

A stock-take of existing aged care clinical placements for undergraduate nursing students in Australia

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EXECUTIVE SUMMARY

Background

In 2006, the Centre for Rural and Remote Area Health (a research centre of the University of Southern Queensland and the University of Queensland) was funded by the Australian Government Department of Health and Ageing to undertake a study examining the experiences of universities in relation to aged care clinical placements for undergraduate nursing students. The study involved collecting and analysing quantitative and qualitative data from 32 heads of schools of nursing and midwifery on an Australia-wide basis.

The research was driven by concerns about the recruitment and retention of aged care nurses. The aim was to review the different means by which undergraduate nursing students undertake aged care clinical placements in Australia. The research found a paucity of literature specifically focusing on clinical experiences in aged care for undergraduate nursing students. However, the prevailing view is that aged care is not a favourite career option for many student nurses (Happell, 1999; McKinlay & Cowan, 2003; Nielsen, 1999).

Method

The research employed a cross-sectional, descriptive design to provide a baseline upon which future data on aged care clinical placements could be compared. All Australian universities with a Faculty, Department or School of Nursing were invited to participate.

Results

Universities held similar understandings and expectations as to what is meant by the term 'aged care clinical placements'. This usually incorporated some notion of placements that involve care of patients/clients over the age of 65 and/or in a setting where students come into contact with an older person. The health services used for aged care clinical placements were primarily private and public residential aged care facilities or hospital rehabilitation units located in areas convenient to the university.

The number of students placed in health services that offered aged care per semester varied widely. The universities that had the largest numbers of students placed on a per-facility basis were those in close proximity to, and had forged close links with, health services that provided opportunities for aged care clinical placements.

The most common reasons given for the refusal of placement from health services was competition from other universities or competition from other academic years of the same university. However the majority of universities reported they were "always" or "very often" able to place students for aged care clinical placements. Around half of the universities were required to pay for aged care clinical placements, the method of payment most commonly used being the health service invoicing the university.

The selection process most commonly applied when choosing health services for aged care clinical placements was based on whether or not the facility had received accreditation. As we point out in this report, this may not be a particularly valid or satisfactory basis for selection.

The educational activities and experiences offered by health services were quite varied with those related to dementia care and palliative care being the most common.

Universities primarily ran orientation sessions involving both staff and students as a means of preparing staff to support and supervise students. Universities most commonly utilised the services of a registered nurse employed by the health service to supervise students while they were on clinical placement. This was generally in combination with an adequately trained clinical facilitator employed by the university.

Academic staff involved in supporting and supervising students during clinical placement usually had a mix of both academic and clinical aged care experience. However it was not always possible to achieve this mix. It was not uncommon to use generalist nurses with tertiary qualifications or experienced aged care nurses with no tertiary qualifications.

Aged care clinical placements were commonly undertaken in the first and third years of academic study. Universities typically reduced the number of third-year students placed per health service to ensure that students received adequate attention from the supervisory staff.

Universities made concerted attempts to ensure that placements were tailored to meet the clinical needs of students but this was not always possible due to the competition for places from other universities. Universities claimed that their students were prepared for undertaking aged care clinical placements primarily through the academic course-work undertaken.

Recommendations

- Aged care clinical placements need to be spread more evenly across health services and universities need to expand their definition to include other sites that offer aged care specific services.
- There needs to be a commitment to underwrite the financial costs for student travel and accommodation so as to be able to access rural and remote health services. This may also help to ease skill shortages in rural areas.
- Universities need to have better internal co-ordination of aged care clinical placements to eliminate conflict between first and third year placements.
- A more coordinated approach to placements should be negotiated between competing universities to ensure all students have equal access to an aged care placement.
- The development of more formal agreements between universities and health services should be able to ease the pressure on competing universities.
- The financial aspects of aged care clinical placements should be standardised to make this an attractive placement for the universities.
- There is a need for the development of a clinical audit tool to be used across universities to assess health service suitability for an aged care clinical

placement. This will ensure that students will undergo similar standards of aged care clinical experience.

- More support is needed so that health services are better able to support their staff in taking on students for aged care clinical placement.
- Incentives should be offered to specialist aged care nurses to participate in further training to enable them to be good educators either in academia or in the workplace.
- There is a need for more emphasis on university staff to have aged care qualifications and relevant experience.
- University curricula should include specific aged care content to better prepare students in the complexity of caring for older people. This educational content should be consistent across all universities.
- Supervision of students on aged care clinical placements should be provided by suitably qualified educators.
- Supervisors of students on aged care clinical placements should ensure that the focus does not remain just on acquiring basic nursing skills, but should also focus on acquiring aged care specific skills.
- There needs to be more promotion of aged care as a fulfilling and challenging career choice.

1 INTRODUCTION AND LITERATURE REVIEW

1.1 *Background to the study*

There is a trend worldwide for an ageing population. In Australia, 12.3% of the population are currently aged 65 and over. This is expected to increase to approximately 26.3% by 2051. This has major implications not only for the economy but for health services in general (DEST, 2001) with an expected increase in the prevalence of diseases commonly associated with ageing (Mathers & Vos, 2000). Thus the need to provide an adequate supply of suitably educated nurses with aged care experience will increase.

In addition to the health services available for all age groups, there were 2,933 mainstream aged care service providers in Australia. Religious organisations delivered 30% of these aged care services with private organisations providing a further 26%. Community-based and charitable organisations provided 18% and 15% of the aged care services respectively (AIHW, 2006). All these facilities are potential sites for placement of undergraduate students for clinical practice in aged care.

Many of the commercial, religious and charitable organisations are situated in major cities while rural and remote areas are more likely to be serviced by community-based organisations (AIHW, 2006). Thus, the location of these services has the potential to greatly impact on where and why students may be placed for their undergraduate aged care clinical placement.

Due to concerns regarding the actual extent of aged care content in nursing curricula, a discussion was initiated between practicing registered nurses, academics and nursing leaders in 2002. The following issues were raised as potential areas requiring clarification and further research:

- The level of integration of aged care content in nursing curricula;
- The lack of a standardised teaching approach within Australian universities;
- The tendency for aged care in curricula to be more focused on tertiary care rather than long-term care; and
- The competence of academics to teach aged care (QUT, 2004).

Pursuant to the discussions, the Commonwealth Government recognised that the recruitment and retention of aged care nurses were issues that required addressing. As a result of the increasing interest in the topic, a principles paper was developed by Queensland University of Technology (2004) to draw attention to the importance of aged care in the nursing curricula. The need for research into the aged care clinical component of the undergraduate nursing curriculum led to the conducting of this study. In particular, this study focuses on the issues facing universities in relation to obtaining aged care clinical placements in undergraduate curricula within Australia.

1.2 Project Aims

The aim of this project was to carry out a review of the different means by which undergraduate nursing students undertake aged care clinical placements in Australia. Given the current Australian trends in ageing it is important that undergraduate nursing students receive appropriate preparation and education in aged care. To establish others' experiences on this issue, a literature review was conducted.

1.3 Literature Review

1.3.1 Introduction

Australia offers two main tiers of formal aged care service provision; residential and community aged care. Historically nurses have not expressed great interest in aged care nursing (QUT, 2004). This is further exacerbated by an absence of educational strategies to ensure adequate preparation of competent nurses for the aged care nursing role (DEST, 2001).

Given the current trends in ageing of the population of Australia, tertiary care hospitals throughout the country now have ever increasing numbers of inpatients over the age of 65. It is anticipated that this trend will continue. This provides another venue which could be used for accessing aged care clinical placements for undergraduate nursing students. However, tertiary hospitals are not recognised as 'formal' aged care facilities (AIHW, 2006).

Undergraduate nursing students will potentially have a different aged care experience in tertiary care hospitals than in residential aged care facilities. Admissions to hospitals are often for a short period of time and students may be focused on other clinical objectives. This takes away from the primary focus of those specific aspects relating to complex health breakdown processes among persons aged over 65 years.

A comprehensive literature search revealed that a paucity of literature existed which specifically focuses on clinical experiences in aged care for undergraduate nursing students. However, the view that aged care is not a popular career option for many student nurses is supported (Happell, 1999; McKinlay & Cowan, 2003; Nielsen, 1999).

1.3.2 Status of aged care as a career pathway for undergraduate students

The common view of aged care is that it is exhausting (Beck, 1996), depressing and inflexible (Pursey & Luker, 1995) requires little educational preparation (Wade, 1999) and is lacking in social stimulation for both patient and nurse (Armstrong-Esther, Brown, & McAfee, 1994).

Aged care has long been identified as "asylum like", comprising of mainly routine, physically demanding work tasks (Wade, 1999) caring for people who will never get better (Happell, 2002). In addition, there is the assumption that only a low level of skill is required to care for the aged (Wade, 1999). This is further perpetuated by aged

care facilities employing student nurses to carry out the lower skilled tasks. Research indicates that many nursing students enter their course already having an idea of the area they want to work in once graduated. These fields are usually medicine, surgery or areas working with children (Happell, 2002).

This negative view of aged care can be modified if the right educational processes are engaged, the clinical placement in the aged care setting is well supervised and the placement is a positive experience for the student nurse.

1.3.3 Nursing education

In 2001 the Commonwealth Department of Education, Science and Training (DEST) commissioned a review into nursing issues within the aged care industry. The report recognised aged care as a specialised field and highlighted the decrease in the number of registered nurses in aged care facilities. The review suggested that exposure to aged care nursing for undergraduate students should be a positive experience. They argued for radical reform in undergraduate education in relation to aged care. However, to enable a more effective, dedicated aged care nursing sector, two strategies are required: addressing the curriculum and addressing where and when the clinical placement will be experienced.

The first strategy is the need for educating student nurses in the complexity of aged care issues and how to manage them (DEST, 2001). Research indicates that frequently aged care nursing education is integrated across the curriculum and therefore its importance is often lost to students. It is more effective if it is covered in specific compulsory or elective courses (Mezey, Mitty, & Bottrell, 1997; Wade, 1999). Students and clinical teachers have reported concerns that students enter an aged care setting without having completed an aged care specific subject (Abbey et al., 2006). Recommended subjects to be covered include, but are not restricted to: ageism, dignity and respect, the ageing process, age-related medical issues and polypharmacy, and dealing with death and grief (Nay, 2002).

Moreover, the curriculum should be taught by academics with an interest and experience in working with aged people whose attitudes are more likely to have a positive affect on the student nurses (Wade, 1999). Research has found that there is generally a higher emphasis on technology in nursing curricula and the efficient use of it as opposed to the teaching of “caring” skills. Thus the education focus is moving away from a holistic approach of ‘caring’ to that of ‘curing’, with the message being that hands-on care is less important (Stevens & Crouch, 1995). Unfortunately, in Australia there appears to be a shortage of suitably qualified academics who have both qualifications and aged care experience (Nay, 2002).

Education, however, does not finish at the undergraduate level. Incentives to attract nurses to postgraduate courses and to re-entry programs are also required to assist in promoting aged care as a viable career choice (Nay, 2004).

The second issue of the aged care clinical placement requires a collaborative approach between the universities and the industry.

1.3.4 Practice settings

It is important that student nurses are able to experience aged care in an appropriate setting with suitably experienced clinical staff to provide supervision. Continuity with the clinical supervisor is important as is the ability of the supervisor to dedicate time to the student supporting the teaching and learning process. Sometimes this becomes difficult when patient emergencies occur or when facilities are short staffed, such as during times when accreditation or restructuring is occurring (Robinson et al., 2005). It is also important to remember that aged care experience can be gained in a range of clinical locations including diabetes and continence clinics and in community nursing settings (Nay, 2002).

One way for structured collaboration to occur between universities and the aged care industry is through the use of teaching residential aged care facilities. These originated in the US in the 1960's but became more widely recognised in the 1980's. Initially they were affiliated with medical schools, but have now widened their teaching to include nursing education, research and clinical practice (DEST, 2001) Not only do teaching residential facilities provide nursing education, but they have the potential to promote a positive image of aged care nursing (Chilvers & Jones, 1997).

In a review of teaching residential aged care facilities in the UK, several positive outcomes were identified. The combined university and aged care facility resources resulted in better clinical decision making and improved management of difficult care needs. In addition, adaptation of the curriculum to include aged care nursing to the postgraduate level, good learning outcomes for students and positive academic input into the skills of current staff were all identified. Finally, student attitudes towards aged care and awareness of care needs were improved (Mezey et al., 1997).

An Australian example of a teaching nursing home is the partnership between the Australian Catholic University and three dementia specific nursing homes in Sydney run by the Benevolent Society. The partnership was formed to provide students with quality aged care clinical placements and to reduce student's fears about working with cognitively impaired aged people. In addition, it was expected that it would promote post graduate learning for current aged care staff, improve patient care, and generate research opportunities (Wallace, Cumming, & Brown, 2006).

The aged care clinical experience was highly structured and guided by an orientation booklet outlining relevant legislation, an overview of the nursing homes involved and a clearly defined outline of clinical placement objectives. Pre and post testing indicated that students had a greater understanding and ability to cope with cognitively impaired people and had a positive experience in their aged care clinical placement (Wallace et al., 2006).

The authors of this paper suggest that University nursing departments should explore whether aged care facilities can offer experiences and resources enabling students to meet stated educational outcomes (objectives). Additional factors also need to be considered, such as: the level of the learner; degree of control by Faculty; compatibility of philosophies; availability of role models for students; geographical

location; physical facilities; staff relationships with academics; agency requirements; licensure; accreditation, and cost.

1.3.5 The student experience of aged care clinical placements

There is some concern in the literature regarding when student nurses should participate in an aged care clinical placement. Some experienced aged care nurses feel that placing inexperienced nursing students in aged care facilities devalues their own skill and knowledge and is unfair to the patients (Mossop & Wilkinson, 2006). Aday and Campbell (1995) propose that students have a variety of clinical experiences prior to an aged care clinical placement as they are likely to be more comfortable and confident in their abilities. This, together with appropriate gerontological curricula, will provide a more positive view of nursing older people.

There is evidence, however, to suggest that an aged care clinical placement for beginning nurses is appropriate (Hartley, Bentz, & Ellis, 1995). Some beginning nursing students have reported that they enjoyed their aged care clinical placement, despite having limited previous clinical experience. They found they had more opportunity to practice basic skills; were able to engage in more social contact with patients and their families; were better able to understand the nursing process from the care plans and found the work to be lower in stress due to the decrease in the need for emergency care responses (Chen, Melcher, Witucki, & McKibben, 2002). Students were not only exposed to simple daily care needs but also more complex care needs (Hartley et al., 1995). These positive aspects have been found to influence nursing students to pursue work in the aged care industry following graduation (Chen et al., 2002). Patients may also benefit from being cared for by beginner nursing students. Elderly patients generally reported receiving more attention and care from first-year nursing students than from other staff (Mossop & Wilkinson, 2006).

1.3.6 The current study

Given the current Australian trends in ageing, it is important that undergraduate nursing students receive appropriate preparation and education in aged care. Thus, the aim of the current project was to carry out a review of the different means by which undergraduate nursing students undertake aged care clinical placements in Australia. It provides a sound evidence-base for future planning and research into aged care nursing education. It is anticipated that the results of the study will not only directly benefit the study participants, but also will contribute to the literature in relation to aged care clinical placements for undergraduate nursing students in Australia.

The following questions were addressed in the course of the study:

- How do universities define aged care clinical placements?
- Which health services are used for aged care clinical placements and where are the services located?
- How many students are placed in aged care clinical placements per semester?
- Do universities compete with each other for aged care clinical placements?
- What reasons are given for the refusal of aged care clinical placement from health services?

- What methods of payment and payment options are made for aged care clinical placements?
- What selection processes are applied to the choice of health services?
- What educational activities and experiences are offered by health services?
- What preparation arrangements are made for staff to support and supervise students?
- What is the skill mix of staff involved in supporting and supervising students during aged care clinical placements?
- What skills are required for aged care clinical facilitators?
- At what stage of the undergraduate course are aged care clinical placements undertaken?
- To what extent are aged care clinical placements tailored to meet clinical needs?
- In what ways are students prepared for undertaking aged care clinical placements?

It is envisaged that data derived from the study will provide baseline information regarding aged care clinical placements upon which future data on aged care clinical placements can be compared.

2 METHOD

2.1 Research design

A cross-sectional, descriptive design was employed in this project to provide a baseline upon which future data on aged care clinical placements for undergraduate nursing students could be compared.

2.1.1 Study region and setting

The project was conducted across Australia in all universities having a Faculty, Department or School of Nursing.

2.1.2 Research participants and sample

All Australian Heads of Schools of Nursing and Midwifery were invited to participate in the project. The Council of Deans of Nursing and Midwifery (CDNM) is comprised of the Heads of the University Faculties, Departments or Schools of Nursing in Australia. Allowing for the case of one university in which two staff were members of the CDNM and one university department where aged care clinical placements had not yet taken place, the sampling frame involved 33 potential respondents. Contact details for study participants were accessed from the CDNM website, which contained an accurate, up-to-date list of all Heads of Schools of nursing in Australia. Contact was made with the Administrative Officer of the CDNM to inform them of the study and confirm the accuracy of the list of addresses.

2.1.3 Materials

The study utilised a questionnaire containing 26 questions (see Appendix A). The questions were a mixture of quantitative (including dichotomous-response, multiple-response and Likert-type questions) and qualitative (open-ended questions) items. A covering letter, with a plain language statement detailing the aims and procedures of the study (Appendix B), an informed consent form (Appendix C) and a request form to obtain a copy of the study results accompanied the questionnaire (Appendix D).

2.1.4 Ethical issues

Prior to commencing the study, an ethics application was submitted to the University of Southern Queensland's Human Ethics Committee and approval was received to proceed. At the completion of the project, all electronic data, including database files, were erased from the Project Officer's computer and stored on a CD-ROM. The data will be kept securely for a period of five years, after which time they will be discarded

as confidential waste in accordance with National Health and Medical Research Council guidelines.

2.1.5 Procedure

Pilot study. Prior to the major study, a pilot study was conducted to assess the suitability of the questionnaire. As a result, questionnaires and a letter of introduction were sent to all Clinical Coordinators of Nursing Schools in Queensland. To avoid any conflict of interest issues, clinical coordinators associated with the University of Southern Queensland were excluded from the study.

In total, 20 questionnaires were distributed for the pilot study. Following a reminder email to non-respondents, five completed questionnaires were returned, which equated to a response rate of 25 percent. The questionnaires for the pilot study were distributed at the beginning of the 2006 academic year. This is customarily a busy time for Clinical Coordinators and may account for the relatively low response rate for the pilot study.

One amendment was made to the questionnaire as a result of the responses to the pilot study. The questionnaire item that asked how many students are placed each semester was amended from a categorical (e.g. 1-3, 4-6, etc.) to a numeric (e.g. 9, 22, etc.) response. Following the amendments to the questionnaire, the data collection process proceeded in accordance with the research method outlined below.

Major study. To enable sufficient time for perusal and preparation of responses, questionnaires were sent by email to each of the Australian Heads of School of Nursing and Midwifery (CDNM members). In all cases, the Head of School directed the questionnaire to the staff member of the university responsible for arranging clinical placements. In most cases the title of the position was that of “Clinical Coordinator”.

At the time the questionnaire was mailed to the Head of School, a telephone interview time between the Head of School’s nominee and the Project Officer was negotiated. In most cases, however, the potential respondent chose to complete the questionnaire in their own time. In total, three interviews were conducted by telephone with the balance of responses returned to the Project Officer either by email, facsimile transmission or Australia Post.

Upon receipt, the questionnaire was checked by the Project Officer and, where required, contact was made with the respondent to clarify any anomalous responses.

For respondents who chose to be interviewed, interviews were structured according to the layout of the questionnaire. The use of an interview allowed the Project Officer to prompt the respondent for more information and seek clarification if the need arose. In cases where respondents returned the questionnaire by email, fax or Australia Post, similar needs were addressed by emailing or making follow-up telephone calls.

2.1.6 Response rate

Thirty-four questionnaires were distributed to CDNМ members and thirty-three (33) questionnaires were either completed over the telephone or returned by various means. One questionnaire was excluded, however, as the university concerned will not commence placing students into aged care health services until 2007. The total number of usable responses was therefore thirty-two (32).

2.1.7 Data analysis

Quantitative data collected from the completed questionnaires and interviews were transferred directly into the Statistical Package for the Social Services version 14 (SPSS Inc., 2005). Due to the design of the questionnaire and types of variables used, the majority of quantitative analysis was descriptive in nature.

Qualitative data derived from open-ended questions were transcribed directly into a Word-Processing document. Qualitative responses were then examined and organised into themes and associated sub-themes. To increase the reliability of emergent themes, two people (the Project Officer and a senior member of the project team) conducted separate analyses and compared findings. Themes and sub-themes were determined by mutual agreement between both analysts.

3 RESULTS

3.1 *Definitions of aged care clinical placements in university undergraduate nursing courses*

Definitions of aged care clinical placements involved the notion that they take place within an aged care setting or context. Typical responses, which encapsulated that definition included:

Care which involves patients/clients over the age of 65.

Placements where the older adult is the predominant and intended client.

A clinical placement where the student comes into contact with an aged person. Can either be in community, hospital or residential care setting.

Less common responses referred to aged care within a community setting, for example:

Student-initiated practicums undertaken in institutional or community environment.

Lastly, responses referred to aged care clinical placements in a diversity of settings, for example:

Students are placed in a diversity of settings ... not necessarily specifically aged.

Overall, though, the analysis indicated that when referring to aged care clinical placements the Heads of Schools or their nominees were referring to the same or similar constructs.

3.2 Health services currently used by universities for aged care clinical placements

Table 3.1 shows the number of responses as to the various health services used by universities to provide aged care clinical placements. A breakdown of these numbers according to the location of the university is presented in Table 3.2.

Table 3.1 Health services used to provide aged care clinical placements

Health service	Number	Percentage of respondents
Private residential aged care facilities	30	90.9
Public residential aged care facility	27	81.8
Rehabilitation units in acute hospitals	26	78.8
Community nursing agencies	20	60.6
Mental health facilities	20	60.6
Acute medical unit in a hospital	18	54.5
Private home nursing services	15	45.5
Acute surgical unit in a hospital	14	42.4
Other facilities	4	12.1

Note: Respondents were able to select more than one category.

The majority of universities provided aged care clinical placements in residential aged care facilities and rehabilitation units within tertiary hospitals. Private home nursing services and acute surgical units in hospitals were the health services that were used less often.

Table 3.2 describes what type of health services are used by universities located in capital cities and regional centres. Universities located in regional centres appeared more likely to place students in public and private residential aged care facilities. Those in capital cities appeared more able to access health services that offered acute medical and surgical services than universities located in regional centres.

Table 3.2 Types of health services used for aged care clinical placements according to the location of the university

Type of Health Service Facility Used	Location of University		Total	Percentage of respondents
	Capital City	Regional Centre		
Private residential aged care facilities	19	11	30	17.3
Public residential aged care facilities	15	12	27	15.5
Rehabilitation units in acute hospitals	17	9	26	14.9
Community nursing agencies	12	8	20	11.5
Mental health facilities	15	5	20	11.5
Acute medical unit in a hospital	13	5	18	10.3
Private home nursing services	10	5	15	8.6
Acute surgical unit in a hospital	12	2	14	8.1
Other	2	2	4	2.3

3.3 Geographic locations of the health services currently used by universities for aged care clinical placements

Table 3.3 contains responses to the question as to the location of health services used for aged care clinical placements.

Table 3.3 Location of health services for aged care clinical placements

Location of health services	Number	Percentage of respondents
Local health service district	23	69.7
Local town	21	63.6
Throughout the State	21	63.6
The nearest city	15	45.5
Interstate	10	30.3

Note: Respondents were able to select more than one category.

The data suggest that the majority of health services in which aged care placements took place were in areas convenient to the university, with the majority of respondents identifying that aged care clinical placements were provided throughout the state in

which their university was located. Health services from nearby cities and other states were less likely to be used for aged care clinical placements.

3.4 Availability of aged care clinical placements

Responses to the question as to the availability of aged care clinical placements are contained in Table 3. 4.

Table 3.4 Extent to which universities are able to place students for aged care clinical placement

	Number	Percentage of respondents
Always	20	62.5
Very Often	10	31.3
Sometimes	1	3.1
Rarely	1	3.1

All but two respondents indicated that students could be placed in aged care clinical placements always or very often. The universities that experienced difficulty in placing students were located in capital cities that could be described as having small populations.

3.5 Number of students placed in aged care clinical placements per semester

The number of students per semester placed into a health service in which aged care clinical placements were provided varied considerably between universities. The number of students placed was as few as two per facility, though one university placed 150 students in an aged care health facility per semester. The median number of placements per semester, however, was 8.0. Additional qualitative information supplied by respondents indicated that placements tended to take place collectively, with groups of students (usually between 6-10, but sometimes up to 15 students in each group) undertaking placement at each health service.

3.6 Competitiveness for aged care clinical placements by different universities

Respondents were questioned as to the degree of inter-university competitiveness for aged care clinical placements. Analysis indicated that in 45.5 percent ($n=15$) of cases, universities reported having difficulty placing students due to competition with other universities.

While competition for aged care clinical placements between universities was experienced, there were times when competition occurred between different academic years of the same university. As one respondent commented:

Competition with students from another university is an important consideration as is competition with students [within our university] from other years.

Furthermore, competition for places with Technical and Further Education colleges that operate nursing courses was an important issue for universities to consider.

3.7 Willingness of health services to provide aged care clinical placements

Respondents were questioned as to whether they experienced difficulty placing their students in aged care settings. Over 60 percent ($n=21$) of respondents stated that they experienced incidents when health services had refused to take their students for aged care clinical placements. In 36.4 percent ($n=12$) of cases, respondents reported no difficulty placing students. Respondents reported that aged care facilities gave various reasons for refusing to take undergraduate students, which are examined in the section that follows.

3.8 Reasons for the unwillingness of health services to provide aged care clinical placements

Responses in relation to reasons for the unwillingness or inability of health services to provide aged care clinical placements are contained in Table 3.5.

Table 3.5 Reasons for refusal to take students for aged care clinical placements

Reasons	Number	Percentage of respondents
Competition for places	12	27.3
Staff not adequately trained to supervise students	6	13.6
Facility unable to take students	5	11.4
Facility unwilling to take students	4	9.1
Facility unsuited to student placements	4	9.1
Students are a burden	3	6.8
Facility undergoing accreditation	3	6.8
Insufficient number of trained staff to supervise students	3	6.8
Facility saturated with students	2	4.5
Facility undergoing refurbishment	2	4.5

Note: In cases where responses covered a variety of themes, answers have been included in more than one category

The most common response to the question as to why health services refused students was competition for places. Typical responses to the question included:

[Aged care facility had] *already booked placements for students from other universities and institutions.*

[Aged care facility was] *already committed to another institution.*

Other universities reported that health services had expressed the view that students placed a burden on resources and they therefore “*need to give the staff a break from students this semester*”.

Facilities don't want students [as they are] too intrusive. [There is] too much work involved supervising students. Facilities don't value students and see them as more of a burden than a help.

3.9 Financial aspects in relation to aged care clinical placements

Data referring to the financial aspects of aged care clinical placements were gathered by asking respondents three questions. The first question asked if the university normally had to pay costs for aged care clinical placements. Nearly half the respondents ($n=16$) reported they were required to pay costs. Table 3.6 outlines the various methods of payment for aged care clinical placements. As can be seen, the majority of aged care services invoiced the university for secondment of the facility’s staff.

Table 3.6 Ways in which universities pay costs for aged care clinical placements

Method of payment	Number	Percentage of respondents
Invoice university for secondment of staff from the facility	11	33.3
Hourly rate	9	27.3
Pre-arranged financial agreement	7	21.2
Other	4	12.1
Pro-rata basis	3	9.1

Note: Respondents were able to select more than one category.

When asked about the total cost of aged care clinical placement in any given semester, of the 16 respondents eligible to answer this question, 11 (68.8%) responded. There was a wide range reported in the amount universities spent on aged care clinical placements, with the minimum being \$2,600, the maximum being \$154,800 and a median amount per semester of \$66,356. Five respondents who answered that they did incur a cost for aged care clinical placements chose to not

divulge how much they spent. As a consequence, this result should be treated with some caution.

3.10 Processes used for selection of health services used for aged care clinical placements

Respondents were questioned as to whether they had selection criteria in place for selecting health services for aged care clinical placements. Analysis indicated that 60.6 percent ($n=20$) of universities had various processes in place for selecting the health services they used for aged care clinical placements. In 39.4 percent ($n=13$) of the cases, no selection processes were used.

Key phrases used in relation to the method used to select health services for aged care clinical placements are presented in Table 3.7.

Table 3.7 Methods used to select health services for aged care clinical placements

Assessment method	Number	Percentage of respondents
No site inspection by the university takes place	13	31.7
Assessment based on whether or not the facility is accredited	7	17.1
Assessment made as to the adequacy of staff and facilities	6	14.6
Assessment based on feedback from students or staff	5	12.2
Assessment based on a site inspection by the university	5	12.2
No evaluation takes place	4	9.8
Assessment based on whether or not the facility has a formal agreement with the university	1	2.4

Note: In cases where responses covered a variety of themes, answers have been included in more than one category

Data in relation to the selection of health services for aged care clinical placements suggested that in the majority of universities, no site visit to the intended facility took place. Rather, the most common form of assessment was based upon whether or not the facility had received Government accreditation. Other means of assessment included the use of local knowledge or feedback from previously placed students. An example of the response to this question was:

We obtain aged care placements via two methods, self referral and canvassing for placements.

As a means of assessment, the general philosophy and attitude to learning was important to one university who suggested that the health service facility must

... have a commitment to the education of all staff.

While few formal processes are in place for assessing the suitability of venues for aged care clinical placements, at least one university is currently

... in the process of developing a clinical audit tool for assessment purposes.

3.11 Range of educational experiences offered by health services

A summary of the data in relation to educational experiences offered by health services is presented in Table 3.8.

Table 3.8 Educational activities and experiences offered by health services

Educational activity	Number	Percentage of respondents
Dementia care	30	90.9
Palliative care	30	90.9
Wound management	25	75.8
Infection control	25	75.8
Community care	22	66.7
Quality management	21	63.6
Other	4	12.1

Note: Respondents were able to select more than one category.

Educational activities and experiences offered by health services were quite varied with dementia care and palliative care being the most prominent educational activities and experiences offered.

In addition, respondents were given the opportunity to indicate other educational activities and experiences that students could receive. Some of the responses included under the category “Other” were:

- *Mental health*
- *Training in dealing with challenging behaviour*
- *Sleep disturbance in the elderly.*

3.12 Arrangements for preparing clinical staff to support students with respect to the integration of aged care theory and practice during aged care clinical placements

A considerable percentage (78.8 %) of respondents believed that they had adequate arrangements in place for preparing staff to support students in relation to aged care theory and practice while the students were on aged care clinical placement. A summary of the methods universities used to prepare staff for supporting students is contained in Table 3.9.

Table 3.9 Methods of preparing staff to support students with respect to aged care theory and practice while on aged care clinical placement

Method of preparation	Number	Percentage of respondents
Workshop or orientation session held	15	51.7
Briefing session held	5	17.2
Ongoing support provided to facilitators	4	13.8
Staff already adequately trained and experienced	3	10.3
Formal training session held	1	3.5
Lecture held	1	3.5
Total responses	29	100.0

Note: In cases where responses covered a variety of themes, answers have been included in more than one category

The majority of universities conduct orientation sessions to prepare staff for supporting students with respect to aged care theory and practice while on aged care clinical placement. The orientation sessions usually include facilitating both staff and undergraduate nursing students who will be undertaking clinical placement.

A number of universities stated that briefing sessions, formal training sessions or lectures were held to prepare staff for supervision of students while on placement. It is arguable that these sessions served the same purpose as the more commonly stated response of 'orientation session'. In a number of cases, orientation was followed up with ongoing university support to the facilitators. In a relatively small number of cases, respondents believed that no training was necessary as their academic staff were already adequately trained for the supervision of students on placement.

3.13 Skill mix of staff involved in supporting and supervising students during aged care clinical placements

Data in relation to the skill mix of staff involved in supporting and supervising students during aged care clinical placements are presented in Table 3.10.

Table 3.10 Skill mix of staff involved in supporting and supervising students during aged care clinical placements

Skill mix of staff	Number	Percentage of respondents
Registered nurse employed by the health service	32	97.0
Clinical facilitator employed by the university	28	84.8
Enrolled nurse employed by the health service	12	36.4
Assistant in nursing employed by the health service	8	24.2
Other	6	18.2
Preceptor employed by the university	5	15.2

Note: Respondents were able to select more than one category.

Most staff who supervised students during aged care clinical placements were either registered nurses employed by the health service or clinical facilitators employed by the university. Enrolled nurses and assistants in nursing were involved in supporting and supervising some placements.

3.14 Arrangements for supervision of students undertaking aged care clinical placements

Respondents were questioned in relation to the arrangements for supervising students during their aged care clinical placements. The data indicate that the great majority (90.9%) of respondents have arrangements in place for supervising students while they are on clinical placement.

A description of the arrangements for supervising students while they are on aged care clinical placement is contained in Table 3.11.

Table 3.11 Description of arrangements for supervision of students during aged care clinical placements

Arrangements for supervision	Number	Percentage of respondents
Supervision by Clinical Educator	20	55.6
Supervision by Mentor or 'Buddy'	6	16.6
Supervision by Registered Nurse	3	8.3
Supervision by Academic Staff	3	8.3
Supervision by a Preceptor	2	5.6
Supervision by the Clinical Coordinator	1	2.8
Regular contact by email or teleconference	1	2.8
Total responses	36	100.0

Note: In cases where responses covered a variety of themes, answers have been included in more than one category

Clinical education staff were the most prevalent means of supervising students while on clinical placement. This category included positions described as "Clinical Facilitator", "Clinical Supervisor" or "Clinical Teacher". Only one respondent indicated supervision through e-mail or teleconference.

3.15 Skills and preparation required for clinical educators

Data relating to the skills and preparation required for clinical educators are presented in Table 3.12.

Table 3.12 Skills and preparation required for clinical educators

Skill	Number	Percentage of respondents
Tertiary qualifications with experience in aged care	18	54.5
Experience in aged care with no tertiary qualifications	13	39.4
Tertiary qualifications but only general nursing experience	13	39.4
Minimum 2 years experience as a registered nurse	10	30.3
Other	8	24.2

Note: Respondents were able to select more than one category.

More than 50 percent of respondents reported that they utilise clinical educators with both tertiary qualifications and experience in aged care. Those with experience in aged care but no tertiary qualifications were also used commonly as were generalist

nurses with tertiary qualifications. A number of respondents expressed a view, similar to the following, that they

Would prefer all facilitators to have experience and/or qualifications in aged care, but this is often difficult to achieve.

3.16 Year of education that students undertake their aged care clinical placements

Data in relation to the academic year in which students undertake their aged care clinical placements are presented in Table 3.13.

Table 3.13 Year of education that students undertake aged care clinical placements

Academic year	Number	Percentage of respondents
Year 1	5	15.6
Year 3	6	18.8
Both Years 1 and 3	20	62.5
Other	1	3.1
Total	32	100.0

Note: No respondents recorded placing students in their second year of study, which accounts for the absence of Year 2 from the table.

Students predominantly undertook clinical placement in more than one year. Furthermore, an examination of qualitative data indicated that, of the respondents who stated that students were placed in more than one year, the only combination of years for aged care clinical placements were the first and third.

3.17 Tailoring of aged care clinical placements to meet the educational level of the students

Universities were questioned as to whether or not the aged care clinical placements made available to students were appropriate to their educational levels. Data analysis indicated that in all but one university, clinical opportunities were matched to the educational level of students. In one case, the respondent was unclear as to the intent of the question and the answer was therefore recorded as 'unsure'. Responses are presented in Table 3.14.

Table 3.14 Appropriateness of aged care clinical placement to educational level

Methods of preparing staff to support students	Number	Percentage of respondents
Placement matched to level of competency	21	80.8
Placement matched to course objectives	5	19.2
Total	26	100.0

Note: In cases where responses covered a variety of themes, answers have been included in more than one category

In most cases, respondents indicated that placements were generally matched to the level of student competency. Typical responses included:

Students will engage in skills, etc., equivalent to their educational level

Placement is appropriate to [the student's] level of training as an RN. Students get a full range of experience, including administrative aspects.

3.18 Preparation that the students receive before undertaking aged care clinical placements

Universities were asked whether or not their students received preparation prior to undertaking aged care clinical placements. All respondents recorded that students receive preparation before they undertook aged care clinical placement.

Additional qualitative information was also requested in relation to the forms of preparation students receive. These data are summarised in Table 3.15.

Table 3.15 Preparation of students prior to undertaking aged care clinical placements

Methods of preparing students	Number	Percentage of respondents
Lectures and tutorials that cover theory and practice	29	93.5
Orientation session held	2	6.5
Total	31	100.0

Note: In cases where responses covered a variety of themes, answers have been included in more than one category

The most frequent response to the question involved some notion of “lectures and tutorials” or “class time”. The data suggested that the common perception held by the respondents was that the theory and practical aspects of the undergraduate nursing curriculum adequately prepared students for aged care clinical placement. Two respondents indicated that orientation sessions were held prior to placement in

addition to the theory and practice and this formed part of the students' learning objectives.

Some of the common responses to the question were:

[Students] receive lectures in relation to care of the older person in line with the requirements of the ANMC; students in second semester of second year complete a unit 'perspectives on ageing'; [students] also receive general nursing training that is applicable across all age groups.

Students undertake clinical teaching block before placement; study what units they need to before placement.

All students attend lectures, tutorials and clinical laboratories to learn theoretical knowledge and practice clinical skills under supervision prior to entering the 'real world'. However it is up to the student to attend and participate in these sessions. If a student has consistently been absent from classes the course convener has the right to independently assess the students clinical ability prior to clinical placement. If deemed unsafe they are withheld from placement.

3.19 Additional qualitative material

The final questionnaire item provided respondents with the opportunity to make any comments or draw attention to any issues they felt had not been addressed in the course of the survey. A summary of the thematic analysis of this question is presented in Table 3.16.

Table 3.16 Further issues raised by respondents

Issue	Number	Percentage of respondents
Aged care is not a popular placement with students	7	25.9
There is a need to more effectively promote aged care as a viable career	3	11.2
Problems are experienced with supervision of aged care clinical placements	2	7.4
Interest grows with experience	2	7.4
Insufficient places for aged care clinical placement	2	7.4
Course under review or being changed to become more aged care focused	2	7.4
Students seen as a burden for health services	2	7.4
Student expectations are not met by their placement	1	3.7
Students choose own placement	1	3.7
Potential for students to be seen as a threat	1	3.7
Focus on skill development	1	3.7
Aged care is a popular placement	1	3.7
Potential for students to be exploited	1	3.7
Staff of aged care facilities are not up to date with skills and qualifications	1	3.7
Total	27	100.0

Note: In cases where responses covered a variety of themes, answers have been included in more than one category

Respondents raised a variety of issues of interest and relevance to the study. In a substantial number of cases, respondents reported that clinical placement into residential aged care facilities is challenging for a number of reasons. In the first instance, aged care is not seen as popular by students, who tend to regard placement with a sense of foreboding, or at least ambivalence. Interestingly, respondents reported that student perceptions of aged care nursing became more positive once they had the opportunity to experience working with older adults.

As one respondent stated:

Initially aged care is not a popular subject or placement, but interest does grow as the students experience aged care. Often students request aged care as their elective in 3rd year following a placement in an earlier year. There is

difficulty in engaging students in the subject matter in the early stages of their studies but their interest increases over time.

In the second instance, respondents reported that personnel of residential aged care facilities generally tended to have a low opinion of students, seeing them as a burden or challenge and sometimes a threat to the less academically trained members of staff. Some respondents reported that the personnel of residential aged care facilities were openly hostile to undergraduate students for being “too questioning” and thus forcing the staff member to justify their actions or methods of care of the facility residents. As one respondent reported:

Some Division 1 nurses¹ felt professionally insecure when a student was with them constantly and asking questions. It is a challenge having students and some Division 1 nurses in aged care are not up to date so did not want students.

It was generally felt, as this respondent argued, that

... agencies need to actively attract students rather than seeing them as a burden

As a result of some health services’ ambivalence towards students:

There is usually less evidence of coherent teamwork, with students feeling excluded. Some aged care practices are very different to hospital practices and students need support to analyse/understand the differences.

In one case, however, aged care clinical placement was seen as a popular placement for students due to the potential it offers for career advancement in the field of aged care nursing. Students are regarded as a “*possible source of staff*” for health services. Students need to be aware, however, that they can be seen by health services as “*surrogate staff*” and thus open to exploitation.

¹ Applies only to Victoria. To become registered as a Division 1 nurse, it is necessary to complete a relevant bachelor degree. Division 2 nurses must also complete a Certificate IV in Health (Nursing).

4 DISCUSSION

In this section we explore the significance of the study findings. Reference is made to each research question and a discussion of the responses to the survey items relating to the research question ensues. In order to provide a meaningful discussion of the findings, some results have been collapsed and grouped together to better reflect the major concepts identified by the literature review. These are: the health services used; the issues around the placement of students; the funding of clinical aged care placements; the selection of health care services and the experiences provided to the students; the academic skill level of educators; and the student experience. Qualitative responses have been analysed and placed with the quantitative results to more fully expound the context and significance of the findings.

4.1 Definitions of aged care clinical placements

Data from these questions suggest that respondents from all universities hold similar understandings and expectations as to what is meant by the term 'aged care clinical placements'. Responses tended to encapsulate some notion of caring for people who are over the age of 65 years or a placement where the intended client is an older adult.

The data are useful in the context of this study as they indicate that respondents were thinking along common lines in relation to their experiences of and problems associated with aged care clinical placements. The implications of this are that the physical context (i.e. hospital, residential aged care facility) is of lesser concern than access to people aged over 65 years with a variety of complex health issues. This demonstrates that universities recognise the value of situated learning upon attitude formation by undergraduate nursing students.

4.2 Health services

4.2.1 Health services currently used by universities for aged care clinical placements

As would be expected, the health services identified as most commonly used for aged care clinical placements include both private and public residential aged care facilities. Many universities also use rehabilitation units in tertiary hospitals and to a lesser extent community agencies, mental health facilities and tertiary hospital units. It is disappointing, however, that universities are not more creative in accessing health services that provide a variety of supports for the aged. It would open up many learning experiences if universities were to place value on other settings such as diabetes and continence clinics within community health care settings as suggested by Nay (2002).

4.2.2 Geographic locations of health services

The data suggested that the majority (63-69%) of placements took place in locations that were reasonably geographically convenient to universities where possible. This study did not ask respondents to provide reasons for this, but it would be logical to assume that students are restricted by their personal situations and financial constraints which prohibit extensive flexibility in clinical placements. Thus it would make sense that placements would be predominantly restricted to the local area. In line with this, respondents were not asked if the aged care clinical placement location selection was primarily a student or university choice. Regional universities tended to send their students further afield than those universities located in cities, possibly due to availability of appropriate services in larger populated areas.

4.3 Placements within health services

4.3.1 Availability of aged care clinical placements

Universities report very little difficulty in placing students for aged care clinical placement. The majority of respondents were either “always” or “very often” able to facilitate this placement. Only two universities described difficulty in placing students. Thus, it would appear that in addition to the hospitals, the approximate 2,933 mainstream aged care services in Australia (AIHW, 2006) provide reasonable opportunities for student nurses to experience aged care.

4.3.2 Number of aged care clinical placements per semester

Little consensus was reported between respondents in terms of the number of students placed into aged care facilities at any one time in a given semester. Responses ranging from as few as two per facility in the case of one university to another that placed 150 students in an aged care facility per semester demonstrate this. The mode of eight placements per semester reflects the experiences of the authors in this regard.

Normally, placements occur on a collective basis involving between 6-10 students. In some cases, groups of up to 15 students undertake placement at each aged care facility at any one time. It is apparent from responses that some universities have forged strong links with quite large health services that provide aged care clinical placements located nearby. As a result, these universities are often able to place a considerable number of their students in the one health service per semester. This means that other universities may not have access to the same aged care clinical placement opportunities.

For some universities, the number of students placed varied depending on the year of study in which students were enrolled. More placements occurred in first year than in third year. It is not known why this is the case. It is possible that some universities

link aged care clinical placements as an opportunity for first-year students to acquire basic nursing skills without recognising the complex needs of older people. However, while there are mixed views on this in the literature, if students are adequately prepared and supported, this can be a positive experience. While basic nursing skills are developed, the student nurse is able to learn in a less stressful environment (Chen et al., 2002) and also have exposure to the complex care needs of older people (Hartley et al., 1995).

4.3.3 Inter-university competition for aged care clinical placements

Analysis of responses to the question in relation to the degree of inter-university competitiveness for aged care clinical placements has produced some interesting results. It appears that roughly half the respondents experience difficulty placing their students due to competition with other universities. This problem is more likely to be experienced in cities rather than in regional centres. It is not known whether those universities who experience inter-university competitiveness meet face-to-face to map out need and availability and then collaborate in the timing of student placements. This issue was not raised in any of the literature reviewed for the project but has the potential to maximize the usefulness of clinical experiences for students. Half the respondents do not report this problem and the great majority of students are placed successfully in aged care clinical placements.

It was also interesting to note that in addition to inter-university competition for aged care clinical placements, there were also times when intra-university competition occurred between different academic years of the same university.

4.3.4 Willingness of health services to provide aged care clinical placements

A common reason for health services being unwilling to provide aged care clinical placements was their commitment to providing placements to another university. This may be a reflection of the sound industry partnerships that some universities have with health services, perhaps to the detriment of student nurses from other universities.

Health services also report to respondents that students placed a burden on resources and the process is seen as too intrusive. This may represent cause for concern as it denotes a deliberate intra-professional downward-closure/exclusion response by health services to the very people they will be trying to recruit in the near future. Whilst the time consuming nature of student facilitation or preceptoring is recognised, it is also a necessity. Given the ever increasing numbers of older people in Australia and the increasing demand for nurses in this specialist field, it is important that health services view undergraduate nursing students as potential employees and provide positive and welcoming experiences for them. Fundamental to student learning are positive clinical experiences provided by supportive role models (Nay, 2004). An opportunity exists for universities to work more collaboratively with health services to support them in their endeavours to upskill staff and provide a meaningful learning environment for undergraduate nursing students. Perhaps the establishment of more

structured agreements with health services (i.e., teaching residential aged care facilities) may help address this issue.

4.4 Financial Issues

Financial costs associated with all aged care clinical placements for undergraduate nursing students is a complex and increasingly difficult issue for all universities throughout Australia. Health services are demanding higher payments than most universities are funded for by Federal Government.

Responses relating to costs for aged care clinical placements reflected these uncertainties. Approximately half the respondents were required to pay high costs for their aged care clinical placements. The majority of health services invoiced the university for secondment of the health service's own registered nursing staff. Costs of aged care clinical placements per semester were identified as being between \$2,600 and \$154,800. In most case, based on the authors' experiences, this may be a low estimate of the real costs for many of the larger universities. It should be pointed out that some universities chose to not answer the question in relation to costs of aged care clinical placements and therefore these results may not be as easily generalised.

4.5 Selection and experiences offered by health services

4.5.1 Processes used for selection of health services

Approximately two-thirds (60.6 percent) of respondents reported that they have in place specific criteria for selection of health services for the purpose of aged care clinical placements. This indicates that forward planning is occurring in an effort by universities to provide the most useful clinical experiences for students. In the remaining 40 percent of cases, no selection criteria are used. Perhaps these students may be receiving aged care clinical placements wherever universities can place them and they may not be achieving their stated learning objectives. If these experiences are not positive, it may deter students working in the age care sector once they have graduated (Chen et al., 2002).

One third of universities did not undertake site inspection of the health service prior to the student placement. If these sites are used regularly, then it is possible that the university staff are familiar with the experience that the students will encounter. However, it would make sense for regular site inspections to occur to ensure that the health service maintains its ability to achieve learning outcomes.

It would appear that the most common form of health service assessment was based upon whether or not the health service had received Government accreditation. Under the provisions of the *Aged Care Act 1997*, operators of aged care facilities are required to meet government established accreditation standards. While these standards ensure certain criteria for management practices, health and lifestyle of

residents and a safe physical environment (DoHA, 2006), they do not provide a valid criteria for selection as a suitable facility to receive students for the aged care clinical placement. Other means of assessment utilised by respondents included local knowledge or feedback from previously placed students as an indicator of the appropriateness of a health service. Thus, self-referral and canvassing for placements are important to the selection of venues for aged care clinical placement.

The general philosophy and attitude to learning by the health service was also noted to be important as selection criteria for one university, especially in relation to their commitment to the education and development of undergraduate nursing students.

While at least one university was in the process of developing a clinical audit tool for assessment purposes, the data support assertions by Nay (2004) that few universities use *formal* processes for assessing the suitability of venues for aged care clinical placements. Given the problems associated with providing a negative experience for the student nurses and the possible resulting lack of interest in a career in aged care, it is of concern that health services are not being assessed adequately.

4.5.2 Range of educational experiences offered by health services

Students were exposed to a broad range of educational opportunities while they were on aged care clinical placements, with dementia and palliative care featuring prominently. Dementia and many of the chronic diseases requiring palliative care are amongst the ten leading causes of disease burden in Australians aged 65 years and over (Mathers & Vos, 2000). Universities could do more to take advantage of this opportunity in relation to such an identified national health priority. Thus, aged care clinical placements offer the chance for students to develop competencies in caring for older people within this demographic.

It would appear that placement in a residential aged care facility has the potential to provide students with a much broader range of competencies relating to many diverse aspects of complex health breakdown. This suggests that, as recommended by DEST (2001), if students were to be given aged care specific learning, support and appropriate supervision, they could extend their learning to a deeper level than simply 'caring for old people', thereby better preparing them for providing sensitive care. This supports the need for aged care nursing specific subjects to be offered at university prior to an aged care clinical placement (Mezey et al., 1997). Unless this is done, the innovative and challenging aspects of aged care will not be appreciated by the students and thus limit the value seen of nursing older people.

4.6 Academic support and skill level

4.6.1 Arrangements for preparing clinical staff to support students

Three quarters of respondents reported that arrangements were in place for preparing staff to support students in relation to aged care theory and practice while the students

were on placement. The methods most commonly used were workshop or orientation sessions. These sessions usually included facilitating both staff and undergraduate nursing students undertaking aged care clinical placement. A number of universities stated that briefing sessions, formal training sessions or lectures were held to prepare health service staff for supervision of students while on placement. It is possible that these sessions would also serve the same purpose as the more commonly stated response of 'orientation session'. In a number of cases, orientation is followed up with ongoing university support to the clinical educators. No information was provided concerning the content, duration or format of these sessions so it is not possible to identify what information was being provided or if it was adequate.

In a relatively small number of cases, respondents believed that no training was necessary as university staff were already adequately trained for the supervision of students while they are on placement. This may be due to the fact that universities have been placing their students in health services for a long time and are familiar with course content, student needs and expectations and do not need training. Chilvers and Jones (1997) identified the need for universities to collaborate more closely with staff in residential aged care facilities for the enhancement of the learning environment.

4.6.2 Skill mix of staff and arrangement of supervision of students

Support and supervision of students during aged care clinical placements was commonly provided by a Registered Nurse from the health service or a Clinical Facilitator employed by the university. However, over 20 percent used enrolled nurses or an assistant in nursing. Perhaps this reflects the shortage of suitably qualified people to supervise aged care clinical placements and perpetuates the idea that low levels of skill are required for nursing older people (Wade, 1999). A number of respondents used the terms 'academic staff', suggesting universities play a significant supervisory role in a number of ways.

The most common form of supervision of students while they are on aged care clinical placement is by way of 'clinical education' staff. These are such positions as 'Clinical Coordinator', 'Clinical Facilitator' and the like. They have been described as 'clinical education' staff as the people occupying the positions tended to have a combination of clinical and academic expertise.

In addition, supervisory responsibilities were carried out by 'mentors', 'RN buddies' or registered nurses employed by the health service.

4.6.3 Skills and preparation required for clinical educators

Only half the clinical educators reportedly have appropriate tertiary qualifications and aged care nursing experience. A number of universities are forced to use clinical educators who either have experience in aged care but no tertiary qualifications or tertiary qualifications and only general nursing experience. While several respondents admit that the ideal would be for educators to have both experience and qualifications,

this was not easily achieved. This supports Nay's (2002) assertion of a shortage in suitably qualified aged care nursing specialists.

Thus it would appear that there is a need for aged care to take a more prominent place in the education of nurses to ensure that a pool of adequately trained educators is available in the future.

4.7 The student experience

4.7.1 Study stages in which students undertake aged care clinical placements

Students predominantly undertake clinical placement in more than one year, primarily in the first and third years of study. On the one hand this result is heartening in that third year students are being offered the opportunity to immerse themselves in the role of the registered nurse as it relates to aged care. Conversely, care must be taken by universities that the focus of first year students is not solely on acquiring basic nursing skills. They must be given the opportunity to appreciate the speciality of aged care nursing.

On a positive note, there is evidence from the universities of a reduced number of third year students per health service to ensure that students at that level of academic attainment are given a more intensive clinical experience while on this aged care clinical placement.

4.7.2 Tailoring of clinical opportunities to educational level

The majority of responses indicated that universities made attempts to match clinical opportunities to the educational level of students. This generally involved evaluating student competency and ensuring the placements were appropriate.

4.7.3 Student preparation

In all cases, respondents believed that students received adequate preparation before they undertook an aged care clinical placement. The common belief was that the theory and practical aspects of the undergraduate nursing curriculum adequately prepared their students for aged care clinical placement.

It is not known the extent of this preparation, however one university reported the completion of a unit on ageing. It would appear that aged care curricula may not be a high priority of most universities, with their responses indicating that perhaps aged care nursing is integrated in a more generic nursing approach. If this is the case, then students are most probably not appreciating the specialised skills required in aged care (Mezey et al., 1997).

It is of concern that while universities have said that students must attend preparatory classes and be exposed to adequate preparation, it is not known if high-level knowledge and skills are being taught by aged care nursing specialists who can place emphasis on the specific needs of older people (Nay, 2004).

4.8 *Other Issues*

The final question in the questionnaire gave respondents 'free reign' to make any comments about the study that they felt were relevant. A considerable number of comments revolved around the perceived lack of popularity of aged care clinical placements among students. There are problems with the health services in providing support and there is a view of students as being a burden or threat. Additionally, some health services do not have the skill level to support student nurses and sometimes students can be exploited. It would appear that there is a need for aged care nursing to be actively promoted by universities to not only raise the profile of the discipline but also to encourage students towards aged care nursing as a viable and professionally-rewarding career option.

5 LIMITATIONS

There were a number of limitations to the study that may affect the conclusions that were drawn or the way data has been interpreted.

The analysis was necessarily limited to thirty-two respondents, which was 97 percent of the total population of those eligible to participate in the study. The small sample size placed limitations on the types of data analysis that could be usefully performed.

The methodology was designed to elicit information from either the head of school or a person nominated by them by way of a telephone interview with the project officer. In practice, however, in the majority of cases, the questionnaire was completed by a person nominated by the head of school rather than the actual head of school. Further, the self-report nature of the survey means that the findings are accurate to the extent that respondents were able to adequately describe issues surrounding aged care placements at their university. Future studies should access feedback from the person who co-ordinates clinical placement program so that the most recent information is obtained.

Furthermore, due to time and workload constraints, the respondent usually stated a preference to complete the questionnaire in their own time rather than submit to a (potentially lengthy) telephone interview. This may have reduced the richness of detail that would have been gained on some questions had interviews taken place. This limitation was, however, made less problematic by the process of making follow-up phone calls to respondents if clarification of comments made on the questionnaire were required.

In keeping with USQ ethical guidelines, completion of all (or part) of the questionnaire was optional. Consequently, a number of questions that may have been deemed to be sensitive or 'commercial in confidence' were not answered. This was particularly in the case of questions relating to the cost of placements. The limited number of responses in relation to the cost of placements meant that this information was not particularly useful for further analyses or for generalisability.

It became apparent from the survey that universities have a variety of titles and arrangements for staff that supervise the undergraduate nursing students while on aged care clinical placements. A clearer definition in the survey form would have helped to minimise confusion on the part of respondents enabling more uniform responses.

Lastly, there appeared to be some confusion in relation to the number of placements made by universities. Respondents were uncertain as to whether the question related to the number of placements made on a university-wide or a per-facility basis. In most cases, the Project Officer was able to contact the respondent to clarify their response. However, this was not always possible. The difficulties experienced highlight the need for careful phrasing of questions to ensure that misunderstandings do not occur in future, follow-up, studies. It must be stated, though, that this represented a minor part of the overall survey and we are confident that the majority of data provided from the survey is reliable and valid for the Australian context.

6 CONCLUSIONS AND RECOMMENDATIONS

This document reported on research commissioned to explore the current availability and usage of aged care clinical placements for Australian undergraduate nursing students. Every Faculty, Department or School of Nursing in Australia was approached and the staff who arranged the placements participated in the research. Literature in this field was reviewed showing a paucity in research into clinical placements in aged care. There are 2933 residential aged care facilities in Australia potentially offering placements for nursing students (AIHW 2006). In addition, there are opportunities for aged care clinical placements providing access to patients over 65 years of age in the tertiary care system. While universities were able to place students, there were difficulties experienced for some in gaining places. Reasons for this included that universities operate on the same annual schedule, meaning they were competing for places at the same times of the year. There was also intra-university competition with finding places for first-year students competing with placing third-year students.

Health services were used in the first year primarily to teach students in basic nursing skills whilst third-year students were placed to gain clinical practice experience in aged care or mental health. The universities reported some reluctance on the part of aged care providers to take students due to the demands on their own staff and taking students was viewed as an additional burden.

Most universities used health services closest to them which is no doubt due to the logistic, time or other challenges of access to health services remote to their particular location.

6.1 Recommendations

- Aged care clinical placements need to be spread more evenly across health services and universities need to expand their definition to include other sites that offer aged care specific services.
- There needs to be a commitment to underwrite the financial costs for student travel and accommodation so as to be able to access rural and remote health services. This may also help to ease skill shortages in more rural areas.
- Universities need to have better internal co-ordination of aged care clinical placements in order to eliminate conflict between first and third year placements.
- A more coordinated approach to placements should be negotiated between competing universities to ensure all students have equal access to an aged care placement.
- The development of more formal agreements between universities and health services should be able to ease the pressure on competing universities.
- The financial aspects of aged care clinical placements should be standardised in order to make this an attractive placement for the universities.
- There is a need for the development of a clinical audit tool to be used across universities to assess health service suitability for an aged care clinical

placement. This will ensure that students will undergo similar standards of aged care clinical experience.

- More support is needed so that health services are better able to support their staff in taking on students for aged care clinical placement.
- Incentives should be offered to specialist aged care trained nurses to participate in further training to enable them to be good educators either in academia or in the workplace.
- There is a need for more emphasis on university staff to have aged care qualifications and relevant experience.
- University curricula should include specific aged care content to better prepare students in the complexity of caring for older people. This educational content should be consistent across all universities.
- Supervision of students on aged care clinical placements should be provided by suitably qualified educators.
- Supervisors of students on aged care clinical placements should ensure that the focus does not remain just on acquiring basic nursing skills, but should also focus on acquiring aged care specific skills.
- There needs to be more promotion of aged care nursing as an appropriate career choice.

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8 APPENDICES

8.1 Questionnaire – Appendix A.

Stocktake of existing aged care clinical placements for undergraduate nursing students in Australia

Survey Form

Thank you for taking the time to complete this questionnaire. We appreciate your commitment to improving conditions for undergraduate nursing students' clinical experience in Australia. The questionnaire should take no longer than 45 minutes to complete. Please be aware that all information you supply will be kept confidential and that you may withdraw from the study at any time.

1. How do you define aged care clinical placements within your undergraduate nursing course?

2. Please identify which of the following health services you use to provide aged care clinical placements (please tick all that apply)

- | | | |
|----|--|--------------------------|
| a) | Public residential aged care facilities | <input type="checkbox"/> |
| b) | Private residential aged care facilities | <input type="checkbox"/> |
| c) | Rehabilitation units in acute hospitals | <input type="checkbox"/> |
| d) | Private home nursing services | <input type="checkbox"/> |
| e) | Community nursing agencies | <input type="checkbox"/> |
| f) | Acute medical unit in a hospital | <input type="checkbox"/> |
| g) | Acute surgical unit in a hospital | <input type="checkbox"/> |
| h) | Mental health facilities | <input type="checkbox"/> |
| i) | Other (please specify) _____ | <input type="checkbox"/> |

3. Where are these services located? (please tick all that apply)
- a) In your local health service district
 - b) In your local town
 - c) In the nearest city
 - d) Throughout the State
 - e) Interstate
4. Are you able to place all your students for aged care clinical placements?
- a) Always
 - b) Very often
 - c) Sometimes
 - d) Rarely
 - e) Never
5. How many student placements are normally provided by each aged care clinical placement in any semester for your students?
Please specify _____
6. Are there times when you are unable to place your students in aged care clinical placements due to a clash with another University?
- a) Yes
 - b) No
7. Do health services ever refuse to accept your students for clinical placements?
- a) Yes
 - b) No

8. If **yes**, what reasons are normally given for such refusals?

9. Do you normally have to pay costs for aged care clinical placements?

a) Yes

b) No

10. If **yes**, in what way do health services charge these costs to the School?
(please tick all that apply)

a) Pro-rata basis

b) Hourly rate

c) Invoice university for secondment of staff from the facility

d) Pre-arranged financial agreement

e) Other (please specify) _____

11. What is the total cost of aged care clinical placements in any given semester?

\$ _____

12. Do you have selection processes that your university uses in choosing health services to provide aged care clinical placements to your students?

a) Yes

b) No

13. If **yes**, please describe these selection processes?

14. Please identify which educational activities and experiences are offered by those health services (please tick all that apply).

- a) Community care
- b) Palliative care
- c) Wound management
- d) Infection control
- e) Quality management
- f) Dementia care
- g) Other (please specify) _____

15. Do you have arrangements for preparing staff to support students with respect to aged care theory and practice during their aged care clinical placements?

- a) Yes
- b) No

16. If **yes**, please describe these arrangements.

17. Please identify the skill mix of staff involved in supporting and supervising students during aged care clinical placements from the list below (tick all that apply):

- a) Clinical facilitator employed by the university
- b) Preceptor employed by the university
- c) Registered nurse employed by the aged care facility
- d) Enrolled nurse employed by the aged care facility
- e) Assistant in nursing employed by the facility
- f) Other (please specify) _____

18. Do you have arrangements in place for supervision of students undertaking aged care clinical placements?

- a) Yes
- b) No

19. If **yes**, please describe these arrangements.

20. What skills and preparation are required for facilitators?

- a) Tertiary qualifications with experience in aged care
- b) Experience in aged care with no tertiary qualifications
- c) Tertiary qualifications but only general nursing experience
- d) Minimum 2 years experience as a registered nurse
- e) Other (please specify) _____

21. In which year of their education do students undertake their aged care clinical placements?

a) Year 1

b) Year 2

c) Year 3

d) In more than year

e) Other (please specify) _____

22. Are clinical opportunities tailored to meet the educational level of students?

a) Yes

b) No

23. If **yes**, please explain how they are tailored to meet their educational level.

24. Do students receive preparation before they undertake their aged care clinical placements?

a) Yes

b) No

25. If **yes**, what preparation do students receive?

8.2 Covering letter – Appendix B.



CENTRE FOR RURAL AND REMOTE AREA HEALTH (CRRAH)

A Joint Research Centre of the University of Southern Queensland
and The University of Queensland



West Street
Toowoomba Q 4350
Phone: (07) 4631 5444
Fax: (07) 4631 5452
Email: crrah@usq.edu.au USQ
CRICOS NO 00244B

Wednesday, March 1, 2006

Recipient

Dear Recipient

Invitation to participate in a study to produce a stock-take of existing aged care clinical placements for undergraduate nursing students in Australia

As an important provider of undergraduate nursing education programs in Australia, we wish to invite you to participate in a study, funded by the Australian Government Department of Health and Ageing, to identify the number of clinical placements available for undergraduate nursing students in Australia and New Zealand. The research team consists of Dr Christine Neville, Associate Professor Trudy Yuginovich, Associate Professor Jeffrey Soar and Dr. Tony Fallon who are all experienced researchers of the Centre for Rural and Remote Area Health at the University of Southern Queensland.

The principal aim of the research is to identify the opportunities that exist for undergraduate students to gain clinical experience in aged care facilities throughout Australia. Specifically, the study is concerned with the adoption of an appropriate aged care curriculum in nursing programs to more adequately prepare undergraduate nursing students for work in the aged care sector.

The study has 2 stages;

1. In the first stage we ask that you (**or a person nominated by you**) complete the accompanying questionnaire and return it to us in the stamped, addressed envelope (completion of the questionnaire will take approximately 45 minutes).
2. If necessary, the second stage of the process will involve a telephone interview to clarify any responses you made on the questionnaire and

to ensure all relevant information has been provided (the telephone call should also take no longer than 45 minutes).

You can be assured that the confidentiality of all your responses is guaranteed. You will not be asked to provide your name on the questionnaire and those participants interviewed will not have their name or the community in which they are employed attached to any of the results.

To further ensure your confidentiality, consent forms and plain language statements requesting a copy of the results should be returned to the researcher in the separate envelope from the questionnaire which has been provided for this purpose. These will be kept locked in a safe place by the researcher according to the NHMRC guidelines. You are under no obligation to participate in this study, however your support of the research will be greatly appreciated.

PLEASE NOTE THAT SHOULD YOU CHOOSE TO BE INVOLVED YOU WILL BE FREE TO WITHDRAW FROM THE STUDY AT ANY TIME DURING THE RESEARCH PROCESS. IN SUCH CASE, ANY INFORMATION COLLECTED FROM YOU WILL NOT BE INCLUDED IN THE ANALYSIS.

If you have any concerns regarding the conduct or implementation of the project, please contact the following:

The Secretary,
Human Research Ethics Committee,
University of Southern Queensland,
West Street, Toowoomba, Qld 4350

Alternatively, please telephone (07)4631 2956.

**David Grasby
Project Manager
Aged Care Clinical Placements Project
Centre for Rural and Remote Area Health
University of Southern Queensland
email: grasby@usq.edu.au**

8.3 Informed Consent Form – Appendix C.

CONSENT FORM

By signing this consent form I am indicating that:

1. I have read the information sheet provided and understand the purpose of the study outlined and I am voluntarily agreeing to participate in the study.
2. I understand that the questionnaire responses are anonymous and contain no identifying information about myself or my employers.
3. I understand that this consent form and my request for a plain English copy of the results will be kept locked in a safe place accessible only the principal researcher according to the NHMRC guidelines.

Signature **Date**

.....

Name (Please Print)

.....

Thank you very much for your interest and support of this study.

8.4 Request for a copy of the Report Findings – Appendix D.

REQUEST FOR PLAIN ENGLISH LANGUAGE COPY OF THE RESEARCH FINDINGS

Please indicate below if you wish to receive a copy of the findings of the study once it is completed. It is anticipated that the findings will be completed by April 2006.

Name:

Address:

.....

..... **Post Code:**

Email address: