



## The student experience of a 'kidney CAMP' as a primary care clinical placement for undergraduate nursing students<sup>☆</sup>

Kolleen Miller-Rosser<sup>\*</sup>, June Colgrave, Lynette Stockhausen

Southern Cross University, Nursing Academic, Hogbin Drive, Coffs Harbour, NSW 2450, Australia



### ARTICLE INFO

#### Keywords:

Primary care  
Nursing students  
Clinical placement  
Student experiences  
Clinical education

### ABSTRACT

**Background:** Historically clinical placements have been within acute care settings. In a more contemporary society, the future focus of health care is primary care, with an emphasis in expanding primary care clinical placements, to meet the needs of increasing workforce requirements. An innovative collaborative educational model was designed to provide a high quality learning experience and to increase numbers of students experiencing a primary care clinical placement.

**Objective:** To explore student nurses' lived experiences within an innovative primary care setting.

**Methods:** A qualitative case study was undertaken to analyse nursing students' experiences at the Kidney Kids Camp primary care clinical placement.

**Findings:** Participants described how the primary care placement changed their view of nursing and the nurses' role. Five themes emerged from the research: developing knowing through children's eyes; entering the world of primary care; facing a journey of self-discovery; it's all in the way you communicate and; it makes you think differently about nursing.

**Discussion:** The experience of this primary care placement enabled nursing students to enter the world of children living with chronic illness. Immersing students into this unique environment enabled them to gain a greater insight into primary care through the eyes of the children.

**Conclusion:** Kidney Kids camp experiences presented nursing students with an enhanced appreciation of primary care nursing, working with children, and an understanding of the impact of chronic health illnesses, through the primary care lens.

## 1. Introduction

The future direction of health care is driving services from tertiary hospital based acute health care to primary care settings. The World Health Organisation [WHO] recommends education models move away from 'narrow specializations' to community based health professionals focusing on 'health and social needs' (WHO, 2016). With this change in the focus of health care internationally, there needs to be a corresponding change in skills, knowledge and attributes required by nurses. Creating opportunities for nursing students to experience primary care clinical education has been challenging due to the shortage of clinical placements (Health Workforce Australia (HWA), 2012). It is critical that universities become proactive in preparing future health professionals for the changing roles of health care, from a tertiary to primary care.

Creating a positive clinical education experience is vital, as this enhances student's learning, professional identity and develops career

pathways (Colgrave and Austin, 2016; McKenna et al., 2010; Stockhausen, 2005). To address this, Southern Cross University [SCU], NSW, Australia and Kidney Health Australia [KHA] developed a clinical education model where nursing students support children with chronic kidney health issues in a fun filled camp environment. Students are immersed within this environment as a primary care setting, enabling them to link theoretical knowledge with 'real life' experiences (Baglin and Rugg, 2010). This study was aimed to evaluate the students experience in a Kidney Kids camp [KKC] which caters for children with chronic kidney disease as a primary care placement.

## 2. Background

### 2.1. Clinical education

Clinical education is a vital part of student nurse education,

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

<sup>\*</sup> Corresponding author.

E-mail addresses: [kolleen.miller-rosser@scu.edu.au](mailto:kolleen.miller-rosser@scu.edu.au) (K. Miller-Rosser), [june.colgrave@scu.edu.au](mailto:june.colgrave@scu.edu.au) (J. Colgrave), [lynette.stockhausen@scu.edu.au](mailto:lynette.stockhausen@scu.edu.au) (L. Stockhausen).

enabling students to translate theory into practice. Traditionally, nursing education programs, in Australia, have prepared nurses to work in tertiary settings. However, with the shift in health care delivery now being redirected to primary care there is a need to prepare the nursing student to be able to adapt to these changes (Albutt et al., 2013; Bennett et al. (2013) recognised that the continuing focus on preparing nurses to work in, predominantly, tertiary settings, potentially provides limited exposure and preparation for students to work in primary care settings. This change in focus, requires universities to develop clinical education curricula to expand into primary care settings. However, the need to increase nursing enrolments to meet the future workforce demands and address the nursing shortage has resulted in increasing competition for limited clinical placements (McInnes et al., 2015). To address clinical placement shortfalls with mental health, an Australian university has introduced a very successful mental health recovery camp, which not only accesses new clinical placement but also enhanced student learning on mental health (Patterson et al., 2016; Perlman et al., 2018).

## 2.2. Need for primary care placements for nursing students

Primary care is defined as care provided to a group within the community by health care professionals working collaboratively to maximise an individual's ability to manage their health and well-being (WHO, 2008). WHO (2008) advocate for the importance of primary care and the need to move away from a treatment and cure focus, to a health promotion and illness prevention model. With this worldwide shift of moving care from hospitals to primary and sub-acute settings there is a need to prepare future registered nurses to develop an understanding of primary care nursing (Betony, 2012; Willis Commission, 2012). The WHO (2008) identified components for reforming health service delivery and recommend building stronger linkages between health and the social needs of communities who are living with chronic health conditions and disabilities outside of hospital care. It is therefore vital that nurses are educated and prepared for these professional roles.

Studies throughout the literature examine and support the enhanced roles of nursing students within primary care placements (Wojnar and Whelan, 2017). van Iersel et al. (2016) suggest clinical placements in various settings helps students prepare for their future profession. Albutt et al. (2013) acknowledged the value of primary care settings as clinical placements for nursing students. Additionally McInnes et al. (2015) promotes the exploration of students' perceptions relating to their experiences and learning opportunities in non-traditional settings. Using a proactive primary care clinical educational model, SCU and KHA have immersed nursing students in a camp setting. The program has embedded professional learning within the primary care setting to increase students understanding of the child as a patient, teamwork and primary care nursing. This experience was supported by theoretical content within the nursing curriculum and expanded clinical placements.

## 2.3. Kidney kids camp

KHA provides an annual five-day camp catering for around 140 children, and their siblings, living with kidney disease. The camp provides respite for families and a chance for 'children to be children'. KKC is a primary care clinical placement for second year nursing students at SCU who help care for the children in a 24/7 live-in environment. KHA acknowledged children with kidney disease face many physical, emotional and psychological challenges in dealing with their disease. KHA identified this area of need and developed KKC to enhance the lives of the children, their siblings and their families. SCU students provide the children's care requirements as a primary care clinical placement. Nursing students are exposed to new knowledge using applied methods, such as; communication; time management; being an effective team player; learning from reflection on real life patient experiences and;

understanding and managing clinical risk. In addition, the clinical placement develops students' areas of building leadership and teamwork skills. Students are required to be culturally sensitive and resilient within an open learning environment, and are supported within the KKC by the Kidney Kids team. The team consisted of "renal nurses" who are employed by the hospitals to which the children suffering from renal complaints are cared for across Australia and SCU academics (providing education and guidance). Betony (2012) highlights the importance of guidance to facilitate student learning. Through role modelling, SCU academics, guide students by role modelling and demonstrate effective communication skills with children, team members and fellow students. This is particularly useful when handling uncertainty and challenging situations within the camp environment. The Renal nurses provide the specialist care needs of the children and assist in the education of students. This is in the way of dialysis, medications and fluid management. KHA provide the organisational management of the day-to-day running of the camp.

Students are given a pre-placement information booklet, incorporating their relevant roles and responsibilities, and orientation to camp. Students meet the team members, receive medical and personal information regarding the children assigned to their care. KKC children require special attention, 24 h a day, shared between one to three students for duration of the camp. Academics support students through the identification of learning objectives for the individual needs of the child/children under their care, supporting development of clinical skills, facilitation of debriefing sessions and guiding reflective practice. Additionally, students are educated on kidney disease, the rigours of living with kidney disease, and the myriad of encompassing issues, such as dialysis, medication, the ever-looming possibility of the need for organ transplant and the additional stresses placed on the child, family and siblings.

KKC is an innovative expansion of the university's clinical education programme providing an educational opportunity for students to meet the needs of the community of children living with chronic illness, kidney disease. Adapting the clinical curricula to include the primary care clinical placement is viewed as a proactive approach. However, to be effective, student reactions and evaluations to the camp required investigation.

## 3. Research question

How do nursing students respond to KKC as a primary care clinical placement?

## 4. Method

A qualitative case study methodology was employed to evaluate student nurses experiences' at KKC. According to Yin (2009) case studies can be used to describe, explore or explain events or phenomena, with the case study being able to capture the 'why', the 'how' and the 'what' questions. The case study approach was used as it was the collective experiences of the participants being researched. In other words the KKC is the case and the participants are the group being studied. Conducted over 3 years the study used; interviews, focus group and open-ended questionnaires. Baxter and Jack (2008) recommends using a variety of data sources with a case study, ensuring the issue is not explored through one lens, but through a variety, which allows for the multi layers of the phenomenon to be revealed and understood. Based on this recommendation the three data collection methods were chosen. It was agreed by the researchers, that richer experiences might be uncovered, with the use of multiple data sources.

All three data collection methods, utilised the same set of six open-ended questions, which are reflected in Table 1. The researchers designed the open-ended questions in order to uncover the experiences of the participants. The questions were derived from the literature, review and learning objectives of the theoretical unit. Open-ended questions,

**Table 1**  
Interview, focus and survey questions.

|  |
|--|
| Please tell me why you chose to volunteer to attend the Kidney camp for your clinical placement?   |
| You have been to other healthcare facilities for your clinical placements; can you describe to me how this placement was different from those? |
| How has attending this placement at the Kidney Camp increased/added to your nursing knowledge and skills?                                      |
| Please explain (What were) the main challenges (if any) you believe you encountered at the camp?   |
| Please explain (What were) the highlights of the Kidney camp that you encountered.   |
| As the camp caters for children, please describe how you interacted with the children?   |
| Please describe how working with the children has enhanced your paediatric nursing knowledge.  |
| Is there anything else you would like to discuss in relation to your experience at the Kidney Camp?  |

based upon the main points within the survey, were used to elicit greater depth and richness to compliment the survey and explore the participant's perceptions of the strengths and weaknesses of their experience. The questions were analysed by an academic and clinical educator for readability and relevance, resulting in minor additions and changes to the wording of the questions. During the interviews and the focus groups the researchers were able to pay attention to subtle cues and encourage elaboration on points of clarification. The open-ended questionnaires were reliant on detail in the written responses.

In the first year, in-depth interviews were undertaken with six students by one of the researchers. The interview method was chosen as the researchers wanted to uncover those aspects of the camp that were not readily observable. Additionally the interviews generated spontaneity from the students. In the second year, two focus groups comprising of 21 students per group ( $n = 42$ ) were conducted at the completion of the camp. A researcher and an independent interviewer conducted the focus groups with one as an observer. Within the focus groups active interactions, were encouraged by the interviewer. Students reflected on events, the people involved, situations encountered, their thoughts and feelings and responded to opinions and views of others within the group. These elements, are considered as key functions of focus groups (Jayasekara, 2012). Given the design of the research questions, focus groups were chosen as an effective mechanism to elicit rich experiential data from a student collective following an intense shared experience (Patton, 2015).

The final data source, the structured questionnaire, with open-ended questions, was conducted in the third year of the study, to strengthen the validity of individual and group data. During the camp, all seventy students were given the paper-based questionnaire. It was envisaged that as the questionnaire was anonymous, students would be open to answering more candidly, and not answering what they perceived as being what the researcher wanted. Students returned the completed questionnaire in a sealed envelope at the completion of the camp. Fifty four students completed and returned the questionnaire. Participation was voluntary and confidentiality was assured at all time.

**Table 2**  
Phases of thematic analysis.

| Phase                                    | Description of the process   |
|--|--|
| 1. Familiarizing yourself with your data | Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.  |
| 2. Generating initial codes              | Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.  |
| 3. Searching for themes                  | Collating codes into potential themes, gathering all data relevant to each potential theme   |
| 4. Reviewing themes                      | Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.  |
| 5. Defining and naming themes            | Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme  |
| 6. Producing the report                  | The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis. |

(Braun and Clarke, 2006)

Each year and at each stage the students were provided with an information sheet identifying the purpose of the study and their participation. Written consent, was obtained prior to undertaking interviews and the focus groups. Return of the completed anonymous questionnaire, implied consent. Ethical approval was sought and granted by Southern Cross University Human Ethics Committee, Australia; ethics number ECN-14-076.

**5. Data analysis**

The researchers analysed the data using Braun and Clarke's (2006) six-step approach, which involved each researcher becoming familiar with the data by reading each transcript four times prior to generating initial codes using an inductive process. Independently each researcher using a deductive process placed the codes thus allowing themes in the data to emerge (Tong et al., 2007). Once each researcher was confident that the themes were symbiotic with the data the themes were discussed and refined within the research team (Baxter and Jack, 2008). The team also identified significant extracts for comparison to support each theme. From the triangulation of data collection, one hundred significant statements were analysed resulting in five themes being identified. (See Table 2 for Braun and Clarke's (2006) six-step approach).

**6. Results**

During the three year study, 120 nursing students attended KKC, with a total of 102 participating in this study. Findings of the three cohorts, are reflected through the following: interviews participant numbers 1–6; focus groups participant numbers 7–48 and the open-ended questionnaires participant numbers 49–102. However, the final results, and findings from all cohorts, are presented collectively.

From the data analysis five themes were identified; Developing knowing through children's eyes; Entering the world of primary care; Facing a journey of self-discovery; it's all in the way you communicate and; It makes you think differently about nursing.

*6.1. Developing knowing through children's eyes*

Students build on their knowledge and skills through participation in clinical settings. Students' immersion with children at the camp assisted them to link their nursing knowledge to the clinical placement. This knowledge has expanded with the exposure to facets of kidney disease:

*I have learnt all about kidney disease, fistulas, transplants, medication, ports everything (Participant 8 – Focus Group)*

Students differentiated between the camp experience and previous acute care experiences. They were amazed at how much knowledge, the children had about their condition and medications.

*How these kids know about their meds...they know all about them... some hospital patients just take them and don't ask...but these kids know*

*what each one is for and the side effects...I'm blown away! (Participant 56 - Questionnaire)*

Students recognised they would learn from academics and registered nurses at the camp, they were not prepared for being 'taught' by children. The experience was quiet profound for students:

*It's good to learn how the kids want to be nursed as well (Participant 78 - Questionnaire); I was like...I'm in awe of this guy, this kid is amazing he had so much more in him than we gave him credit for (Participant 24 - Focus Group)*

Many of the narratives and self-reflections of the students' experiences in working alongside children encompassed feelings such as;

*'It was just so different...it was very humbling...it was me taking a step back and to be educated by children about their condition...that's when I nearly started crying' (Participant 1 - Interviews).*

## 6.2. Entering the world of primary care

With the vast majority of clinical placements being undertaken in hospital settings, this clinical placement offered students not only an opportunity to experience a unique setting with children, but also the opportunity to enter into the world of primary care. Students discussed the value of at being placed in this primary care setting.

*There is an opportunity to be immersed in the lives of children and watch them manage their disease (Participant 43 - Focus Group); Kidney camp has given us, student nurses, a wealth of exposure and experience in working with children (Participant 72 - Questionnaire).*

At the completion of the theoretical unit, the linking of this clinical experience in the primary care setting enabled students to apply their knowledge to gain a more comprehensive understanding of primary care.

*On this placement I got a global picture of health (Participant 43 - Focus group); I have been able to see the other side of chronic illness; it was incredible to see how chronic illness impacts on them (the children) (Participant 73 - Questionnaire)*

In addition to being in a primary care environment, students expressed how they 'saw' primary care in action.

*It's a good insight into the theory behind primary care... (Participant 4 - Interviews);*

The experience of working with children was two-fold within the camp setting. Attending the camp were children with renal disease and their siblings. Siblings, likewise, provided the students an insight in to the impact of having a chronic disease within the family unit, and sacrifices that were necessary to meet the needs of the sick child.

*You know we've never been on a family holiday and we have never been able to do anything because he's always been sick (Participant 5 - Interviews)*

## 6.3. Facing a journey of self-discovery

The clinical placement was an opportunity of self-reflection and to promote clinical confidence. This was echoed through the voices of the students, as they described how their experiences at kidney camp had changed them.

*Pushed me emotionally, physically and mentally, It just...puts everything into perspective Participant 74 - Questionnaire); I learnt about myself, I could not do that in a hospital (Participant 61 - Questionnaire);*

## 6.4. It's all in the way you communicate

An overwhelming majority of students commented on communication, being both a challenge and a skill. Students acknowledged the importance of communication as a major feature of nursing care.

*Communication ...definitely a nursing skill that I hadn't thought of (Participant 24 - Focus group)*

Additionally, students identified how they needed to be creative in their communication to be able to engage some of the children.

*Definitely communication...my charge had autism and didn't talk...I learnt how to sign (Participant 51 - Questionnaire)*

Nonetheless, some students struggled and identified challenges faced communicating with the children.

*It's communication...you have to know how to communicate age specifically (Participant 1 - Interviews); You need to use appropriate language with children (Participant 5); I felt quite awkward the first day...I spent it trying to figure out how to talk to them (Participant 57 - Questionnaire).*

## 6.5. It makes you think differently about nursing

In an acute placement, students are expected to achieve competence in various clinical skills. Students reiterated this stance and explained how they had expected to 'do more nursing things' but were pleasantly surprised with the skills required for primary care nursing.

*It's not the technical skills as such, but the other skills we have, we don't realise (Participant 48 - Focus Group) don't worry about doing dressings and stuff like that, you use your time management and communication skills...its great (Participant 61 - Questionnaire)*

For the majority of these students, this was their first primary care placement, to which they revealed that some of their preconceived ideas about nursing, were challenged.

*It's easy to focus on anatomy and physiology and forget that there is a person there that should be incorporated into their treatment (Participant 21 - Focus Group)*

Because of the diverse setting of the camp, students were appreciative at the influence it had on their learning capacity.

*Able to get to know the patient, not the quick turn over as hospitals (Participant 35 - Focus Group); In a hospital setting...you don't have the time to sit down and have long chats, so I think that's noble (Participant 39 - Focus Group).*

Being placed in a tertiary hospital for clinical placements, students may feel 'left out' or 'forgotten' at times. Because of the nature of this clinical environment, students expressed the feeling of inclusiveness, in being a valuable member of the team. The students were part of the multicare team, providing peer support to each other, and participated in all points of care as equal members of the healthcare team.

*In healthcare facilities...[there are] lots of policies...[as students] we are fairly low on the pecking order...with kidney camp we were made feel very much part of the fabric of it (Participant 3 - Interviews)*

Exposure to KKC challenged some students' preconceived ideas of what they thought their career as an RN would be. This was further validated by students who explained their career aspirations:

*It has increased my knowledge into another role in nursing (Participant 7 - Focus Group); Have thought of renal nursing in the past...seeing these nurses at camp...making me think more about it (Participant 5 - Interviews)*

## 7. Discussion

While it has been acknowledged that primary care placements need to be increased (Peters et al., 2015) it should not be at the expense of quality. Good quality clinical placements should not be underestimated in their capacity to develop competent and confident nurses (Murphy et al., 2012). However, placement opportunities do not have to be traditional, rather Perlman et al. (2018) validates the experiences of student nurse's exposure to a unique setting. KKC offers such an opportunity by promoting a creative way to increase clinical placements in primary care settings. The focus of the unique primary care clinical placement offered through KKC encompassed the understanding of the impact of chronic illness on people's lives. Perlman et al. (2018) concur with this finding, where students developed a deeper understanding of the impact of illness on lifestyle. KKC expanded students understanding of chronic illness and the implications for children and their siblings. Understanding the dynamics of the demands placed on families and children with chronic illness offered students an insight, awareness and, ultimately a voice on meeting patient needs outside acute care settings. Thus highlighting the broader spectrum of professional accountability and responsibility within primary health care. This finding links with the professional bodies who continue to argue for nurses to take increased responsibilities in primary care (Keleher et al., 2010)

Literature suggests, student nurses focus on acquiring practice skills (Baglin and Rugg, 2010; Henderson et al., 2012), and can become quite fixated on tasks and technology (Ward et al., 2012). The expanding role of the nurse and the focus of healthcare moving towards primary care requires a corresponding development in the full breadth of nurses' knowledge, skills and attitudes (Baglin and Rugg, 2010). The focus of this primary care clinical placement went beyond the boundaries of achieving competence in clinical skills. As students became insightful about visualising nursing differently they also began to see the expanded role of the nurse. Walker et al. (2014) considered that through exposure to clinical environments students construct their identity as a nurse. Additionally, Stockhausen (2005) argued when students become immersed in the realities of practice, they begin to create both a personal and professional identity as nurses.

Although it is acknowledged some students may find a primary health care setting, such as KKC, challenges their perception of what a nurse is and does as it does not sit neatly under the confines of a traditional hospital environment and therefore their professional identity of a nurse. In other words they may perceive the lack of skills for such a setting, as being inadequate (Milton-Widey et al., 2014). Yet such a clinical placement offers many benefits as noted in the findings. One specifically being what they learnt from the children. This supports a finding by Stockhausen (2005), as students enter the world of the patient, they learn through the patient's experience, a sentiment that was evident in the study. Students learnt the importance of 'making health systems people-centred' (WHO, 2008). The children taught the students the importance of living with a chronic illness and how to get on with life. This surprised students who felt humbled by what they learnt from the children.

With a focus on primary care, in this unique clinical placement, most students were able to widen their view of what nursing entails and the range of skills required. Communication and teamwork were recognised as essential to nursing. Students discovered a sense of self that contributed to their professional identity as nurses. Students reflected on the inclusiveness of the team, which they saw as an important aspect of clinical placement experience. Levett-Jones and Lathlean (2008) believes being part of the team gives students a sense of belonging.

The commonality of focus of KKC and SCU commitment to providing nursing students with primary care clinical placement has proved a benefit for all. Fortier et al. (2015) recommended universities and clinical partners work together to create innovative clinical placements. Importantly Wojnar and Whelan (2017) highlighted the importance of collaboration as being paramount for expansion of clinical

placements.

For KHA their needs were met by student nurses supervising and engaging with the children. Students benefited by increasing their nursing knowledge and skills within a primary care setting. The University benefited with the addition of an innovative and creative primary care placement. Several significant outcomes have resulted from the camp, including increased awareness of kidney disease, enhanced communication skills, nursing children, teamwork, professional and personal growth. The success of the program has further cemented an ongoing agreement and commitment between SCU and KHA.

## 8. Conclusion

Although KKC is not a traditional clinical placement for nursing students, it has, however, provided a unique setting for students to engage in primary care, enacted through the eyes of the children. For many students their experience has resulted in a journey of self-discovery, which has ultimately expanded their view of nursing and primary care. This study supports the expansion from tertiary to primary care clinical placements for nursing students. The partnership between the university and KHA expands a clinical placement into a primary care setting. Embedding creative and innovative primary care placements in the nursing curriculum ensures that the future nursing workforce will be educated to address future health needs.

## Acknowledgment

The authors would like to express their thanks to Kidney Health Australia, all the children and siblings at the Kidney Camps and the nursing students from Southern Cross University who participated in this research.

## References

- Albutt, G., Ali, P., Watson, R., 2013. Preparing nurses to work in primary care: educators' perspectives. *Nurs. Stand.* 27 (36), 41–46. <https://doi.org/10.7748/ns2013.05.27.36.41.e7085>.
- Baglin, M.R., Rugg, S., 2010. Student nurses' experiences of community-based practice placement learning: a qualitative exploration. *Nurse Education in Practice* 10 (3), 144–152. <https://doi.org/10.1016/j.nepr.2009.05.008>.
- Baxter, P., Jack, S., 2008. Qualitative case study methodology: study design and implementation for novice researchers. *The Qualitative Report* 13, 4544–559. <https://nsuworks.nova.edu/tqr>.
- Bennett, P., Jones, D., Brown, J., Barlow, V., 2013. Supporting rural/remote primary health care placement experiences increases undergraduate nurse confidence. *Nurse Educ. Today* 33 (2), 166–172. <https://doi.org/10.1016/j.nedt.2012.02.015>.
- Betony, K., 2012. Clinical practice placements in the community: a survey to determine if they reflect the shift in healthcare delivery from secondary to primary care settings. *Nurse Educ. Today* 32 (1), 21–26. <https://doi.org/10.1016/j.nedt.2011.01.010>.
- Braun, V., Clarke, V., 2006. Using thematic analysis in psychology. *Qual. Res. Psychol.* 3 (2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>.
- Colgrave, J., Austin, K., 2016. Changing clinical education and stamping out the stigma. *Australian Nursing & Midwifery Journal* 23 (7), 52. <https://anmj.org.au>.
- Fortier, M.E., Fountain, D.M., Vargas, M., Heelan-Fancher, L., Perron, T., Hinic, K., Swan, B.A., 2015. Health care in the community: developing academic/practice partnerships for care coordination and managing transitions. *Nurs. Econ.* 33 (3), 167–181. [www.nursingeconomics.net](http://www.nursingeconomics.net).
- Health Workforce Australia, 2012. *Health Workforce 2025: Doctors, Nurses and Midwives*. Health Workforce Australia, Adelaide, Australia.
- Henderson, A., Cooke, M., Creedy, D., Walker, R., 2012. Nursing students' perceptions of learning in practice environments: a review. *Nurse Educ. Today* 32 (3), 299–302. <https://doi.org/10.1016/j.nedt.2011.03.010>.
- Jayasekara, R., 2012. Focus groups in nursing research: methodological perspectives. *Nurs. Outlook* 60 (6), 411–416. <https://doi.org/10.1016/j.outlook.2012.02.001>.
- Keleher, H., Parker, R., Francis, K., 2010. Preparing nurses for primary care futures: how well do Australian nursing courses perform? *Australian Journal of Primary Health* 16 (3), 211–216. <https://doi.org/10.1071/PY09064>.
- Levett-Jones, T., Lathlean, J., 2008. Belongingness: a prerequisite for nursing students' clinical learning. *Nurse Educ. Pract.* 8 (2), 103–111. <https://doi.org/10.1016/j.nepr.2007.04.003>.
- McInnes, S., Peters, K., Hardy, J., Halcomb, E., 2015. Clinical placements in Australian general practice: (part 1) the experiences of pre-registration nursing students. *Nurse Educ. Pract.* 15 (6), 437–442. <https://doi.org/10.1016/j.nepr.2015.04.003>.
- McKenna, L., McCall, L., Wray, N., 2010. Clinical placements and nursing students' career planning: a qualitative exploration. *Int. J. Nurs. Pract.* 16 (2), 176–182. <https://doi.org/10.1016/j.ijnpr.2010.01.001>.

- [org/10.1111/j.1440-172X.2010.01827.x](https://doi.org/10.1111/j.1440-172X.2010.01827.x).
- Milton-Widey, K., Kenny, P., Parmenter, G., Hall, J., 2014. Educational preparation for clinical nursing: the satisfaction of students and new graduates from two Australian universities. *Nurse Educ. Today* 34 (4), 648–654. <https://doi.org/10.1016/j.nedt.2013.07.004>.
- Murphy, F., Rosser, M., Bevan, R., Warner, G., Jordan, S., 2012. Nursing students' experiences and preferences regarding hospital and community placements. *Nurse Educ. Pract.* 12, 170–175. <https://doi.org/10.1016/j.nepr.2011.12.007>.
- Patterson, C., Moxham, L., Taylor, E., Brighton, R., Sumskis, S., Perlman, D., Heffernan, T., Hadfield, L., 2016. Nursing students' reflections on the learning experience of a unique mental health clinical placement. *Nurse Education Today* 46, 94–98 (doi.org/10.1016/j.nedt.2016.08.029).
- Patton, M.Q., 2015. *Qualitative Evaluation and Research\Methods*. Sage, Thousand Oaks, CA.
- Perlman, D., Taylor, E., Molloy, L., Brighton, R., Patterson, C., Moxham, L., et al., 2018. A path analysis of self-determination and resiliency for consumers living with mental illness. *Community Ment. Health J.* 54 (8), 1239–1244. <https://doi.org/10.1007/s10597-018-0321-1>. In this issue.
- Peters, K., McInnes, S., Halcomb, E., 2015. Nursing students' experiences of clinical placement in community settings: a qualitative study. *Collegian* 22 (2), 175–181. <https://doi.org/10.1016/j.colegn.2015.03.001>.
- Stockhausen, L., 2005. Learning to become a nurse: Students' reflections on their clinical experiences. *Aust. J. Adv. Nurs.* 22, 3–8. [www.ajan.com.au](http://www.ajan.com.au).
- Tong, A., Sainsbury, P., Craig, J., 2007. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care* 19 (6), 349–357. <https://doi.org/10.1093/intqhc/mzm042>.
- van Iersel, M., Latour, C., de Vos, R., Kirschener, P.A., Scholte op Reimer, W., 2016. Nursing students perceptions of community care and other areas of nursing practice – A review of the literature. *International Journal of Nursing Studies* 61, 1–19. <https://doi.org/10.1016/j.ijnurstu.2016.05.011>.
- Walker, S., Dwyer, T., Broadbent, M., Moxham, L., Sander, T., Edwards, K., 2014. Constructing a nursing identity within the clinical environment: the student nurse experience. *Contemp. Nurse* 49 (1), 103–112. <https://doi.org/10.1080/10376178.2014.11081960>.
- Ward, J., Cody, J., Schaal, M., Hojat, M., 2012. The empathy enigma: an empirical study of decline in empathy among undergraduate nursing students. *Journal of Professional Nursing* 28 (1), 34–40. <https://doi.org/10.1016/j.profnurs.2011.10.007>.
- Willis Commission, 2012. *Quality with Compassion: The Future of Nursing Education*. Report of the Willis Commission on Nursing Education, 2012. Royal College of Nursing, on behalf of the Willis Commission on Nursing Education Retrieved from [www.rcn.org.uk/williscommission](http://www.rcn.org.uk/williscommission).
- Wojnar, D.M., Whelan, E.M., 2017. Preparing nursing students for enhanced roles in primary care: the current state of prelicensure and RN-to-BSN education. *Nursing Outlook* 65, 222–232 (doi.org/10.1016/j.outlook.2016.10.006).
- World Health Organisation, 2008. *The World Health Report 2008: Primary Care Now more than Ever*. World Health Organization, Geneva, Switzerland.
- World Health Organisation, 2016. *Working for Health and Growth: Investing in the Health Workforce*. Report of the High-Level Commission on Health Employment and Economic Growth. Retrieved from <http://apps.who.int/iris/bitstream/handle/10665/250047/9789241511308-eng.pdf;jsessionid=8784EC08AE05189C768EAB09C8808B8A?sequence=1>.
- Yin, R.K., 2009. *Case Study Research, Design and Method*. Sage Publications Ltd., London.