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ABSTRACT

Background/rationale

In the Republic of Ireland, the amount of clinical teaching expected of staff nurses has increased substantially in the wake of the transfer of nursing education to universities, and the advent of supernumerary status for students. A modicum of previous research noted that staff nurses are unclear about their role in relation to facilitating the clinical learning of supernumerary students.

Aims of the paper

The study aimed to explore staff nurses' perceptions of their role in the facilitation of learning for university-educated diploma students in the clinical area and their attitudes towards these students. Among the central themes to emerge, upon which this article is focused, was participants' perceptions of supernumerary status compared with rostered service for diploma students.

Design/Methods

Sixteen staff nurses were interviewed in depth using semi-structured interviews. Data were analysed qualitatively, using content analysis, with the help of the software package NUD*IST.

Findings

Data suggested that the rostered status of students was generally favoured by staff nurses over and above supernumerary status because, unlike supernumerary students, rostered students did not disrupt the existing social structure within the clinical setting. Both structuration theory and role theory are drawn upon to explain the reproduction of the prevailing social structure, where the concentration is on getting through nursing work with little emphasis on the supervised learning of supernumerary students.

Study limitations

This study is constrained by eliciting only the views of staff nurses. Further studies are required of student nurses' experiences of rostered service and supernumerary status.

Conclusions

Because staff nurses are part of the system within which they work, it is proposed that they need to modify their role to include active student teaching as a legitimate component of that role.

Key Words: Nursing education, supernumerary, Republic of Ireland, clinical learning, structuration, role theory.

Introduction

Recent nursing educational changes in the Republic of Ireland have mirrored the Project 2000 enterprise introduced over a decade ago in Britain, in which student nurses on clinical placements are supernumerary to the workforce. While for the most part a supernumerary experience, Diploma in Nursing students in Ireland are rostered for service (that is, they are calculated in the number of staff required for the delivery of patient care) for a relatively brief period (14 weeks) in the course of the third year of their programme. This article reports on staff nurses' perceptions of supernumerary status in the clinical context, compared with the status of diploma students engaged in the rostered component of their programme. Data presented in this paper comprised one of the dominant conceptual themes to emerge in a study that aimed to explore traditionally trained staff nurses' perceptions of their role in facilitating learning for university-educated diploma students in clinical contexts, and their attitudes towards such students.

Background and literature review

The impetus for conducting the study was the substantial portion of the responsibility for students' clinical education that has transferred to staff nurses, with a reduction in time spent by ward sisters and nurse teachers with the new diploma students on placements (Ferguson 1996, Twinn & Davies

1996, Hyrkas 1997). White *et al.* (1993) suggest that teaching and supervision differ in their emphasis and function between traditional certificate courses and the newer diploma registration courses. The traditional apprenticeship training promoted a 'learn as you work' mode of teaching and supervision, during normal working conditions (Slevin 1992). When conducted within apprenticeship style training, teaching and supervision had more of a managerial function, and were carried out to some extent for the benefit of the organisation with a controlling function (White *et al.* 1993, Morton-Cooper & Palmer 2000). Students occupied dual roles as learners and workers, and inevitably service needs often took priority over students' learning needs (Slevin 1992, Hyde & Treacy 1999). Studies suggest that some aspects of nursing work were conducted without the guidance of qualified staff, leading to the incorrect transmission of skills (Treacy 1997a, 1997b, Bradby 1990).

It has been well documented that different forms of knowledge inform nursing practice (Polanyi 1958, Carper 1978, Eraut 1985, Schon 1987). Polanyi (1958) draws the distinction between 'knowing how' (practical knowledge) and 'knowing that' (theoretical knowledge). 'Knowing how' refers to knowledge about how to do something. 'Knowing that' refers to the sense of understanding something, how it works or how it relates to other things (Polanyi 1958). In an occupation that is essentially practice-orientated,

‘knowing how’ is highly important (Slevin 1995). On the wards the ability to perform procedures efficiently and with speed (knowing how) are valued, while in the educational institution, the principles and theories on which practice is based (knowing that) are stressed (Holloway & Penson 1987). However, research into the traditional method of nurse training has found that students perceived very quickly that the emphasis was on doing rather than knowing (Holloway & Penson 1987, Melia 1987), with a low priority on teaching and supervision (Reid 1985, Treacy 1989, Fielding 1994, Savage 1998a, 1998b). It was these insights into the weaknesses of the traditional system that prompted educational reforms in nursing, including the introduction of supernumerary status for nursing students.

According to the United Kingdom Central Council (UKCC) (1986) supernumerary status means that the names of students are no longer on the duty roster and that they are not calculated in the number of staff required for the delivery of patient care. This is regarded as the linchpin of educational change, thus placing the emphasis in clinical practice from student as worker to student as learner (Slevin 1992).

However, problems have arisen in relation to the notion of supernumerary status both in the UK and Ireland (White *et al* 1993, Simons *et al* 1998, Joyce

1999). While it is deemed necessary that student nurses both observe and participate in care appropriate to their level of knowledge and experience (An Bord Altranais 1999, Joyce 1999), it has been found that there is confusion regarding the concept of supernumerary status (White *et al* 1993). In a UK study by White *et al* (1993), staff in clinical placements believed that students could not participate in giving care but were simply there to observe. In a similar vein, Simons *et al.*'s (1998) evaluation of the Diploma in Nursing in Ireland also found staff uncertain of the meaning of the term 'supernumerary status' and unclear about their teaching and supervision role with students.

Another Irish study (Joyce 1999) that explored the concept of supernumerary status found that staff nurses reported having had no guidelines regarding the teaching and supervision of supernumerary students in relation to what they could or could not do. Students suggested that staff nurses were unsure what to expect of them and they were often left unsupervised. This led to feelings of alienation from the ward team. Yet, during rostered placements they felt much more a part of the ward team. Some students compromised their supernumerary status in order to become more a part of the ward team by engaging in unsupervised nursing care (Joyce 1999).

In summary, the small number of studies of staff nurses' role in the clinical learning of supernumerary students indicate that there is confusion about what supernumerary status means and uncertainty about what their role involves. Further research into this topic was deemed necessary in order to determine whether existing studies could be externally validated in a different context, and to offer some theoretical insights on the empirical findings.

Methods

The aim of this study was to explore staff nurses' perceptions of their role in facilitating learning for diploma students in clinical areas and their attitudes towards these students. The Directors of Nursing at two large hospitals with general nurse training schools affiliated to universities were approached for access to the sample, and ethical approval was granted by these Directors. Potential participants were informed about the study by means of information leaflets. In addition, permission was granted to approach staff nurses directly on three wards at each hospital, where further details of the study were offered by the researcher. Eligibility criteria were that participants must be Registered General Nurses, be in full time employment, have been qualified for at least two years and have trained in Ireland under the traditional apprenticeship training programme. The first 16 nurses (seven from one hospital and nine from the other) who volunteered and satisfied the eligibility criteria became

participants. All respondents were female, and most reported having had no preparation at all for their role in facilitating the clinical learning of supernumerary students. A small number had attended isolated talks or information sessions, and four had undertaken Teaching and Assessing courses of 10-15 days duration with associated clinical contact hours.

All participants gave written informed consent to take part in the study. Anonymity and confidentiality were assured, and codes were used to conceal respondents' identities. Semi-structured interviews were conducted during the years 2000 and 2001 by one of the authors (DB), a nurse tutor who was not previously acquainted with any of the participants. An interview guide was used, during which a broad introductory question was asked – ‘What do you consider, as a staff nurse, to be your main role with students in the clinical area?’ This was followed by questions about their views on recent changes in nursing education and other issues relevant to the research statement (see the Interview Schedule, Appendix 1). Interviews occurred during the participant’s own work time, in a private office. Interviews lasted between 40 minutes and one hour and 10 minutes, and each interview was tape-recorded and later transcribed verbatim.

The software package NUD*IST was used to facilitate a qualitative content analysis. Data were grouped to form 3 main themes, which accounted for most of the variation in data. For dissemination purposes, this article focuses on one of these themes – participants' perceptions of supernumerary status compared to rostered status in clinical settings. To enhance the credibility of findings the researcher returned to three of the participants with the analysis of their own individual accounts and discussed them at length. All three agreed that the categories developed were an accurate reflection and interpretation of the issues raised at interview. Auditability was ensured by documenting memos and theoretical notes of data analysis and interpretation (Holloway 1997).

Findings

Staff nurses' perceptions of supernumerary status compared with rostered service for Diploma in Nursing students are conceptualised within three categories: 'learning by doing', 'clinical responsibility' and 'being part of the team'.

Learning By Doing

There was a sense in which participants felt that supernumerary students were overly focused on theory and not sufficiently engaged with practical patient

care. This seems to reflect valuing 'knowing how' above 'knowing that'

(Polanyi 1958):

I really feel that they are not getting as much practical experience as we got and I think that you learn more by practical experience. You need the theory, but also you need the practical experience behind the theory to make it work properly. (SN1)

Participants reported that rostered students could participate to a greater degree and with less supervision. Rostered students' worker roles and the contribution that they made to meeting service needs was also valued:

You delegate more to the rostered . . . say they are usually third years and you'd delegate more because there are more things that they don't have to be supervised for. You can actually do a drug round with a rostered third year. (SN2)

A number of participants expressed concern about the gaps in clinical experience and knowledge among supernumerary students compared to their expectations of students' progress at a particular stage in their education:

The first lot of third year diploma girls that came out, I could not believe how behind they were . . . They were really like second or first years. I couldn't believe what they hadn't come across. They had not catheterised patients; they were not familiar with the drugs yet at all. (SN3)

Because of their greater engagement in the life of the ward, participants tended to have a more positive attitude toward rostered students and even reported treating them differently:

I think you go out of your way more to help the rostered students because . . . you can work with them, you can do more stuff, you can check drugs and things with them, whereas with the non-rostered students you can't. (SN2)

There was a belief among some participants that the non-rostered role was one (almost solely) of observer and as such it was regarded as a poorer learning experience. In this way participants seem to place less value on the role of student as learner:

. . . they are literally supernumerary and they are just here as an extra to observe. (SN4)

They [supernumerary students] observe . . . they don't gain any experience . . . but there is an awful lot of guidance given and spoon-feeding . . . I think that when they are rostered and part of the workforce, it allows them to develop their skills and to organise their care. (SN5)

However, to learn 'knowing how' in nursing, students must be given the opportunity to test theory by engaging in practice (Nolan 1998). Further to this, if non-rostered students' role is considered as one of just observation, they will have reduced opportunity to practise skills. It also appeared that students' supernumerary status could automatically exclude them from certain learning opportunities:

But with supernumerary, its hard to stand back and not do it yourself. . . That third year student nurse, I'm sure she has seen numerous staff nurses priming a line and yet she has never actually done it. There is nothing wrong with letting a student prime a line but yet, how far can you go, when they are not actually supposed to be doing it? (SN6)

This situation was compounded by confusion regarding what non-rostered students could and could not do and this led to missed learning opportunities. This is typified in an incident described below when a staff nurse asked a non-rostered student to check a unit of blood and the student replied that she was

not permitted to undertake that task. Later a second unit of blood was required to be checked and the student's view was contradicted:

The girls were in report and I said to another student, 'I'll have to go and get another staff nurse because you can't check this with me', and she said, 'Oh we can'. Now I didn't even ask and I said, 'This sounds terrible but are you sure, because the only reason I am asking is that the other student that was on said she can't and you are saying that you can' . . . and she said, 'No, no, we can definitely'. (SN7)

It should be noted that a small minority of positive comments about supernumerary students' performance cross-cut the predominantly negative ones:

I thought myself that when these new students came out of college that they would be just clueless and they wouldn't know how to interact with patients or staff or anyone on the ward. But to be honest I have changed my view totally on them, they are excellent. (SN4)

On the whole, though, positive comments such as these were an exception amid mostly negative perceptions of the abilities of supernumerary students.

Clinical Responsibility

It emerged that rostered students were given significant clinical responsibility and as such they were perceived to be more interested and motivated than their supernumerary counterparts:

We find them [supernumerary students] falling asleep at the end of the ward. I never knew a student falling asleep at the end of the ward. . . I would say there are quite a few of them who would have no interest

when they are not rostered. Maybe the rostered girls would put in a little more effort. (SN8)

Responsibility is described as something that is 'taken' by rostered students, whereas in relation to non-rostered students staff suggested that they are reluctant to 'give' them too much responsibility. One Staff Nurse explains:

. . . not even that they [rostered] are given it, but they take more responsibility. You feel that you can't give somebody who is non-rostered responsibility. (SN1)

You were definitely afraid to [ask them to do something] . . . You might ask them to do something or you might say, 'I'll show you how to do this', and then you say, 'Oh you are not covered to do it,' so I will do it myself and I will show you another time. (SN2)

An alternative view emerged that may account for participants' reluctance to delegate responsibility to supernumerary students, namely the increased amount of supervision that it would incur:

Well the rostered student, they can actually do a drug round with the staff nurse and they can actually go and do things themselves without being supervised all the time . . . a non-rostered would have to have someone with them all the time. (SN4)

Participants suggested that increased supervision prevented staff nurses from getting through their own work and understandably staff nurses found this stressful, especially if the ward was busy:

It can actually be quite stressful because you are running around trying to do this and do that and at the back of it all you would love to be able to say sometime, 'Do you mind just doing a blood pressure on that person?' . . . but you can't actually do that because they can't do them, they have to be supervised at all times. (SN2)

During these busy times non-rostered students tended to miss out on learning opportunities, as staff nurses tried to balance their patient care responsibilities with responsibility for student teaching and supervision:

. . . if it is really, really busy or something, well and good, they mightn't get to see some things because its just so busy . . . whereas if they are rostered you are using them. They are able to do drugs with you. (SN9)

During busy times, participants reported that non-rostered students were forced take on clinical responsibility and engage in unsupervised patient care, in order to 'get the work done':

I know that the supernumerary students are here to learn, but sometimes you do have to get them to get in there and work, because it is the patient's care . . . (SN10)

Being Part of the Team

A third theme to emerge that signified staff nurses' perceptions of rostered students compared to supernumerary students was that of being 'part of the team'. Rostered students were perceived by staff nurses to be more like 'one of them':

I think you treat the rostered students differently because I think that you treat them like they are one of you. . . . because you can give them more responsibility really . . . they are usually treated more as part of the team than the non-rostered would be. (SN2)

When they are rostered, they understand what it is going to be like when they qualified – what nursing is really about . . . I think they [rostered students] see how other members of staff work together, and also they see that it's a busy ward and that you have to take responsibility when you are part of a team. (SN11)

Exclusion from the team was associated with non-rostered students being 'different' in a number of ways:

Sometimes even their breaks are different because they actually have to go to the canteen and get their meals for set hours if they are non-rostered, even if staff are staying up to go into the coffee room or something. (SN10)

Working different shifts from qualified staff also created a distance between non-rostered students and staff nurses:

When you are doing a long day, you are doing a thirteen-hour shift with that person and you really get to know them a lot better, whereas non-rostered students are only here until four o'clock and then they are gone. (SN1)

It is suggested in the following extract that while rostered students are team members, non-rostered have almost 'visitor' status (Watson & Kiger 1994) in the way they can come and go from the ward:

They [rostered students] are definitely [part of the team]. They do the same shifts as us and they do night duty and they are more part of the team. The girls that are non-rostered and are here Monday to Friday and just kind of breeze in and breeze out and really they are not part of the team as such. (SN4)

Furthermore, the exclusion of non-rostered students was reinforced by means of controlling information:

They [rostered students] are in on everything, they are in on all the reports, they are in on every round that happens, because you pass on all the information because they are members of staff, whereas the non-rostered, it's a 'need to know' basis. (SN9)

Rostered students are in on all the information because they are a member of the staff, whereas the non-rostered, it's a need to know basis as regards the details of patients and rounds and stuff . . . they can still be non-rostered in third year and they wouldn't get the full insight. (SN12)

This is similar to what Melia (1987) described as 'nursing in the dark' in relation to the traditional programme, which highlights the difficulties students encounter in trying to provide nursing care without adequate information from staff nurses about patients.

Discussion

Staff nurses' perceptions of supernumerary status in the clinical context, compared with the status of diploma students engaged in rostered placements during their educational programme, have been conceptualised into three dominant categories: 'learning by doing', 'clinical responsibility' and 'being part of the team'.

The first of these themes 'learning by doing' revealed a general perception among staff nurses that supernumerary students were excessively theory-focused, and they misconstrued supernumerary status to imply that these students were simply observers. As has been found in other studies (White *et al.* 1993, Joyce 1999), this misconception of the role impeded the educational experience of these students by excluding them from undertaking supervised practical activities necessary to develop 'knowing how' (Polanyi 1958).

Furthermore, participants expressed concern that supernumerary students were deficient in particular clinical skills that might ordinarily be expected of nursing students at a particular stage of their educational preparation. The shortcomings in students' practical capabilities are highly likely to be the outcome of their marginalisation largely to observer status in the clinical sphere.

This uncertainty among staff nurses about the nature of supernumerary status has potentially very serious consequences for nursing education and practice. Concerns about the traditional system of training nurses emanated from poorly supervised students making decisions (semi independently) based on trial and error, or learning (sometimes incorrectly) from more senior students (Melia 1987, Treacy 1987a, Bradby 1990). As Treacy (1987a) noted, the traditional 'apprenticeship' training was not in the real sense an 'apprenticeship' insofar as in a true apprenticeship the apprentice learns skills from the master. Findings of this study suggest that structural constraints in the clinical setting that impede the articulation of the most basic tenets of the reformed educational system also result in serious shortcomings in terms of quality of learning from the 'master' (Registered Nurse). The revised educational system *under present conditions and misconceptions*, at least as expressed by

participants in this study, is in danger of producing qualified nurses with very limited experience of practical nursing work.

The crux of the problem is that the social structural conditions in clinical areas have not changed sufficiently with transformations in nursing education. While notoriously difficult to define, Crothers (1996, p.4) refers to social structure as follows:

Social structure refers to the relations (especially more permanent stable relations) among people, between groupings and institutions, and backwards and forwards between people and groupings. Social structure is a descriptive and explanatory concept which is used to show how the social behaviour, attitudes, attributes and trajectories of individuals (and the social groupings they are involved in) are shaped, and why there are various patterns of allocation of resources and rewards.

Factors that influence the social structure in the clinical context are established patterns for conducting nursing work, medical dominance (and the concomitant priority accorded to physical tasks), staff attitudes, and staffing levels. Staff nurses in this study did not tend to express negative views about the Diploma in Nursing as far as rostered students were concerned, because these students slotted in comfortably with the existing structures of the workplace and caused little or no disruption to nursing work; indeed their contribution facilitated it. There was little or no mention of the dangers of theoretical hegemony or a lack of interest in relation to these students. Dissatisfaction with the diploma programme was directed most forcibly at supernumerary students.

Evidence from participants that they were not willing to give supernumerary students clinical responsibility (as depicted in the second conceptual category) is perhaps of less concern to nurse educators than their exclusion from supervised practice. Student nurses are unqualified practitioners and therefore ought not have high degrees of responsibility. What may be of concern, however, is staff nurses' problematisation of this state of affairs, suggesting at least to some extent their unwillingness to accept the student status of the learners. Indeed, the sense that supernumerary students are a source of frustration for qualified staff who were not in a position to delegate work during busy times was evident in the data. Staff nurses also had grievances about supernumerary students' deficits as far as clinical responsibility was concerned and were uncertain about whether such students were legally protected in undertaking procedures. In this and other studies (White *et al.* 1993, Simons *et al.* 1998, Joyce 1999), participants asserted that conflicting demands on their time influenced both the amount and quality of supervision provided for students. It was noted that occasionally staff nurses were forced to get supernumerary students to 'work', particularly at busy times. Thus, participants' accounts suggest that much of students' experiences involved either being solely observers, or alternatively undertaking unsupervised nursing care that their traditional counterparts engaged in, with only a limited

amount of adequately supervised practice. Supernumerary students do have responsibilities in relation their own learning, which may need to be reinforced by seniors, given their youth (in most cases) and 'freer' status. However, it is perhaps not surprising that some were found to 'fall asleep at the end of the ward' in the absence of an involvement in supervised practice.

The third category, 'being part of the team', provided further evidence of the marginalisation of supernumerary students within the structure of the ward compared with their rostered counterparts. Participants reported that rostered students were perceived as team members compared to supernumerary students, and this was facilitated by the fact that rostered students worked similar shifts and engaged to a greater degree with the nursing workload, akin to traditional nursing students. Rostered students were, therefore, incorporated to a considerable degree into the life and structure of the ward. These findings concur with those of earlier studies, which suggest that supernumerary students often experience feelings of alienation from team membership (Nolan 1998, Simons *et al.* 1998, Joyce 1999).

In focusing on structural constraints in the clinical realm, this is not to suggest that these are fixed and permanent, and not amenable to change by human agency. It is now accepted within social theory, that while social structure

influences people's behaviour, social actors constitute and influence social structure, and it is this human agency that makes social change possible. Recognition of the dual influence of social structure on social agency and visa versa is loosely referred to as 'structuration', a term first introduced by Giddens (1976). As he (1976) notes, 'social structures are both constituted *by* human agency, and yet at the same time are the very *medium* of this constitution' (p.121) [original italics]. Giddens rejected any notion that social structures have autonomous powers over and above the actions of people; however, more recent versions of structuration suggest that while social systems are produced by social actors, they have influence beyond the actors who created them. In this sense, the outcome of the past actions of individuals has a limiting effect in the present (Archer 1988, Archer *et al* 1998, Parker 2000).

Both structuration theory and role theory (Parsons and Shils 1951, Merton 1968, Crothers 1996) offer a useful means of understanding to some degree the reproduction of the existing social structure which focuses on getting through nursing work with little emphasis on supervised learning for supernumerary students. Crothers (1996, p.86) notes that social roles or 'statuses' are largely 'a crystallisation of a bundle of norms or rules that are linked to a particular position' and those in surrounding role-structures shape a particular role. It is through the ways in which status positions are organised that wider social structures can either remain fairly intact or alternatively be

transformed (Crothers 1996). However, as Crothers suggests, social change is more likely to emanate from higher up in the hierarchy than from below, given the relative power position of those lower down.

People are socialised into roles, so that they learn the 'script' prepared by the social structure for that particular position (Crothers 1996), albeit not in as passive a way as was once believed (Corsaro 1997). Socialisation studies have revealed that nurses learn to place priority on getting through physical nursing work as quickly as possible, and active formal teaching of student nurses was not a strong feature in the traditional programme (Melia 1987, Treacy 1987a). Generations of reproducing this kind of social system, created and maintained by social actors, as Archer (1988) and Parker (2000) suggest, has a constraining effect on contemporary staff nurses who are now the social actors who contribute to sustaining the system. For staff nurses to modify their role, they need to understand and accept that it legitimately encompasses an active teaching component and to understand the concept of supernumerary status. However, it would be simplistic to suggest that by revising their own role as social actors that constitute part of the social system, staff nurses could solve all the structural barriers to successful student nurse learning. The notion of social structure is far more complex than this and involves changes in other areas that shape the structure, not least addressing staffing levels. Staff nurses

are players in a wider social system which places limits on the extent to which they alone can tackle problems associated with supernumerary status in clinical settings.

Limitations of the study

This study is limited by the relatively small sample size and also by the fact that student nurses were not included as participants. In addition, data based solely on the interview method may not necessarily reflect respondents' actual behaviour; observing their interactions would have strengthened the validity of the research.

This study was conducted in a climate of severe staff shortages in Dublin hospitals, including the two hospitals from where participants were selected. Findings from this study appear to support those of studies in Britain (Jowett *et al* 1994, Elkan & Robinson 1995, Neary *et al* 1996, Hallett 1997, Veitch *et al* 1997) where some of the problems experienced in relation to supernumerary status concerned the specific problem of staffing levels.

Conclusion

At the centre of calls for a transformation of the old ‘apprenticeship’ system (An Bord Altranais 1994, Melia 1987, Treacy 1987a, UKCC 1986) was the separation of service needs of the organisation from the educational needs of student nurses. With very limited changes in structural conditions in the clinical realm since educational reforms were introduced in Ireland in the mid 1990s, this study suggests that the educational needs of students continue to be compromised by service needs.

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Appendix 1 Interview Schedule

Opening Question

What do you consider, as a staff nurse, to be your main role with students in the clinical area?

Teaching and Provision of Learning Opportunities

What is your experience of teaching and supervising students on this ward?

Is teaching and supervision an aspect of your role that you enjoy?

How prepared are you for this aspect of your role?

Can you give me an example/examples of what or how you might teach?

What factors facilitate you in this role?

What factors inhibit you in this role?

Has the change to supernumerary status and diploma level education affected the teaching and supervision of students?

Role Modelling

Do you consider yourself to be a role model for student nurses?

What does being a role model involve?

Staff-Student Relations

Tell me about the type of relationship that you develop with students while they are on placement here?

What factors influence the type of relationship you develop with student nurses?

Diploma Programme

Does your role with diploma students differ in any way to the role you had with traditional students?

What is it like for you to work with rostered and non-rostered students?

How prepared were you for the introduction of the registration diploma course?

Do you feel the move to a diploma registration course has benefited nursing?