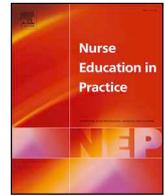




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Piloting a practice model in a Norwegian nursing home- A student-managed ward: A way to empower students for the nursing role

Heidi Snoen Glomsås^{a,*}, Tonje Sørnum Tranum^b, Anne-Kari Johannessen^{a,c}^a Department of Nursing and Health Promotion, OsloMet – Oslo Metropolitan University, Norway^b Ullensaker Municipality, Norway^c Health Services Research Unit, Akershus University Hospital, Lørenskog, Norway

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ABSTRACT

This paper focuses on the experiences of nursing students on a student-managed ward, the purpose of which was to empower students for the nursing role. Five nursing students operated and managed a nursing home ward for eight weeks during their final year of nursing education. The students claimed that a group of five students was beneficial. However, a group of five was too large for one nurse to follow up. The students reported that they needed visible supervisors in order to develop professional nursing skills, both in terms of knowledge and practical implementation. The students argued that they became more independent through this form of organisation, since the supervisor was not constantly watching everything they did. The students felt more responsible for the daily running and follow-up of the patients because they were in charge. Peer-assistant learning was highly recommended in relation to self-esteem, and improved results and skills in the students' practice. Collaboration with some of the assistant nurses was challenging. The results indicate that this kind of clinical training can contribute to more empowerment and better preparation for the nursing role than the traditional way.

1. Introduction and background

As in the rest of the Western world, a priority focus for the Norwegian educational system is to educate nurses to provide high-quality healthcare services in accordance with society's needs and requirements (Kunnskapsdepartementet, 2008; Nursing and Midwifery Council, 2015; Svensk sjuksköterskeförening, 2017). The Norwegian government proposal points out three main areas as important in the municipal healthcare service: Increased competence, improved management, and team organisation (Helse-og omsorgsdepartementet, 2015). This is consistent with the curriculum for students in the final year of the Norwegian bachelor degree in nursing (Kunnskapsdepartementet, 2008).

The clinical workplace can play a vital role as a learning arena in which students develop nursing skills during their transition into the profession (Helleström-Hyson et al., 2011; Smedley and Morey, 2009). The role transition from student to nurse can be both challenging and exciting (Doody et al., 2012). Graduate nurses entering the workforce find that they have neither the practical expertise nor the confidence to face a clinical environment characterised by escalating levels of patients, and the workload that this implies (Duchscher, 2008, 2009).

A multitude of studies deal with conditions that nursing students report as important to achieve solid skills and competence during clinical practice (Husebø et al., 2018). According to Günay & Kılınc the quality of clinical training is closely related to the quality of the clinical learning environment (Günay and Kılınc, 2018). To feel welcomed, constructive attitudes among the staff, and student expectations of receiving good supervision are identified as important to achieve good learning and quality of the clinical training (Cooper et al., 2015). Another study argues that a permissive atmosphere and visible supervisors are crucial if learning is to be maximised, whereas negative experiences were related to feelings of abandonment and powerlessness if supervisors were invisible and the atmosphere was non-permissive (Jonsén et al., 2013). When supervised on the student-managed wards, students experienced assuming responsibility and finding their professional role, while traditional supervision led to the feeling of being an onlooker and having difficulties assuming responsibility (Helleström-Hyson et al., 2011). According to Norwegian studies, students that were placed in a management position on the ward experienced that this kind of organisation provided good professional training and helped them to become more independent in their nursing practice (Blekken et al., 2013; Strand and Nondal, 2012).

* Corresponding author. Department of Nursing and Health Promotion, OsloMet – Oslo Metropolitan University, Kunnskapsveien 55, 2006, Kjeller, Norway.
E-mail address: hglomsas@oslomet.no (H.S. Glomsås).

Within higher education, there are currently a number of schemes where students are used as resource persons to strengthen the quality of education. Internationally, support schemes are often referred to as Peer Assisted Learning (PAL) (Keenan, 2014). In this study, PAL is understood as students working together to support each other and share responsibility for the best possible learning through collaboration and discussion. A PAL study in a student-run clinic concluded that this method of organisation improved the clinical knowledge and skills of the study group (Seifert et al., 2016). This is in line with the study by Cary et al., which emphasises the importance of discussion with fellow students for learning outcomes, and that PAL can encourage students to become engaged in their own learning experience in clinical practice, and enhance collaborative support within the learning environment (Carey et al., 2018). Hammond et al. found that PAL provides students with an opportunity to discuss and work on topics from the curriculum in an environment that is perceived as non-threatening (Hammond et al., 2010).

To our knowledge, there are limited studies on how organising clinical practice for students in nursing homes influences their professional development. The aim of this study was to explore nursing students' expectations for the clinical practice in a student-managed ward prior to start-up, and their experiences of the clinical practice after completion. We focused especially on conditions that empowered them for the nursing role. The findings can affect how the university and the field of practice set up the clinical training programme.

In the study, we apply the term 'organisation' and 'model' interchangeably when we refer to the student-managed ward.

Theory about empowerment can provide a useful perspective to understand how the organisation of practice influences the students' learning. The findings are discussed in the light of Kanter's and Spreitzer's theories about empowerment (Fox, 1998; Kanter, 1993; Mishra and Spreitzer, 1998; Spreitzer, 1995a). Structural empowerment involves role ambiguity, access to information, access to resources, socio-political support and organisational culture. Psychological empowerment focuses on the individual and on how she/he experiences conditions in the workplace. Psychological empowerment is explained as intrinsic motivation manifested in four cognitive areas reflecting an individual's orientation to his or her work role: meaning, competence, self-determination and impact. The two dimensions influence each other both structurally and psychologically (Bradbury-Jones et al., 2010; Fox, 1998; Kanter, 1993; Laschinger et al., 2001; Spreitzer, 1995b; Spreitzer and Mishra, 1997).

2. Method

The study has a descriptive design with a qualitative approach. A qualitative approach is appropriate when the aim is to explore experiences (Polit and Beck, 2017).

2.1. The nursing home ward: an arena for clinical training

The study was carried out in a Norwegian nursing home ward during autumn 2015. Nine patients lived on the ward. All of them suffered from chronic and multiple diseases. The regular staff consisted of one nurse and two assistant nurses. A total of five students and one assistant nurse were present on the daytime shift from Monday to Thursday. Two nurses shared the supervisor role. They were generally present or could be called on. In Norway, traditionally one student follows one registered nurse most of the time during clinical practice. According to the model described in this paper, the students were in charge of the ward for a period of eight weeks. During this period, they each spent one week as ward manager.

2.2. Recruitment, material and data collection

An invitation was sent to the municipality to participate in this pilot project, and one nursing home ward responded positively. Prior to practice and before the students had signalled the nursing home in which they preferred to conduct their practice, the university sent an email to all final year students informing them that this particular nursing home ward was student-managed. In addition, they were informed that those who were placed here would receive information about this study and asked whether they would participate. Everyone who was offered this practice wanted to participate in the study. The sample consisted of five final-year nursing students, four women and one man. Their age varied from 22 to 39 years. All the students were unfamiliar with the student-managed ward model.

The qualitative data are drawn from two group interviews, one before and one after the students' clinical practice and conducted at the nursing home, but outside the ward. Group interviews are well suited since the purpose is to learn about the experiences, attitudes and viewpoints in an environment where people interact (Malterud, 2017). The interviews were open-ended, semi-structured and based on a thematic interview guide. We followed Kvale and Brinkmann's principles. This meant that we were attentive to the informants' stories and sensitive to surprises or changes during the interviews that might challenge our preconceptions. The interviews were both on average 45 min in duration and digitally recorded. The first author transcribed the interviews verbatim.

In the group interview prior to practice, the students were asked about conditions they considered as important in order to empower them for practice, and what they assessed as necessary to become better prepared for the nursing role. The sub-questions focused on expectations about management, documentation and teamwork. The second group interview dealt with how they experienced this practice organisation as preparing them for the nursing role and whether they felt empowered. The sub-questions focused on whether they experienced the information and supervision as sufficient or insufficient, and whether they experienced increased competence as well as improved team and management skills.

2.3. Data analyses

The interviews constitute our material and were analysed using the Ricoeur-inspired phenomenological hermeneutical interpretation method by Lindseth and Norberg (2004). This analysing method was chosen since it is designed to disclose the meaning of lived experience in narrative interviews (Lindseth and Norberg, 2004). In a phenomenological hermeneutic approach such as this, we made use of both descriptions and interpretations of the nursing students' expectations and experiences of clinical learning in a student-managed ward. We looked for factors described in structural and psychological empowerment theory that the informants linked to mastering of new skills and hence, made them more empowered and more ready to enter the nursing role after completing their practice.

The text was analysed in several steps, alternating among the various steps throughout the analysis process. The first step involved reading all the material several times to obtain an overall impression and identify preliminary themes. The naive understanding of the text was formulated from an initial reading. In the second step, the whole text was read again and divided into meaning units representing different aspects of the students' experiences. Similar condensed units were gathered and further condensed, then abstracted into subthemes that were further consolidated into main themes. The summarised main themes and subthemes were reflected on in relation to the research

Table 1
Example of structural analysis of one category.

Meaning unit	Condensation	Sub-theme	Main-theme
S1: Sometimes supervision and information was limited.	Limited information and supervision	Being left alone	Management ability
S4: In any case, I feel better prepared to enter working life.	Prepared to enter working life	Being more prepared for working life	
S1: We have managed the ward together as a team. There has been a lot of cooperation. At least I feel more independent now.	Team experience and independence	Being more independent and get team experience	
S5: I felt safe do delegate to other students.	Secure when leading fellow students	Being more secure as a leader	

question and the context of the study. Finally, the text was re-read in its entirety, and the naïve understanding and the themes were again reflected upon. (See Table 1)

2.4. Ethics

Written informed consent was obtained from the participants before data collection. Participants were informed that their identities and the collected data would be treated confidentially, and that they had the opportunity to withdraw from the study at any time.

They also had the opportunity to undertake their practice in another nursing home. The study followed the Declaration of Helsinki on ethical principles for medical research involving human subjects. The Regional Committee for Medical and Health Research Ethics concluded that the study was not regulated by the Health Research Act. The study was approved by the Norwegian Social Science Data Services (NSD-2015/44829).

3. Results

3.1. Visible supervisors and volume of students

The students claimed that supervision and visible supervisors were essential for developing good nursing skills. Prior to the practice placement, the students had high expectations with regard have a supervisor present who was positive and genuinely interested in supervising and challenging them about the quality of their performance. After the practice placement, the students were largely satisfied with the supervision given, but wished the supervisors had been more present. Necessary corrections were valued, because they assessed this as vital for their empowerment and ability to develop their role as nurses. Some initiatives taken by the students and not monitored by the supervisor made them feel uncertain. On the other hand, they thought this forced them to be more independent.

One student said:

The nursing supervisor was gone half the day for the most part. It became difficult to get any guidance. In terms of medication, sometimes I did everything myself, without being monitored. I think that was a bit uncomfortable.

Several of the students stated that supervisors' varying degree of involvement affected their opportunities to achieve the learning outcomes of the curriculum, since the feedback was sporadic and irregular. One supervisor was active and often initiated reflection about professional questions and feedback, while the other always expected the students to initiate interaction with the supervisor. According to the students, less time was spent on nursing topics such as management, documentation and supervision than on practical daily tasks such as ordering food and laundry cabinets.

One student said:

I would have liked more focus on the role of nursing and learning outcomes, such as documentation.

Prior to the practice placement, the students meant that five

students was a good number in their clinical practice group. After completing the practice, the students still found this number suitable. However, they commented that five was too many for one nurse to follow up and guide. Some of the students commented that the supervisor mainly focused on the student conducting the management week, while the others seemed to be left on their own. In some situations, this resulted in insecurity and powerlessness, partly because they did not receive feedback on whether the assessments they made were correct or incorrect. Several students reported that they received less practical training on procedures than they would have liked because of the number of students on the ward.

3.2. Teamwork and learning environment

The students knew each other from previous workgroup collaboration at university prior to their practice placement. This sense of familiarity with each other made it easier to work as a team in practice, and provided a less stressful atmosphere when they started practice. They thought that a student-managed ward contributed towards good collaboration and teamwork and that they had a constructive learning environment. All students expressed that their clinical training led to greater fulfilment of the learning outcomes in the curriculum, compared to a traditional organisation of nursing practice. They perceived support from fellow students as important for developing their skills and knowledge. Discussion and guidance from fellow students contributed to greater confidence in the nursing role. The students found it easy to delegate tasks among themselves and they described mutual feedback as supportive and encouraging.

One student said:

The student team have worked very well. We have worked closely and supported each other. We have used each other as supervisors in relation to procedures and so forth.

Before commencement of practice, the students expected that they would be welcomed, and that the supervisors and assistant nurses would make an effort to provide them with a good learning environment. During the second interview, the students referred to the varying attitudes of the supervisors. According to the students, one of the supervisors was well acquainted with the curriculum and she actively challenged them on a professional level. The other supervisor took less initiative to guide the students and she was often absent. Collaboration on daily practical tasks with some of the assistant nurses were described as somewhat unpleasant. For instance, the student experienced criticism in connection with arranging meals and tidying up.

3.3. Competence in management

Prior to the practice placement, all students stated that they had high expectations for becoming managers of the ward for an entire week. At the same time, they found this task daunting. After completing their practice, all students claimed to be more confident, independent and felt more responsible for the daily operations and follow-up of the patients because they were in charge.

One student pointed out:

I felt more independent because there wasn't a nurse always standing behind me and watching everything I did. We had to make decisions ourselves.

All the students concluded that this practice helped make the management part of nursing easier to comprehend and master. The experience of success in management and being able to maintain an overview of all aspects in the ward was pointed out as especially important in the training to become a nurse and the feeling of empowerment. All the students described the management week as educational and a boost to their self-esteem. They felt more confident when they had completed the management week.

The students described challenging situations related to some of the assistant nurses. They found it difficult, as ward managers, to delegate tasks to the assistant nurses because some of them demonstrated an attitude that clearly showed they disliked getting assignments from the students. They argued that the support and guidance from the supervisors and the teacher from the school of nursing were important in enabling them to deal with the challenge. The students felt that this experience probably strengthened their ability to face adversity in a future workplace.

One student said:

It seems when delegations came from students it was not okay. They did not want us to have authority over them. It was unpleasant to get comments from the assistant nurse, but handling the conflict was also educational.

4. Discussion

The results indicate that this kind of clinical training was important for achieving good learning outcomes and for preparation for the nursing role. There was a discrepancy between expectations and experiences in relation to the visibility, interest and feedback from the supervisors. In addition, the students were surprised at how the assistant nurses responded regarding collaboration. All the students worked well together and described their mutual feedback as supportive and encouraging. PAL was experienced as important because it gave the students a sense of security and the opportunity for supportive discussions with fellow students at the same educational level. Students experienced the management week as highly educational. Below, we discuss the impact of these findings and the strengths and limitations of the study design.

4.1. Supervision and empowerment

Although the students were in the last year of their education and probably had a high degree of insight into their own competence, they still needed feedback as to whether their actions and assessments harmonised with the level of quality expected. Inadequate guidance and supervision may result in poor performance of nursing and in poorer standard of practice without the students being aware of it. Supervision is vital to ensure the quality of placement learning for students (Jokelainen et al., 2011). According to Skaalvik et al. professional dialogue between students and their supervisors is an important factor for their learning (Skaalvik et al., 2012).

Our study demonstrates a discrepancy between expectations and experiences related to presence and supervision from the supervisors. If expectations and experiences do not harmonise, it is understandable that the students easily feel insecure and less able to cope. Bradbury-Jones et al. found that the presence of a mentor underpinning empowering experiences had positive effects on students' ability to cope in nursing, while the mentor's absence had disempowering effects (Bradbury-Jones et al., 2007).

The results indicate that a group of five students was too much for one nurse to supervise at the same time. A mismatch between the

number of students needing clinical supervision and available supervisors can affect the quality and experience of student practice (Barnett et al., 2011). Support from fellow students can compensate for some of the absence of the supervisors, but not all (Carey et al., 2018). Husebø et al. argue that PAL requires close monitoring of students' actions and learning progression to be able to meet their learning needs (Husebø et al., 2018).

Spreitzer and Kanter emphasize that access to information, as well as conscientious and caring supervisors, results in professional growth, greater ability to reflect on the nursing role and more skilled and secure professionals (Faulkner and Laschinger, 2008; Kanter, 1993; Spreitzer, 1995b; Stam et al., 2013). As our study demonstrates, not only does the supervisor play a pivotal role, but also the way in which the training is structured can make a difference.

4.2. Teamwork and learning environment

The students described several conditions promoting or hampering the learning environment. Bradbury-Jones et al. (2011) assert that team learning can be one way to empower nursing students, making them more perceptive learners and more likely to wish to contribute in practice. The students in this study emphasised the importance of being part of a supportive educational environment and the opportunity to reflect on nursing issues. These findings are in line with several studies arguing that a permissive atmosphere and visible supervisors are essential for solid learning, development of good skills, knowledge and professional independence (Carlson and Idvall, 2014; Jonsén et al., 2013; Ranjbar, 2015; Strand and Nondal, 2012). Results indicate that clinical training organised as a student-managed ward contributed to good collaboration between the students, a positive learning environment and the opportunity to more broadly test the skills the students need as nurses. Lethbridge et al. argues that environmental structures have an impact on students' perceptions of empowerment (Lethbridge et al., 2011). This is consistent with Spreitzer and Kanter, who point out that feeling safe and having a supportive environment are essential for empowerment (Kanter, 1993; Spreitzer, 1995a; Spreitzer and Mishra, 1997). All students reported feeling comfortable when delegating tasks to fellow students, and found it encouraging to give and receive feedback from each other. It is likely that learning with regard to clinical procedures, is less challenging to perform together with fellow students because they are like-minded, compared to undertaking practical training together with professionals. Equal status and shared learning goals are important in PAL (Topping and Ehly, 2001). The fear of failure may lead to the students more easily becoming unfocused and less able to cope. Nevertheless, the level of performance anxiety is linked to several factors, not least the supervisors' attitude and the relationship between the student and the supervisor. Hammond et al. suggest that PAL is safer and less threatening to students when they discuss and reflect upon professional issues with students at the same level, rather than with the teacher (Hammond et al., 2010).

The students were surprised that the assistant nurses were resistant to collaborate with them. However, the negative response from some of the assistant nurses may stem from a feeling that they were being replaced because the students took over several of their daily tasks. It is also reasonable to assume that limited information and knowledge about the students' curriculum had a negative impact on the collaboration between students and assistant nurses. A review study shows that planning and preparation prior to the students' practice placement should include solid and reiterated information pertaining to the students' curriculum for all employees involved in the practice placement. Such a measure may lead to a sense of team empowerment (Husebø et al., 2018).

4.3. Management ability

This study indicates that clinical training organised as a student-

managed ward can provide independence and skills in relation to the assessment and performance of nursing. Therefore, this kind of practice can be an important initiative that helps fulfil the official Norwegian guidelines for nursing education, stating that the ability to act independently is a clear part of the nurses' expected competence (Kunnskapsdepartementet, 2008). The students pointed out that management of nursing activities became more natural within this practice organisation. Unlike traditional clinical training, the students had the responsibility for all daily activities on the ward. Hence, more responsibility is delegated to the students compared to traditional practice. Carey et al. (2018) point out that PAL can encourage the students to become more engaged in their own learning process and to take more responsibility.

Independence and a feeling of being empowered is important in the nursing role. The students reported that they assumed responsibility for the patients and had to make critical judgements. Students' descriptions of independent judgement and assuming responsibility are highlighted also in other research on student-managed wards (Helleström-Hyson et al., 2011; Hood et al., 2014). Our results indicate that performing a management role for a period of one week strengthened the students' self-esteem regarding future work tasks as nurses, compared to a traditional practice organisation. According to Bradbury-Jones et al., nursing students experienced both empowerment and disempowerment during clinical training, and this centred on three issues: learning in practice, team membership and empowerment. Continuity of clinical training, the presence of a mentor, and time underpinned empowering experiences whereas their absence had a disempowering effect (Bradbury-Jones et al., 2007). If students are given too much responsibility, they may experience the opposite of empowerment. Responsibility can be too great, thus inhibiting learning rather than promoting it, as also shown in the study by Strand and Nondal (2012). Our findings show that the students sometimes felt that they were too often left alone, in particular when distributing medicines to patients, and hence the heavy burden of responsibility could lead to disempowerment.

4.4. Methodological considerations

We have used group interviews to explore nursing students' expectations and experiences of clinical practice in a student-managed ward in a nursing home. We portray the versions provided by the students. An interview with the ward staff might have provided a broader picture of factors that could have improved the model. The first author conducted and transcribed all the interviews and performed the analysis in close collaboration with the other authors. All the authors have professional nursing backgrounds, and consequently expertise in the field. This made it easier for the authors to understand what took place on the ward.

The students knew each other quite well, having been in the same class for three years. They also knew the interviewer, who had been one of their lecturers during their degree course. This likely helped the student nurses to feel secure and confident, and it may have affected their responses, for example by making them more positive than they really were or encouraging them to make critical remarks without fear of it affecting their relationships and grades.

The first interview was before the students started their practice. The closing interview was after they had received feedback on practice and confirmation that they had passed. Their feedback on the project had therefore no influence on their grades. One might argue that a positive attitude towards the student-managed ward model generally existed among the teachers and the head nurse of the ward because the model was something new and likely considered to be more exciting compared to the traditional scheme. Hence there is a risk of a novelty effect or a kind of Hawthorne effect (Bowling, 2014).

The number of informants in qualitative research projects is not

sufficient to allow for generalised conclusions. However, they do ensure strength in relation to transferability, as they permit an in-depth insight into the phenomena examined in the study. This study was conducted in a small ward, and hence unable to accept more students to ensure sufficient learning situations. According to Mishler (1991) and Kvale and Brinkmann (2009), three to five informants are sufficient to achieve a high content validity. Since this is a small sample, the results will only give an indication of whether this model provides the students with the best possible prerequisites to meet the challenges they encounter as nurses. With five participants, it was possible to give sufficient time for each individual to share their expectations and experiences. The interviewer focused on moderating the group so that all participants were heard. The participants reflected openly about their experiences, confirming and reinforcing each other's views. They emphasised that they had given exhaustive answers and had nothing more to add. The credibility of the study says something about whether the study investigates what it is supposed to investigate (Kvale and Brinkmann, 2009). Credibility in qualitative research depends on consistency; a red thread that connects the topic of the study, theories, methods and data that lead to the knowledge (Malterud, 2017). We have endeavoured to follow these principles throughout this research project.

5. Conclusion and implications for practice

The results indicate that this practice model is suitable for the development of nursing skills, especially in relation to management, teamwork and administration. However, the study highlights different aspects that can challenge and complicate this development. The study points out that a good learning environment, a level of restriction on the number of students participating at the same time, and the possibility of receiving adequate supervision are important. The model seems to have considerable potential, but should be adjusted so that students have sufficient time for reflection and receive enough supervision. All groups involved in this type of nurse training must be adequately informed about the purpose of the model and their role. This organising of practice can help develop and strengthen the sense of being empowered in nursing. However, this study is limited, and further studies should therefore be carried out.

Author's contribution

Heidi Snoen Glomsås has had the primary responsibility for data collection, data analysis and writing of the manuscript. The co-authors, Tonje Sørnum Tranum and Anne-Kari Johannessen contributed to the data analysis and writing of the manuscript.

Conflicts of interest

The authors of the current study have no conflict of interest to declare.

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Ethical approval

Written informed consent was obtained from the participants before data collection. Participants were informed that their identities and the collected data would be kept confidential, and that participants had the opportunity to withdraw from the study at any time. The Regional Committee for Medical and Health Research Ethics concluded that the study was not regulated by the Health Research Act. The study was approved by the Norwegian Social Science Data Services (NSD-2015/44829).

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.nepr.2018.11.017>.

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