

Rethinking student night duty placements - a replication study

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NOTE

In Victoria, Australia enrolled nurses are also often referred to as division 2 nurses and you will see this term used in quotes throughout this article.

KEY WORDS

Enrolled nurse, clinical placement, graduate preparation, night shift, nursing student, work readiness.

ABSTRACT

Objective

This paper reports findings as a replicated qualitative study (McKenna and French 2010) that investigated experiences and value of night duty; with the variance that the students' were undergraduate enrolled nurse students as opposed to undergraduate registered nurse student nurses'.

Design

Enrolled nurse students' from one private Registered Training Organisation (RTO) were invited to participate in a two week night shift placement as their preparation for practice in an acute care facility. A qualitative approach involving focus groups with students and ward nurses, prior to, and following that clinical placements was used. In addition, individual interviews were conducted with other key stakeholders from the RTO and Health Care Service.

Setting

The study was conducted in one regional public hospital in Victoria, Australia. A clinical teacher, who was also the clinical co-ordinator, was employed by the RTO to provide student supervision during the placement.

Subjects

Thirty eight enrolled nursing students, six permanent night staff from the hospital and four key personnel representing the education provider and hospital perspectives consented to participate.

Main Outcome measures

All transcripts were thematically analysed together with the context of placement value and experiences.

Results

Four themes emerged from pre-placement interviews: *coping with travelling, nature of night shift, preparing to be a graduate, and change and adjustment*. Post placement interviews revealed four themes of: *time to learn and time to teach, adjusting, continuity and preparing to be a graduate and night duty as a recommended clinical placement for the enrolled nurse student*.

Conclusions

This replication study has added evidentiary support that night duty is a highly appropriate model of professional clinical practice for the enrolled nurse. Within a collaborative model it has enabled the student enrolled nurse to consolidate theory to practice, exposure to reality of nursing as a twenty four hour continuity of care and met professional and education competency standards. It also demonstrated that with visionary partnerships new models of clinical experience for the enrolled nurse can be developed that meet today's challenges to provide flexible models of clinical experience.

INTRODUCTION

The number of students' requiring clinical placement has placed demands on tertiary hospitals and education providers to look at initiatives to meet student competency and curricula requirements. Student nursing clinical placements predominately occur over a weekday on a morning and afternoon shift which is not congruent with the reality of nursing practice as a continuous twenty four hour care.

The provision of care on night duty is different to that provided during the day which is supported by the study undertaken by McKenna and French (2010) concluding that night duty placements offered a range of possibilities and the need for further research. This qualitative replication study is a response to this research gap with the findings concurring with the original research. The current study was conducted in a similar clinical setting with the variance of participants as enrolled nurse students completing their final placement before entering the workforce, not a graduate year.

BACKGROUND

The demand for clinical placements in the acute care setting on weekdays had surpassed supply prompting the need to take a more flexible and innovative approach to securing a clinical placement for our enrolled nurse students. The researchers were aware that a limited night duty clinical placement has become part of some education providers' entry to practice for undergraduate bachelor nursing students, but in the absence of published literature or research its benefits or otherwise is unknown. The researchers' education and health facility had not placed enrolled nurse students on night duty. In an extensive literature review there was a void of published literature related to student enrolled nurses on a night duty clinical placement.

Anecdotal views expressed on the concept of a night duty clinical placement for the enrolled nurse, especially for acute care, which was considered inappropriate included; insufficient exposure to clinical skills and patient care, lack of interest by students', perceived lack of interest by night duty staff and a lack of adequate supervision. These anecdotal remarks could not be supported or reputed due to lack of available literature. The literature supported the view that night duty clinical supervision was under researched and that the intrinsic value is not attached to night work which tends to make night nursing invisible and less valuable (Nilsson et al 2008; Campbell 1998). The literature surrounding clinical supervision, although vast and important is not specifically related to night duty and enrolled nursing students.

A plethora of evidence supports that supervised clinical practice plays an important role in the professional and personal development of students providing the opportunity to translate theory to practice and the development of competence and confidence (Levett-Jones and Bourgeois 2011; Croxon and Maginnis 2009; Walker 2009; Cederbaum and Klusaritz 2009; Conway 2009; Haggman-Laitila et al 2007). The provision of a supportive environment is essential for student learning and development of skills (Cross et al 2010; Ness et al 2010; Waldock 2010).

The lack of exposure by nursing students to night duty may influence job readiness or preparedness for night duty as an employment requirement or option (McKenna and French 2010). Difficulties and stressors associated with shift work, after entry to the workforce has been well described in the literature (Yat-Ming Cheung and Kit-Fong Au 2011, Peters et al 2009, West et al 2007). To date, little research has explored the impact of rotating shifts for student nurses.

A Swedish study (Nilsson et al 2008) looking at night staff's working experiences which included enrolled nurses although not students, concluded that health care technical and medical development saw night work

increasingly beginning to look like day work. In exploring the experiences and value of night duty for nursing students, McKenna and French (2010) and Campbell (2008) found that night duty provided an appreciation of the round-the-clock nature of nursing and unique opportunities for learning.

The challenge for the education provider was to find an innovative health care partner willing to pilot a night duty clinical model for enrolled nursing students and one that would embrace a collaborative partnership based on joint effort and ownership. We found that partner in the co-researcher, as the education director of a regional tertiary hospital who not only embraced the concept of a night duty clinical model but was keen to undertake it within a qualitative research framework. Our organisational partnership was based on mutual understanding, respect for each other's expertise and a joint commitment to open communication between all stakeholders and a joint focus on beneficial outcomes for all parties.

The pilot professional placement experience teaching and learning model was informed by the literature and ANMC (2002) national competency standards for the enrolled nurse. This model was based on the clinical facilitator model of supervision where the facilitator provided by the education facility was supernumerary and responsible for teaching, supervising and assessing students in a 1:8 ratio. Students were allocated to a practice partner (Levitt-Jones and Bourgeois 2011) who was an experienced and qualified member of the clinical team. Thus the practice partner collaboratively contributed to student learning in a one-on-one basis providing guidance and support and assisting the student to become increasingly independent, competent, autonomous and responsible member of the clinical team.

As the final entry to practice professional placement experience the teaching and learning model embraced problem based learning, clinical reasoning, decision making within a contemporary framework of reality practice. Students also maintained a professional reflective journal to enhance their personal and professional development. Debriefing was undertaken by the clinical facilitator on a one-on-one basis in close liaison with practice partners. A planned student led experiential teaching and learning session, away from the clinical setting was conducted for one hour on each shift. Experiential learning provides students' with opportunities to enhance their *learning outcomes*. It is an individualised process "where a learner tries out theory in practice and, as a result, forms new knowledge" (Smith et al 2008, p.3). Professional experience placement also mandates a student must be supported and supervised while they are attending placement.

METHODS

Thirty eight Certificate IV in Nursing (enrolled nurse) students', six permanent night staff from the health facility and four key personnel representing the education and health facility perspectives consented to participate. The gender mix was two males and thirty four females with an age range from 18-57 years, with the mean average for students' as 32 years and ward staff as 43 years.

Approval to conduct the research was obtained through the Research and Ethics Committees of the health care facility and education provider. The research was conducted over a seven week period to accommodate all the students' clinical requirements. Permission was granted from the original researchers to replicate their qualitative research methods involving focus groups with students prior to, and following the clinical placements were used. The focus groups were small with no more than three students which ensured that all students were provided with opportunity for equal responses. Permission for tape recordings were granted by all participants of the research, providing an accurate method for capturing responses and later review of the responses with less potential for interviewer bias. Analysis of the data, from the verbatim transcribed audiotapes, was sorted, categorised into themes using qualitative data approaches.

FINDINGS

The research identified four themes from both the pre-placement interviews and post placement interviews relating to experiences and placement value. The current research differed from the original research where three themes pre and post placement were identified.

Pre-Placement Interviews

Themes emerging from pre-placement interviews were: Coping with Travelling, Nature of Night Shift, and Preparing to be a Graduate and Change and Adjustment.

Coping with Travelling

The clinical placement facility for most students required travelling for one hour to and from the facility. For the majority of students they had only experienced clinical placement in their local area which was close to their home and family. Most students had arranged accommodation near the health facility while some students had decided to travel daily to meet family commitments. The students who did travel arranged car-pooling as they perceived that they would be tired after working night shift and considered it a safety factor as well as an economical consideration.

I have never worked night shift and I am not really a night person so I am concerned that if I travelled alone I might fall asleep at the wheel, at least with a companion we can chat, stop for coffee and share the driving. (Student)

I really would prefer to be staying with the other students as it would be a nice break, but with a young family would prefer to be at home. (Student)

I really can't decide whether to travel or stay. I am not concerned about the travel as I am travelling with a fellow student, so I think I will wait and see what I do when I have started to work. (Student)

I am use to travelling long distances so it's not an issue for me, although in saying that I have not worked night shift so I will have to wait and see how I go, at least I have some options. (Student)

Nature of Night Shift

Students and staff perceived that night shift would be different to that experienced during the day. Students were uncertain about the nature of nursing work at night and perceived it would be quieter than during the day.

I believe that it will provide more opportunity to learn as it won't be as busy as during the day. (Student)

As it is night shift I expect that the patients will be sleeping and apart from general nursing care, think it will be very quiet. (Student)

Night shift will be quieter because there are fewer disruptions with visitors, doctors and other health personnel. (Student)

Some staff perceived that night staff is not as busy, as they are during the day, but I have worked all shifts and night shift can be just as busy. In saying that there are times when it is quieter but I think this is a perception due to less activity at night by the presence of medical and allied staff who worked during the day. (Staff)

Most students perceived they would be busier on night shift.

As this is my first exposure to acute care I believe it will be a lot busier as patients will be sicker and have lots of medical interventions. (Student)

I imagine it will be a lot busier because they are surgical patients and will have a lot of care needed post operatively. (Student)

I think it will be a lot busier as you would be constantly monitoring patients as the unexpected may happen in the early hours of the night. (Student)

Night shift will be busy as there are less people on nights to do they work. (Student)

Nursing staff identified other aspects that were different. Having students on night duty as a group was uncommon, and enrolled nursing students on night shift had not occurred so there were also some reservations.

I am looking forward to having students, particularly, so that they can obtain a better understanding of the 24 hour nature of nursing. (Staff)

Students keep you on your toes so looking forward to have them included in night shift. (Staff)

I have some hesitancy if this rotation is appropriate and sufficient to gain acute care skills and knowledge. (Staff)

Night duty exposes students to many learning opportunities and tapping in to a wealth of experience that they don't normally tap in to. (Senior staff)

First heard of students said oh no not students- the effort when you have a student- you get into a routine and don't like it upsetting. (Staff)

Nursing staff recognised that there was less medical support around on night duty and the need for staff to be experienced nurses.

It takes an experience nurse with developed skills in patient assessment and a high level of expertise to manage the unexpected that occurs at night. You need to be able to think on your feet so you need good problem and decision making skills as there is only one doctor on at night. (Staff)

You need to be constantly vigilant on night duty and not get complacent just because you think the patient should be sleeping, this requires an experienced nurse. (Staff)

The pace and unexpected nature of night duty requires a nurse that is experienced, highly skilled and with has good leadership skills. (Senior staff)

Teamwork was identified by the nursing staff as an essential element of working on night shift.

Although we have patient allocation you rely on other staff members to assist with patient care, but also for assistance with problem solving and decision making. (Staff)

Team work is an essential component on night duty and you rely on the assistance by other staff when the unexpected occurs. (Staff)

We work as a team at the beginning at the end of the shift to undertake patient observations which enables us to get all the work done. (Staff)

The importance of documentation was emphasised by staff as an essential component of working at night.

Collation of fluid charting provides an important overview of patient's fluid status and a tool for assessment of patient's response to treatment. (Staff)

The consolidation of documentation provides a comprehensive history of the patients care and management for 24 hour care. (Staff)

Preparing to be a Graduate

A night duty placement was seen by staff and students as an important component of an enrolled nurse program. Night duty provided opportunities in understanding the graduate role and the realities of nursing practice. Students felt the placement would better prepare them for the workforce, and appreciated the benefits in undertaking the placement with support in a student role.

This is an important placement as it provides me with exposure to the 24 hour nature of nursing .I have the opportunity to develop my skills and knowledge while I am supported by my facilitator and ward staff. (Student)

I will be looking for my facilitator and clinical staff to guide me in my nursing practice because when I graduate I will be expected to be able to function on my own. (Staff)

Change and Adjustment

The final theme emerging in the pre-placement interviews was around adjustments that would be necessary. This not only related to students, but also to staff who were having enrolled nurse student's for the first time. Lack of familiarity with the enrolled nurse program and the tasks they could undertake was identified.

I have only had experience with Bachelor program students and have no idea of the division 2 training program, so I will need to have an outline of their program and objectives. (Staff)

We seldom have students on night duty, so it will take some adjustment to remember not to just go off and start working without taking the student. (Staff)

I have some reservations about the role and function of the division 2 nurse particularly in acute care, so I will need to have more information about what skills they can perform. (Staff)

I have to make a renewed effort to be a little more patient with the students as I know I can get grumpy when students forget room numbers go to the wrong end, poking around in the dark and learning new machinery and equipment. (Staff)

Given students were undertaking night duty for the first time, students raised a number of issues relating to adjustment. These involved physical and social alterations that would be necessary. The ability to cope with these adjustments and their effect on students' ability to function at optimal level was also expressed by staff and students.

Their ability to be proactive in seeking out learning opportunities may be a consideration if they don't get enough sleep. (Senior staff)

I am not a night person so not sure how I will handle sleeping during the day so I am concerned that I will not be as alert on night duty as I should be. (Student)

I am concerned about staying alert and awake all night particularly around 3 or 4 am. (Student)

I am concerned about being away from the family at night as I have never done that before. (Student)

Trying to juggle a change in sleep patterns and family commitments will require a lot of adjusting. I am not sure that I will get enough sleep to function effectively. (Student)

I have experienced early morning lethargy and concerned that this will be an issue for the students. It is important that they start alert as you find this is when METS are called and you need to be on your toes. (Staff)

Students were undertaking acute care nursing in a new environment for the first time. They expressed concerns around adjusting to acute care nursing and a large health care facility.

I have never worked in an acute facility and I know from the previous placements we have had it will be very different and confronting and I'm not sure what to prepare myself for, but I am very excited and happy to gain as much experience as I can. (Student)

I am nervous entering a completely new environment and how the staff might treat us and what their expectations are of us. (Student)

I think I will be faced with many challenges, such as fatigue, unfamiliar environment, new staff and patients who will be really sick requiring a lot of care and equipment. (Student)

Post placement interviews

Four themes emerged from the rich data, these being: Time to learn, Time to Teach; Adjusting; Continuity of care; Preparing to be a Graduate; and Compulsory night duty clinical placement.

Time to learn, Time to teach

The teaching and learning opportunities on night duty exceeded the students' expectations. It was highlighted that there was time to learn to consolidate theory and apply it to practice as well as the opportunity to learn from experienced staff. Staff had time to teach students on an individual basis that is not normally available during the daytime.

It has been a great learning opportunity I got to put everything I have learnt in class into practice. (Student)

I found there was time to read patients histories, clarify aspects with ward staff and research areas of my knowledge deficit. (Student)

I have come a long way; I remember the first handover I thought they were speaking in Chinese. I now understand and use the abbreviations. It makes me feel good that I have learnt the lingo. (Student)

Nights provided a broad range of experiences and the time to research anything I wasn't sure of. (Student)

The knowledge of staff has been unbelievable. I have learnt so many things that you can't get from a textbook which was worth gold. (Student)

I have been exposed to a diverse range of experiences and gained a lot of knowledge. (Student)

I have enjoyed having the students they have been enthusiastic learners which motivated me to teach them. (Staff)

I have learnt that although I don't love working nights it is a time when there is still a lot going on in the ward to keep you busy, to practice your skills and to build therapeutic relationships with your patients. (Student)

There were many opportunities for new learning experiences that refined previously learned skills and knowledge. Students and staff identified physical assessment, team work and documentation skills as particularly necessary for night duty.

I have been fortunate to experience a whole range of complex skills, such as, tracheostomy suctioning, intercostal catheter, wound care, ECG, taking blood, blood transfusion and so much more. (Student)

I had the opportunity to take a patient to theatre, admit several new patients and undertake a full assessment which I did not expect, as well as undertaking many complex skills. (Student)

Teamwork is essential on night duty because there is a limited number of staff available, so everyone needs to work together to ensure patient care. This is particularly important when the unexpected occurs. (Staff)

Adjusting

Adjustment to night duty affecting physical and social factors was identified as a particular concern for students in the pre-placement interview. Students placed little emphasis on these adjustments in the post-placement interview.

I surprised myself I was not as tired as I thought I would be and time went very quickly. (Student)

I battled with fatigue for the first couple of days but managed to overcome that as there was so much to learn and do. (Student)

The spacing out of breaks and time for debriefing was a great benefit in keeping me awake and alert. (Student)

I would actually work night duty now whereas before this placement would never have thought of doing night duty. (Student)

For the two weeks I managed to keep the family happy, have just enough sleep which pleasantly surprised me. (Student)

I really am not a night person I struggled with the change to my body clock. (Student)

Good to see allocation of debriefing time, as they would have on day duty, and allocated breaks to reduce student fatigue. (Senior staff)

Continuity of care

A positive unexpected aspect was students were exposed to more continuity of care and the continuous nature of nursing work than had been experienced. The students had the opportunity to follow through surgical patients and manage their care during the acute post-operative phase. Students were able to follow through patients from acute admission and medical episode until stabilisation.

The daytime handover was very comprehensive and when I presented the morning handover I was able to provide the continuation of care at night for the patients I was caring for, made me feel very good. (Student)

I have gained an understanding of the role of the nurse on nights and the continuous nature of caring for a patient in a twenty-four hour period. (Student)

The patient I had admitted earlier suddenly complained of chest pain and a MET was called which was frightening and exciting. The MET team explained what they were doing and then the patient was stabilised and I was allowed to continue to care for her. (Student)

Preparing to be a graduate

The placement was seen as a significant factor in contributing to students' preparation to practice as registered enrolled nurses. Consolidation of theoretical knowledge to practice within a critical framework was expressed.

This placement has enhanced my ability to be able to link knowledge and practice, and hence give my patients the best care possible. (Student)

Students' personal and professional development during the placement was expressed as increasing in confidence and time management which was identified as a necessary aspect of working as a registered enrolled nurse.

I have gained many skills on night duty and feel prepared and confident to practice as a valued nurse in the health field. (Student)

Can now confidently turn up to a paid job the next week my practice and time management skills have greatly improved. (Student)

My time management improved as did my critical thinking. (Student)

It was very rewarding to see the growth of the students in their confidence, nursing practice and time management. (Ward staff)

I have learnt a great many things, but most of all I have learnt to have confidence in myself and my actions. (Student)

Night Duty included as a clinical placement

An unexpected finding of the post-placement interview was an overwhelming number of students believed that night duty should be included as a clinical placement within their Program. The level of support shown by ward staff and the opportunities for learning and teaching and the reality of nursing practice gave rise to their recommendation.

Its good experience you need to work rotating shifts as it is an expectation of employment. (Student)

I would recommend that all undergraduate students undertake a night duty placement because things are very different at night. (Student)

It is a rewarding experience and would highly recommend it to other students. (Student)

DISCUSSION

This replication study explored experiences and value of night duty placements for enrolled nurse students', an area currently poorly researched. The additional fourth pre-interview theme that emerged in this study was for participants coping with travelling. The findings cited concern around the additional time in travelling and the participants concern with how they would cope with night duty and the preconceived concerns around staying alert and awake. However, emphasis was not placed on this in the post-placement interview; the learning experiences and structure of the clinical model, maintained their stimulation and activity. Ideally a clinical placement within the students' usual environment would minimise the students anxiety related to coping to travel pre-placement and needs to be considered in the ability to access clinical venues within a closer geographical area.

This study supports McKenna and French (2010) and Campbell (2008) where placements were found to offer different learning opportunities and a quieter environment enabling connections between theory and practice, consolidate clinical skills in an environment where there was less competition for learning opportunities. There was however, no distinction made in this study on different learning opportunities than what would have been encountered during the day. The particular experiences identified by students in the original study were experiences that the current study students had during their night duty placement, which further supports Nilsson et al (2008) that health care technical and medical development saw night work increasingly beginning to look like day work.

The lack of knowledge on the role and responsibilities of the student enrolled nurses expressed by several staff members was due to lack of access to pre-placement information supplied by the RTO. Only one staff member expressed a lack of understanding of the enrolled nurse in health care. Ensuring staff have access to available information pre-placement is a consideration for any future night duty placements.

The present study supports McKenna and French (2010), where students felt prepared to practice as a registered nurse in relation to applying knowledge to practice, increase in confidence, improved time management skills

and improved nursing practice skills. Students expressed that the friendly environment, experienced staff and their willingness and time to assist their learning was a major factor in their preparedness to practice. A limitation of this study and an area for further study is how the students' perceived preparedness for practice translates into the practice setting as members of the work force.

The importance of team nursing at night was not a finding of the McKenna and French (2010) study; whereas the present study findings highlighted working as a team essential for night duty, which supports the study by Nilsson et al (2008).

This study findings support McKenna and French (2010) where the placement allowed participants to appreciate the round-the-clock nature of nursing work prior to entry into the workforce. A further post-interview theme from students that emerged from this study was the recommended that all students undertake a night duty rotation as part of their education program which supports the study by Campbell et al (2008). This recommendation was based on the opportunities for learning, understanding the continuous nature of nursing and they also expressed that it would increase their opportunities for employment. This exposure to night duty by students as part of their education program may provide a greater understanding of the reality of nursing practice as a twenty-four-hour continuous practice and demystify and add value to night nursing. The exposure to night duty as students may assist in work readiness of nurses, retention and recruitment of nurses. The study by Eley et al (2011) found that a 'dislike of shift work' was a factor influencing respondents' decision to leave nursing.

The findings of this study are congruent with the findings of McKenna and French (2010) and although similarly positive are constrained by the limited number of health care clinical placements settings and small participant groups. In the absence of any literature on clinical placements for the Enrolled nurse this study provides an insight into the experiences of a night duty clinical placement prior to registration for the study participants. The findings of this study cannot be generalised beyond the groups who participated. Further studies are recommended that incorporate students from other educational and health care settings either as a final placement before registration or earlier in their course. Finally, follow –up studies need to evaluate the impact of a night duty placement and their outcome in preparing the enrolled nurse student for the practice environment as a nurse.

CONCLUSION

This replication study has added support that night duty offers diverse learning opportunities that are essentially untapped, particularly for the enrolled nurse students. The placement allows students to consolidate skills, relate theory to practice, and exposure to the reality of nursing as a twenty four hour continuity of care. The participants in this study met professional and education competency requirements.

It has also demonstrated that with visionary partnerships new models of clinical experience can be developed with a research framework that meet the challenges of the need to provide flexible models of clinical placement.

REFERENCES

- ANMC. 2002. *ANMC National Competency Standards for the Enrolled Nurse*. Canberra. Australian Nursing and Midwifery Accreditation Council (ANMAC).
- Campbell, A.M., Nilsson, K., and Pilhammar Anderson, E. 2008. Night duty as an opportunity for learning. *Journal of Advanced Nursing*, 62(3):346-353.
- Cederbaum and Klusaritz, H.2009. Clinical Instruction: Using the Strengths-Based Approach with Nursing Students. *Journal of Nursing Education*, 48(8):422-429.
- Conway, J. 2009. Implementing interprofessional learning in clinical education: Findings from a utility-led evaluation. *Contemporary Nurse*, 32(1-2):187-200.

- Cross, W., Moore, A., and Ockerby, S. 2010. Clinical supervision of general nurses in a busy medical ward of a teaching hospital. *Contemporary Nurse*, 35(2):245-253.
- Croxon, L., and Maginnis, C., 2009. Evaluation of clinical teaching models for nursing practice. *Nurse Education in Practice*, 9 (4):236-243.
- Eley, R., Eley, D and Rogers-Clark, C. 2011. Reasons for entering and leaving nursing: an Australian regional study. *Australian Journal of Advanced Nursing*, 28(1):6-13.
- Haggman-Laitila, A., Elina, E., Riitta, M., and Kirst, S., and Leena, R. 2007. Nursing students in clinical practice-developing a model for clinical supervision. *Nurse Education in Practice*, 7(6):381-391.
- Levett-Jones, T., and Bourgeois, S. 2011. *The clinical placement. An essential guide for nursing students*. 2nd Edition. Elsevier Australia.
- McKenna, L. and French, J. 2010. Rethinking student night duty placements. *Australian Journal of Advanced Nursing*, 27(2):27-34.
- Ness, V. Duffy, K. McCallum J., and Price, L. 2010. Supporting and mentoring nursing students in practice. *Nursing Standard*, 25(1):41-46.
- Nilsson, K., Campbell, A.M. and Andersson, E. 2008. Night Nursing-staff's working experiences. *BMC Nursing*, 7(13).
- Peters, V.P.J.M., de Rijk, A.E., and Boumans, P.G. 2009. Nurses' satisfaction with shiftwork and associations with work, home and health characteristics: a survey in the Netherlands. *Journal of Advanced Nursing*, 65(12):2689-2700.
- Waldock, J. 2010. Facilitating Student Learning in Clinical Practice. *Kai Titaki Nursing*, 16(1):14-33.
- Walker, J. 2009. Examining the Benefits of Professional Clinical Supervision. *Kai Titaki Nursing*, 15(5):12-14.
- West, S., Ahern, M., Byrnes, M., and Kwanten, L. 2007. New Graduate Nurses Adaptation to Shift Work: Can We Help? *Collegian*, 14(1):23-30.
- Yat-Ming Cheung, R. and Kit-Fong Au, T. 2011. Nursing Students' Anxiety and Clinical Performance. *Journal of Nursing Education*, 50(5):286-90.