Belongingness: A prerequisite for nursing students’ clinical learning

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Summary The concept of belongingness has intuitive appeal. Human beings are social creatures; the need to belong and be accepted is fundamental, and social exclusion can be devastating. This paper reports on the selected findings from the qualitative phase of mixed-methods study that explored nursing students’ experience of belongingness while on clinical placements. The 18 interview participants in this study were from Australia and the United Kingdom. They provided a range of perspectives on belongingness and how it influenced their placement experience. Central to this discussion was their strong belief that belonging is a prerequisite for clinical learning. This theme dominated all of the interviews. Given that the primary purpose of clinical placements is for students to learn to nurse, there needs to be a clear understanding of the relationship between belongingness and learning. With reference to the published literature and excerpts from interview transcripts, this paper proposes that reconceptualising nursing students’ clinical learning experiences through a ‘lens of belongingness’ provides a new perspective and reveals yet unexplored insights.

Introduction

This paper reports on selected findings from the qualitative phase of a mixed-methods, cross-national study that explored nursing students’ experience of belongingness when on clinical placements. While the study participants described a broad range of related experiences, it was the influence of belongingness on their capacity and motivation to engage in clinical learning opportunities when on placements that emerged as a critical and recurring theme; it is this phenomenon that is the focus of this paper. Given that clinical placements are...
specifically designed to provide positive experiential learning opportunities, there needs to be a clear understanding of the relationship between belongingness and student learning. By integrating excerpts from the interview transcripts with published literature this paper provides valuable insights into nursing student’s experience of belongingness and its impact on their clinical education.

**Background**

There is widespread agreement that clinical learning is of central importance to nursing education. Although a theoretical and research-based education is vital for contemporary nursing, on its own it is not enough. Effective clinical placements are essential to becoming a competent professional nurse. Learning in the clinical environment provides the real world context for nursing students to develop the knowledge, skills, attitudes and values of a registered nurse. Students have experiences on clinical placements that cannot be realistically provided in a classroom or laboratory setting. While immersed in the ‘messiness’ and complexity of practice students have opportunities to communicate with patients and their families, observe and learn from role models, and practise their skills under supervision. When on clinical placements they receive feedback on their real world performance and are guided to reflect on their lived experiences as individuals and nurses. However, as academics and clinicians frequently point out, clinical placements are not without problems. The last decade has seen a plethora of reports that provide evidence of the longstanding and multidimensional nature of the problems that surround clinical placements (Clare et al., 2003; Council of Deans and Heads of UK University Faculties for Nursing Midwifery and Health Visiting, 1998; Department of Health, 1999, 2000; FitzGerald et al., 2001; Heath et al., 2002; Johnson and Preston, 2001; Peach, 1999; Senate Report, 2002). Concerns related to the development of students’ competence and confidence, and their preparedness or ‘fitness for practice’ remain contentious issues (Clare et al., 2003; Mallik and Aylott, 2005). This paper will provide a new perspective on the challenges that surround clinical placements and student learning, a perspective that emerged through the exploration of nursing students’ perceptions and experiences of belonging.

**Belongingness — definition**

This study sought to explore and define belongingness through a detailed interpretation of nursing students’ clinical placement experiences. A broad definition was derived from analysis and interpretation of the study data:

Belongingness is a deeply personal and contextually mediated experience that evolves in response to the degree to which an individual feels (a) secure, accepted, included, valued and respected by a defined group, (b) connected with or integral to the group, and (c) that their professional and/or personal values are in harmony with those of the group. The experience of belongingness may evolve passively in response to the actions of the group to which one aspires to belong and/or actively through the actions initiated by the individual.

**The literature on belongingness**

In a literature review previously undertaken by Levett-Jones et al. (2007a) the psychosocial dimensions of belongingness and its implications for nursing students were discussed. That paper identified a broad range of social science and psychological literature that detailed the importance of belonging, as well as the deleterious emotional, psychological, physical and behavioural consequences of having this need thwarted. Empirical and anecdotal evidence suggests that people who are deprived of belongingness experience diminished self-esteem (Maslow, 1987), increased stress and anxiety (Anant, 1967), and depression (Sargent et al., 2002), as well as a decrease in general well-being and happiness (Lakin, 2003). At the behavioural level, the absence of meaningful personal relationships reportedly leads to an increase in affiliative behaviours, such as unquestioning agreement with another person’s decision, acquiescence, modification of behaviour, or engaging in negative behaviours sanctioned by group members (Clark, 1992). The review proffered that while the psychological and social science literature is replete with studies of belongingness, the concept of belongingness has been inadequately explored in the nursing education literature. Despite the broad range of studies focused on the clinical placement experiences of nursing students and the many papers that refer to the importance of students being accepted, welcomed and supported on clinical placements, few studies focused specifically on the experience of belonging. The method-
ologies employed by nurse researchers to examine and describe student experiences have limited the amount and types of data collected, and have resulted in an imprecise picture of students’ experiences. While it seems that there is an implicit assumption in the nursing literature that belonging is important to a positive clinical placement experience, few studies addressed the meaning or implications of belongingness in a detailed way. The specific processes by which clinical environments engender belongingness was not clear from the literature; neither were the short- or long-term consequences of this phenomenon, either for the individual or for the nursing profession.

While there are a paucity of studies about belongingness and nursing students in the literature, a number of pertinent issues have been identified, although with little empirical evidence to support the discussion. Some authors (Mallaber and Turner, 2006; Mallik and Aylott, 2005; Turner et al., 2006; Walker, 2005) referred to the length of clinical placements as a key element in developing a sense of belonging, although there was no discussion of the manner in which this transpires. There were also claims in the nursing literature that some students conform to clinical practices, irrespective of whether they are “best practice”, so as to be accepted into the nursing team and to belong (Bradby, 1990; Hart and Rotem, 1994; Hemmings, 1993; Kelly, 1996, 1998; Levett-Jones and Bourgeois, 2007; Tradewell, 1996). This is of significant concern to a profession that seeks to be innovative and forward thinking, and it is essential that this claim is more fully interrogated. The literature also refers to a potential relationship between belongingness and student learning. Nolan (1998) described how students’ need to fit in and be accepted by staff was a preface to their active participation and learning. A number of authors proposed that the fear and anxiety experienced during the socialisation process may negatively affect student learning (Kleehammer et al., 1990; Lindop, 1999; Lo, 2002; Meisenhelder, 1987; Timmins and Kaliszer, 2002). This, coupled with the suggestion that social exclusion impedes cognition (Baumeister et al., 2002), has implications for the education of undergraduate nurses. The review concluded that the concept of belongingness merits further investigation and suggested that the challenge for those concerned with optimising students’ clinical placement experiences is to identify and understand the relationship between belongingness and placements, and to recognise those features that are conducive to the enhancement of students’ sense of belonging. The current paper therefore extends and expands upon this discussion, with a particular focus on the relationship between belongingness and learning.

Research questions

To address some of the knowledge deficits identified in the literature, the following research questions, as they relate to third-year nursing students’ clinical placement experiences, were posed:

1. To what extent do nursing students from different universities experience belongingness?
2. Which demographic variables influence nursing students’ experience of belongingness?
3. What factors impact on nursing students’ experience of belongingness?
4. What are the consequences of nursing students’ experience of belongingness?

This paper will focus on research questions three and four.

Methodology

In the disciplines of psychology and social science, belongingness has been researched primarily using quantitative designs. In this study, however, qualitative data were seen as an essential complement to quantitative data, because the factors that underpin belongingness are far from definitive and these factors may be hidden or distorted by the use of only a quantitative approach. Additionally, a mixed-method design incorporating quantitative and qualitative approaches allowed for the results to be generalised to a population, while also developing a detailed view of the phenomenon. In this study a survey of a large number of participants followed by interviews of a much smaller number to obtain their specific voices about the topic was chosen. Collecting both closed-ended quantitative data and open-ended qualitative data in this way proved advantageous in understanding the research problem. Numerical data allowed for cross-case comparison and the testing of relationships between variables, while the qualitative data elicited rich stories that were testament to the context in which belongingness is experienced by third-year nursing students.

One of the concerns in using a mixed-methods approach is the apparent divide between deduction and induction as modes of analysis. Gilbert (2006)
suggests that this perspective may well be an oversimplification that ignores the thought processes involved in sustained enquiry, where deduction and induction advance in an iterative process. The process of analysis undertaken in this study was not linear but spiral in shape; this involved repeated immersion in the data, formulation of tentative conclusions, and then stepping back at various points in the research process to review, reflect on and reconsider those conclusions. In this way theorising about emergent themes and ideas was a process whereby deduction and induction advanced in an ongoing and iterative process (Gilbert, 2006).

Data collection and analysis

To protect the welfare and rights of participants involved in the study and to uphold ethical and legal responsibilities, ethics approval for the study was sought from each of the participating educational institutions. Those who participated in the research gave their consent while in possession of all the relevant information necessary for them to make a proper choice and all participants were given assurances regarding anonymity and confidentiality of the data.

All questionnaires were completed anonymously and returned to a secure website that could be accessed only by the researcher. No identifying personal information was recorded on the questionnaire. Fieldwork took place over a 9 month period, with data being collected sequentially from the three sites. A total of 362 students participated in an online survey termed the Belongingness Scale–Clinical Placement Experience (BES–CPE). Of those students 18 volunteered to participate in in-depth semi-structured interviews.

In the qualitative data all names, including those of healthcare facilities and other non-essential information were altered and the participants were each given a pseudonym. Interviews were taped and transcribed with the participants’ permission and they were reminded of their right to have segments of the transcribed data removed from the research if they chose to. Participants were sent a copy of their edited transcript and asked to review and revise as necessary. However no participants chose to make any alterations.

The interview transcripts were thematically analysed. Consistent with qualitative methods, analysis began shortly after data collection started. This allowed for clarification of issues and tentative development of clusters of themes. By immersion in the text surrounding the themes, recurring patterns, alternative explanations, disconfirming evidence and negative cases were uncovered. As the texts were re-read a number of times new ideas emerged and were integrated into the analysis. Emerging themes were identified, categorised and subsequently verified by two independent researchers. Adherence to providing an audit trail continued throughout the analysis by retaining a copy of each step of the analysis.

Sites and participants

A cross-national approach was adopted to facilitate the exploration of the concept of belongingness and to gain a comparative perspective. The study was therefore located in schools of nursing within two Australian universities (in New South Wales and Queensland), and one in the United Kingdom. These schools were selected because whilst they each provided a three year tertiary program as the requisite preparation for registration as a nurse, they exemplified different structures and arrangements for clinical placements as well as different environments, curricula and student cohort sizes. This approach provided the opportunity for an examination of contrasting cases and the valuable insights that this can bring. Third year nursing students were recruited as they had undertaken a number of clinical placements and it was reasonable to expect them to have at least some experience of belongingness and therefore be rich in the information of most importance to the research.

Findings

This study specifically set out to identify the factors that impact on students’ experience of belongingness and the consequences of that experience. The stories told by the 18 interview participants and the insights generated created a rich and colourful tapestry that brought greater understanding to the multiple dimensions of belongingness. Each of the participants recalled diverse clinical placement experiences that spanned the continuum from those that promoted a high degree of belongingness to those that engendered intense feelings of alienation. It was apparent from the students’ accounts that belongingness is mediated by a range of individual, interpersonal, contextual and organisational factors. It was also evident that the registered nurses with whom students worked on a

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2 Results from the quantitative phase of the study are reported separately.
day-to-day basis were the single most important influence on their sense of belonging and learning.

Not surprisingly, a number of affective consequences of belongingness were identified. Feeling safe, comfortable, satisfied and happy were reported by many students to be outcomes of a placement that facilitated belongingness. In addition, belongingness was seen to be a phenomenon that was directly related to nursing students’ self-concept, degree of self-efficacy, the extent to which they were willing to conform with poor practice, and their future career decisions. Most significantly, it was the influence of belongingness on students’ capacity and motivation to engage in clinical learning opportunities when on placements that emerged as a critical and recurring theme.

Students felt more empowered and enabled to capitalise on the available learning opportunities when they felt they had a legitimate place in the nursing team, and they were often more self-directed and independent in their approach. They were also more confident in negotiating their learning needs, in asking questions and in questioning practice. Students who were secure in the knowledge that the nurses they worked with were receptive to and supportive of their learning focused their attention and energy on learning rather than trying to fit in (Levett-Jones et al., 2007b). Conversely, an absence of belongingness was seen to have a negative and at times long-lasting impact on students’ attitude towards learning and on their confidence to become involved in experiential learning opportunities. The anxiety and apprehension resulting from a diminished sense of belonging drew students’ attention away from learning and they focused on little else but trying to fit in. Many students sacrificed their supernumerary status and became “an extra pair of hands” to enhance the likelihood that they would be accepted into the nursing team and, as a consequence, their opportunities for learning were compromised. Given that clinical placements are specifically designed to provide authentic and meaningful opportunities for students to develop competence in preparation for their future practice, these are significant findings that have repercussions for students and for all those with an interest in their education. Table 1 lists the themes specific to belongingness and clinical learning.

**Theme A: motivation to learn**

For many students the need to belong and to be accepted into the team was far more important than the clinical specialty or the type of nursing experience offered. In this example Elizabeth explains how inclusion in the nursing team was a pivotal antecedent to her learning:

As long as I get on with the nursing staff, as long as I feel like a part of the team, as long as it is friendly, I don’t care what kind of nursing it is. I can’t learn in an environment where I am not feeling as if I am really wanted. I want to walk in the morning and every one will go, “Hi Elizabeth, how are you? How was your weekend?” That is the sort of environment I want, and obviously that is the kind of environment I want to work in when I qualify in October. I just can’t learn in unwelcoming places.

For some novice nurses the need to fit in and to be accepted takes precedence over the quality of care they provide and the level of competency they aspire to achieve when on clinical placements (Hart and Rotem, 1994; Tradewell, 1996). Many students in the current study said that the belief that they were accepted and valued as a student was a significant motivator for their learning. When students felt secure in the knowledge that the nursing staff they worked with were supportive of their learning and committed to their professional development, they focused on learning rather than being preoccupied with interpersonal relationships (Levett-Jones, 2006). Fiona compared the influence of different clinical environments on her motivation for learning and explained that she felt better equipped to make the most of the learning opportunities presented when she had the support of the nursing staff she worked with:

If you feel you are not wanted or they [the nurses] don’t care whether you are there or not, it is disheartening and you are like, “What is the point of me trying to learn; they don’t acknowledge me, they don’t want me here”. But when you feel welcome and as if they really want you there, you try harder and you are more motivated to do well.

Alienation (the antithesis of belonging) is said to result in anxiety, depression, lack of motivation and a lack of direction (Hajda, 1961). Abby insightfully described how difficult it was to be enthusiastic and motivated when her placement experiences had been overshadowed by the alienation she had experienced as an international student. She explained that the staff’s apparent lack

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of acceptance of her, and her resultant despondency, acted as a barrier and caused a cycle of feeling rejected and then rejecting others:

When you’re feeling sad, depressed and unaccepted it’s difficult to motivate yourself to ask questions and learn. It’s difficult to put a smile on your face and pretend everything’s okay, and [that] you’re having a good time. And I feel that when you are not smiling, when you’re not enthusiastic, that itself pushes people away from you. When you are feeling like that it’s difficult to put yourself out there, especially when there are already cultural and language barriers.

Simply undertaking a clinical placement does not necessarily develop competence; just being in a clinical context does not guarantee learning (Levett-Jones, 2007). In the midst of the semi-structured chaos that characterises contemporary health care, it is difficult for students to appreciate and learn from the learning opportunities that exist. Caught up with “getting the job done”, students frequently feel compelled to work hard in order to fit in, and their motivation for learning is sometimes diminished. However, according to Brent, when nursing staff are receptive and accepting, students frequently respond by becoming interested and enthusiastic learners. Rather than the clinical placement being an experience to be endured it becomes one that is relished, and learning becomes paramount:

When nursing staff have a positive attitude towards students, you know that you’re going to have a good time and you are going to learn. And you learn so much more when you’re in a better frame of mind, when you’re having a good time and you are interested. Whereas, if it’s a prac where the staff don’t want you there, you really don’t want to be there and that means you stop being interested and don’t pay that much attention. So you don’t learn much, and you definitely don’t take as much away from those types of prac. In a situation like that, it’s all about the hours, “I’ve been here for so many hours-can I go home now”? Whereas, in a good prac it’s, “Oh, I’ve been here 15 minutes longer than I should have—but I don’t want to go because there’s so much to learn”. You definitely take a lot more away from a prac when you’re enjoying yourself and you’ve been accepted.

Theme B: self-directed learning

The benefits of self-directed learning (SDL) have been well described in the literature (Levett-Jones, 2005; McMillan and Dwyer, 1990; Nolan and Nolan, 1997). It has been suggested that a self-directed approach to learning not only increases nursing students’ confidence in their own ability, but also their capacity to learn in novel situations (McMillan and Dwyer, 1990). SDL is an essential vehicle for nursing students to develop independent learning skills and a commitment to lifelong learning and it increases their capacity for learning in dynamic and challenging work environments (Nolan and Nolan, 1997). SDL allows learning to progress beyond mere knowledge acquisition to being a memorable and motivating experience. In an era when self-directed and autonomous learning are driving forces in both academic and professional healthcare settings, it is essential that students’ capacity to be self-directed independent learners is fostered and promoted. It would appear that clinical environments that provide students with a feeling of security and acceptance empower and enable them to make the most of the learning opportunities presented. Sarah explained how her sense of belonging provided a solid foundation that allowed her to negotiate her learning in an autonomous way:

If I feel like I fit in and belong I feel more comfortable to advocate for myself and to say, “Well guys, I actually need to do this. I know you want me to go with this RN, but she’s only going to be doing this, this and this today, whereas so and so is doing something that I really need to learn while I am here. Would it be possible for me to go and have a look at that?” That feeling of belonging means that you feel safe enough to say, “Well, no, actually guys, this isn’t working for me today, I need to do this instead”.

Many students in this study said they had greater confidence in being self-directed in environments where they experienced a sense of belonging. Nicole recounted how her growing sense of belonging while undertaking a clinical placement in operating theatres motivated her to engage in independent and self-directed learning activities:

Belonging makes a huge difference to your attitude towards the staff and to learning as well. It makes the world of difference to whether you want to actually get up and go into work in the morning and how much you learn and want to learn while you’re there. I mean, in theatres I did so much work outside [of the placement] as well, reading up on cases and doing my own revision. When you actually enjoy being somewhere and feel as if you fit in, it spurs you on to want to learn and to actually contribute to your own learning.
Theme C: anxiety – a barrier to learning

A number of students described their clinical placements as stressful and typified by a fear of making mistakes or saying something foolish. Many were confronted with feelings of anxiety and apprehension as they traversed different clinical placements. These types of stressful experiences, often derived from a diminished sense of belonging, are reported to impede learning by authors in various countries (Crawford and Kiger, 1998; Kleehammer et al., 1990; Lindop, 1999; Lo, 2002; Meisenhelder, 1987; Timmins and Kaliszer, 2002).

Laurence’s experience exemplifies this issue:

I feel more comfortable if I fit in and belong, and then I can learn. Because with my anxiety I get worried if I am in a situation where I am not welcome and I would rather opt out of it. I think it makes it easier on me if I find a place where I belong, because otherwise the anxiety can get in the way of learning.

Laura adds to this discussion by providing an example of the importance to her learning of feeling comfortable and accepted. She related how, when she is free from the worry of nurses “having a go” at her, she can relax and learn:

When I’m comfortable and feel accepted I do learn more, ’cause I’m not worried about getting into trouble from the nurses, or if I’m doing the right thing. I’m not waiting for someone to have a go at me. So I can relax and get on with learning.

Jane described the significance of positive interpersonal relationships to her learning and explained that it is much easier when the staff are supportive, as she can relax and focus on learning, rather than being preoccupied with, and anxious about, developing relationships:

If you go onto a ward and they’re really enthusiastic, welcoming and supportive, that does make your learning so much easier, ’cause you’re not having to set up those relationships first. You can just relax, and focus on what you need to learn. When you feel as if you belong it is a lot a lot easier and less stressful.

Theme D: confidence to ask questions

When newcomers are welcomed, they feel able to ask more questions and patterns of communication can be established that enhance learning and the quality of practice. Essential to students’ learning are the confidence to ask questions and the certainty that their questions will be answered respectfully and patiently. Students frequently described placement experiences where they were reticent to ask anything more than the most rudimentary questions, fearing that their questions would not receive a favourable response. These types of unwelcoming and unresponsive placement experiences prevented students from developing critical thinking skills and testing out tentative ideas and thoughts, as they did not want to risk making mistakes in front of staff. Deanne compared two different placement experiences and explained how her willingness to ask questions was influenced by the receptiveness and acceptance of the nursing staff:

I tend to ask more questions in an environment where I feel as if I fit in. At *** hospital they were so welcoming and supportive that I was asking questions within about 10 minutes of arriving. I was going, “Why are you doing that”’ and “What are you doing that for” and “What are we going to do next?” I felt like I was constantly at them, but they said, “It’s really good because we have to actually justify what we’re doing”. The comparison would be *** hospital where I tended to just stand back and watch. I didn’t feel comfortable asking questions...There was this sense that you weren’t going to get an answer that was going to justify your question. I think that the only time that I actually asked a question was when a situation arose and I had no choice. You didn’t just come out and go, “Can you tell me why we do this’’ or “What’s this?’’ or “What’s that?’’ It wasn’t really an environment where you felt comfortable asking questions.

Brodie et al. (2005) asserts that registered nurses are the gatekeepers and guides to students’ learning. Louise reiterated how feeling comfortable with staff in the clinical environment enabled her ask questions of the nurses. She explained that the inclination to ask questions is linked with the degree to which students feel welcome and to how supportive the nursing staff are of their learning:

When someone really supports you and makes you feel welcome, you’re so much more inclined to ask questions and to learn. That’s just the perfect learning environment. If they’re giving you the impression that, “Yeah, you’re welcome and we really want to teach you things”, you just jump at it and thrive on it. It definitely makes for a much better learning environment.

There are suggestions in the literature that the need to belong affects cognition, as people devote a considerable amount of time to thinking about
and attempting to understand interpersonal relationships, particularly when those relationships do not fulfill their belongingness needs (Baumeister and Leary, 1995). Additionally, the anxiety produced by a diminished sense of belonging is said to produce a short-term impairment in cognitive performance and reduce intelligent thought (Baumeister et al., 2002). Against this background the students in this study also emphasised that both their capacity for learning and their motivation to learn was significantly influenced by whether or not they experienced a sense of belonging. Their interviews echoed with the repeated assertion that belongingness is a pivotal precursor to optimal clinical learning. Furthermore, students felt that environments that were welcoming, supportive and receptive enhanced their confidence and allowed them to be self-directed in their learning. In these types of environments students felt empowered to ask questions and to negotiate specific objective-related learning opportunities.

Conclusion

Two decades ago Melia (1987) described the socialisation experiences of hospital-trained nurses in the UK. She identified "getting the work done", "learning the rules" and "fitting in" as dominant strategies used by students to survive in practice. These strategies are not dissimilar to those adopted and described by the students in the current study. It is disturbing that two studies, separated by an extensive period of time and focusing on what are, in many ways, disparate systems of nursing education, could identify problems in clinical education that are of such a recurring nature. Without doubt, nursing education has made enormous progress over the last 20 years, but it is questionable whether progress in the clinical education of nursing students is commensurate with the advances seen in theory-based learning. While a number of students in this study had what appeared to be positive and productive clinical placement experiences where they learnt to assume a level of responsibility for their learning, far too many experienced placements where their learning was not optimised and their goal of becoming a competent and confident professional was negatively impacted.

We advocate that, in recognition of the significance that students attribute to belongingness and the demonstrated influence it has on their learning, there is a need for strategies that enhance students’ belongingness and social wellbeing when undertaking clinical placements so that they can direct their energy and attention towards learning to care for patients. Optimising the quality of clinical placement experiences in this way is critical, but complex in its realisation. Success is dependent upon a number of factors: effective collaboration between higher education and health services; practice learning environments that, regardless of the complexity, remain responsive and flexible to the diverse professional and personal needs of nursing students; the development of effective interpersonal relationships between all stakeholders involved; and students who are adequately prepared for the complexity and challenges inherent in contemporary clinical practice and cognisant of the influence they exert over their own clinical learning. This study has demonstrated that the actualisation of these goals is not only possible but in many environments has already been realised. The challenge for those concerned with optimising students’ clinical placement experiences is to examine learning environments and processes that facilitate students’ experience of belongingness and to explore ways to re-create these across health services and within diverse groups.

References

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