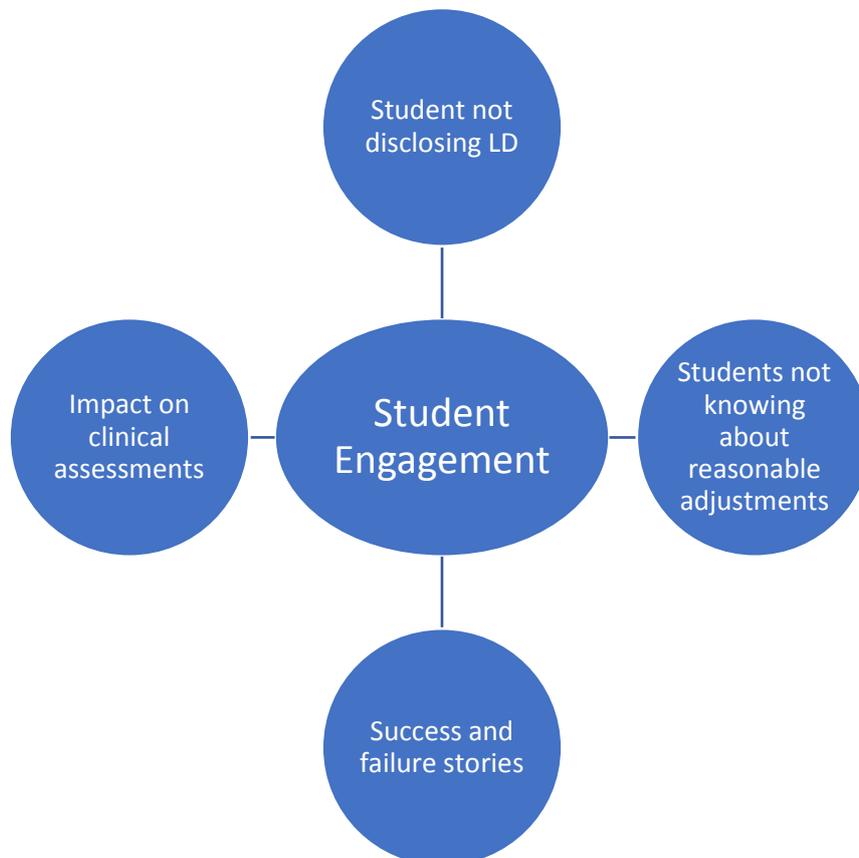
It was reported that some students chose not to disclose their LD initially to clinical staff or the link lecturer and instead complete their clinical placement without any reasonable adjustments being made. The participants explained that some students were still able to successfully achieve their clinically based competencies but not perform to the best of their ability thus achieving reduced positive feedback from their mentors:

*“... Gone through lots of wards where you could just muddle through and just manage to sneak a pass...” (Lecturer A).*

Conversely, two participants were able to describe examples of students that had successfully utilised reasonable adjustments in clinical placement. This was primarily due to their full engagement in the process which in turn educated their mentors in how reasonable adjustments can be facilitated:

*“... from the very beginning of year one she made it clear that she needed a lot of support and reasonable adjustments to be made for her in placement... the student received reasonable adjustments in all of her placement areas, and when it came to year three that was then reduced to the point where it was taken away and actually the student actually did very well and was able to qualify” (Lecturer C).*

Figure 1- Thematic network for student engagement



## Theme 2: Clarity of the link lecturer role

Although the participants were in agreement that the student was key to instigating reasonable adjustments in clinical placement, it was also reported that the link lecturer was important in this process too:

*"...link lecturers to know that we've got X student in placement who needs reasonable adjustments and we know what those reasonable adjustments are so that we can ensure that then follows through all the way through the three years"* (Lecturer C).

Despite all participants having an understanding into the link lecturer's involvement they were in agreement that this process lacked clear guidelines for their role:

*"Yes, but it's perhaps my lack of understanding of what it meant..."* (Lecturer A).

*".. it was new to me"* (Lecturer A).

*"I wish I could be a bit more positive about it but I have to tell you the way it is"* (Lecturer B).

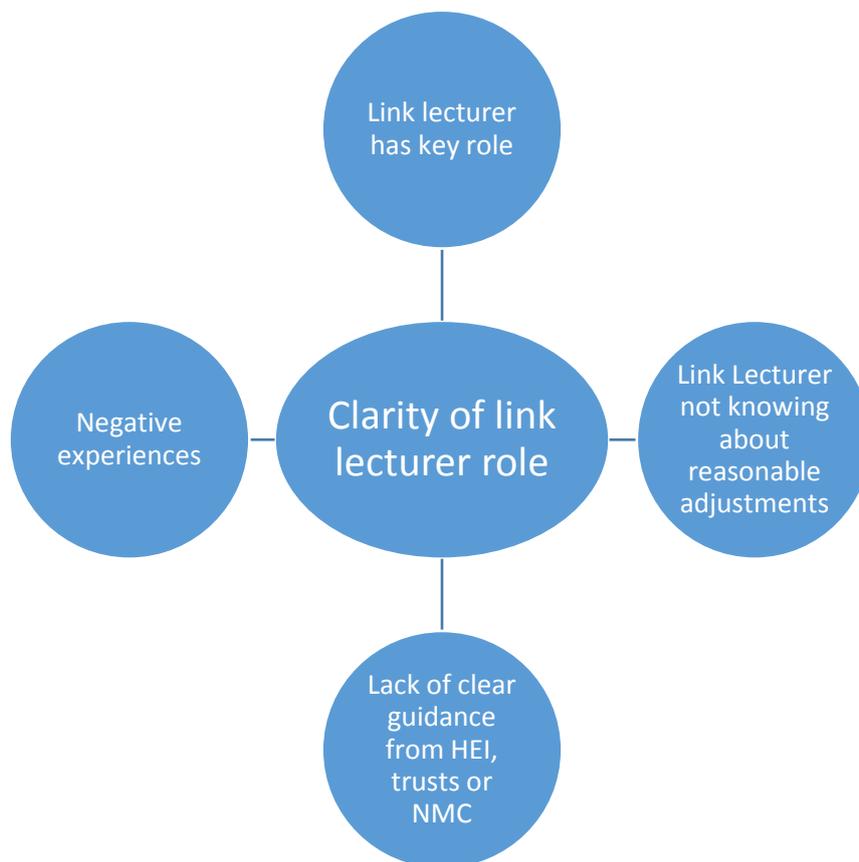
*"That was the frustrating thing about the other student, is that she told me and obviously she wanted this little thing- gadget, widget- but I had no power in any way to be able to, or any influence in any way where I could actually help her, because I was powerless, if you like, in that instance"* (Lecturer A).

It was clear that further guidance is needed from the NMC which could help clarify the roles of all key stakeholders involved with instigating and facilitating reasonable adjustments in clinical placement thus reducing the negativity surrounding link lecturer involvement:

*"... I think there needs to be a mapped process, a clearly mapped process for how reasonable adjustments are made within placement. I think that has to be standard"*

*across all the trusts so we're not doing one thing for one student in this area and then we go to another trust it's a different process" (Lecturer C).*

Figure 2- Thematic network for clarity of link lecturer role



### Theme 3: External barriers

All three participants discussed barriers that exist external to the capacity of the link lecturer role. These barriers were perceived as a possible hindrance in the successful facilitation of any reasonable adjustments in clinical placement. The participants were unsure as to how, as a link lecturer, they could manage these barriers to ensure that reasonable adjustments were available.

The main barrier discussed related to if there was enough time for any reasonable adjustments to be instigated and applied. This was mainly associated with the length of the clinical placement as reasonable adjustments for students undertaking shorter placements were often difficult to manage:

*“... takes a long time and then by that time perhaps the student has left the ward and gone somewhere else. Then of course it starts all over again on another ward and they could get left by the by and never met for that very reason”* (Lecturer A).

*“But because our students, the nature of our placements is that students rotate in their ward area, so you’re starting a reasonable adjustment for one student, they are there for five weeks, oops they’ve gone away...”* (Lecturer C).

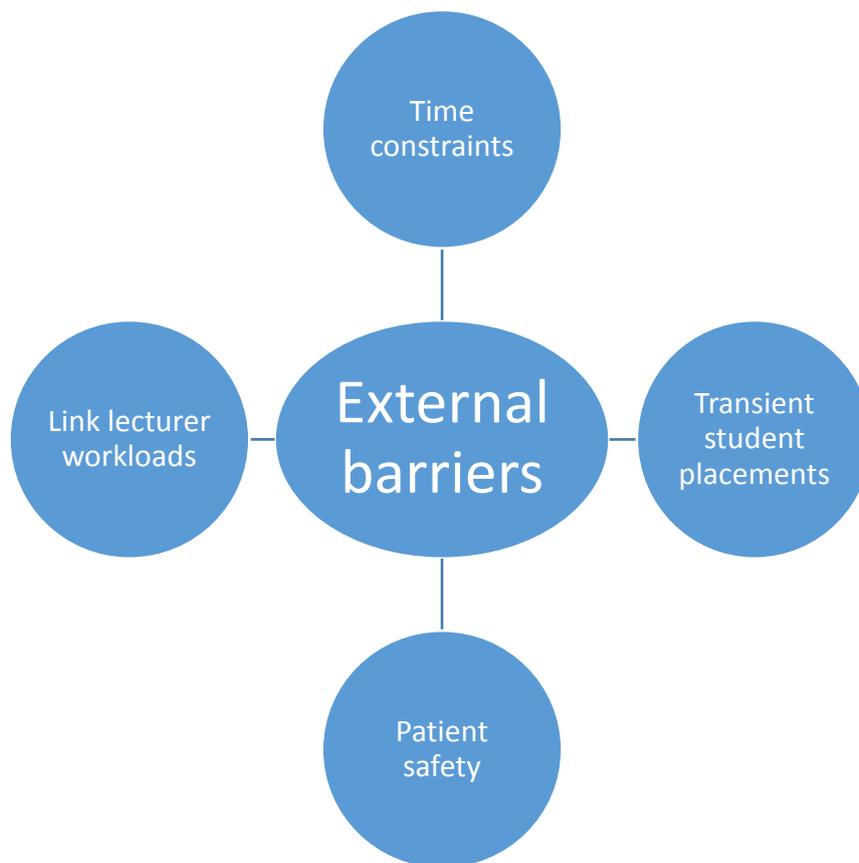
Concern was also expressed that patient safety was a barrier. The participants were unsure if the all mentors were aware of how a reasonable adjustment can be facilitated appropriately whilst maintaining patient safety. There were also concerns about whether mentors lacked the confidence to instigate reasonable adjustments due to being nervous that the student could harm a patient:

*“... with mental health, apart from the cardiac arrest, you have other forms of emergencies. Very often that person is going to be asked to run and go and get things, etc. If you have a difficulty to comprehend what was happening, it makes it difficult to make adjustments”* (Lecturer B).

*“The people who I knew who have had mental health issues... they have been sent to work back on reception to start with and not have exposure”* (Lecturer B).

Although patient safety is paramount in clinical placement, this perceived lack of confidence of mentors in the processes of safely and effectively facilitating reasonable adjustments could hinder the student nurse’s performance and potentially not allow the student to reach their full potential.

Figure 3- Thematic network for external barriers



### **Study Limitations**

This was a small-scale study which limits the generalization of any findings. Due to time constraints (this study made up the assessment for an academic module running over three months only), the findings could not be returned to the participants for confirmation that the themes represented their responses. This of course could affect the reliability and generalisability of the study results. These constraints are limitations of this study which are important to acknowledge.

### **Conclusions**

Study data has produced findings that both extend and introduce new concepts currently reported upon from the view point of link lecturers in nursing literature.

Overall, link lecturers have some confidence with their own knowledge of the processes involved with reasonable adjustments. The themes illustrate that the processes relating to reasonable adjustments in clinical placement are complex with many barriers preventing successful management. Potential solutions to managing this complex process is the development of substantial national guidance and HEI provision of information regarding reasonable adjustments for use in clinical placement for both link lecturers and student nurses.

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