ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

Nursing students' experiences with clinical placement in a marginal Norwegian nursing home learning environment

Turid-Irén Jacobsen*, Kirstin Onshuus, Hjørdis Frisnes and Marianne Thorsen Gonzalez

*Corresponding author: University of South-Eastern Norway, Drammen, Norway
Email: Turid.Iren.Jacobsen@usn.no

Abstract

Background: Nursing homes are core clinical placement arenas in nursing education. For a range of reasons, however, they are marginally staffed and face recruiting challenges. These issues threaten the educational quality of the nursing students' clinical placement, and these settings may thus be characterised as a marginal nursing home learning environment. In clinical placements, observing nursing care quality might be critical for nursing students' learning opportunities and for their motivation to pursue a nursing career. Thus, addressing clinical placement challenges in a marginal nursing home learning environment is of crucial importance to secure educational quality, future recruitment and quality in nursing care.

Aim: To explore and describe final-year nursing students' situated learning experiences in a marginal nursing home learning environment.

Methods: An exploratory-descriptive qualitative design (EDQ) using individual interviews for data collection. Eight third-year nursing students were individually interviewed by two researchers following their clinical placement in a marginal nursing home. Data were analysed using a thematic data analysis approach.

Results: Four main themes emerged from the data analysis: the importance of being invited into the working community; the importance of being offered predictability in situated learning; the importance of being involved in professional dialogues; and the importance of being assigned co-responsibility combined with supportive mentoring.

Conclusion: Findings reveal that having their clinical placement in a marginal nursing home learning environment offered students a range of learning and mentoring opportunities as well as mixed experiences and some challenges.

Implications for practice and education:
The marginal nursing home context as a learning environment challenges both the clinical and academic institutions to improve their professional collaboration. At a policy level, standards need to be set for both educational and nursing care quality in nursing homes.

Keywords: Clinical placement, situated learning, nursing education, nursing homes, learning environment, nursing students

Introduction

For student nurses, clinical placements involve being in direct contact with unwell people, studying and learning how to assess and provide nursing care while integrating knowledge, theories and skills acquired in the academic setting. Achieving clinical competence in these placements also involves understanding how to work in teams and how general nursing is managed and organised in healthcare institutions and in society. The Norwegian bachelors' degree in nursing is a three-year general nursing education programme offered at universities, university colleges and colleges. According to the European Qualifications Directive, the clinical placement segment of nursing education should represent, at a minimum, half of the total duration of the course (European Parliament and The Council of the European Union, 2005). Clinical placement normally takes place in hospitals, municipal services and nursing homes or other healthcare institutions. In general, students are supervised or mentored by registered nurses in cooperation with, and assisted by, other qualified healthcare professionals, together with nurse educators representing the academic institutions. Students participate in relevant clinical tasks and activities that are appropriate to their education and educational level.

The Norwegian government is currently concerned with the need to establish close collaborations between the academic institutions and the healthcare institutions offering clinical placements, for two reasons. First, there is a need to improve the educational quality of the placements following poor student evaluations of this segment of their education. Second, there is a need for cooperation between the academic institutions and the healthcare services in order to develop and apply knowledge-based and research-based care for patients and users. As such, academic institutions across Norway are working to ensure quality in clinical placements by establishing collaborative standards and practices with the healthcare institutions.

Nursing homes represent core arenas for clinical placements. There are currently 39,572 nursing home beds in Norway, distributed across 968 nursing homes (Statistics Norway, 2019). Nursing home residents tend to have complex and comprehensive medical and care needs. In Norway, nursing homes generally offer day-based care and options for short- or long-term stays, and they are obliged to have physician, physical therapy and nursing care available (Norwegian Ministry of Health and Care Services, 2013, 2018), depending on the residents' needs.

According to the Norwegian Association of Higher Education Institutions (UHR) (2016), the pressure on nursing homes as a clinical placement arena is considerable. This is underlined by a report that 20% of nursing positions in Norwegian nursing homes are vacant, that staff members are often employed in half-time positions, and that 25% of the staff are not properly educated for this challenging work (Gautun et al., 2016). Additionally, one out of six full-time nursing positions is filled by a staff member who speaks Norwegian as a second language. In Oslo, immigrant nurses account for as much as 43% of nurses employed in nursing homes and home care services (Statistics Norway, 2018). From this follow cultural and language challenges, both between staff and residents and between Norwegian and immigrant staff members.

This suggests there is currently a mismatch between the care on offer and the residents' complex and comprehensive needs, rendering the insufficient numbers and competence of staff especially problematic. Even more worrisome is the fact that nursing homes and community nursing services also represent important care arenas for the growing elderly population and, consequently, core clinical work settings for future nurses (Norwegian Association of Higher Education Institutions, 2016).

The lack of nursing competence and the cultural and language challenges have led to a marginal working and care context in many Norwegian nursing homes. In this study, a 'marginal nursing home learning environment' refers to wards with a high number of patients with comprehensive care needs, low staffing and staff competence, extensive use of temporary staff often without professional education, and few formal meetings allowing for clinical and academic reflection. Such nursing homes

risk removal from the list of clinical placement opportunities for nursing students, which in turn might further challenge the recruitment of competent nurses.

This study addresses the learning experiences of nursing students in their final year in these marginal clinical placement settings.

Quality in learning environments
The Norwegian Ministry of Education and Research (2017) has underlined that healthcare institutions offering clinical placements for nursing students are responsible for organising placements that will provide students with optimal learning situations (situated learning), supervision, mentoring and a learning environment in which they can thrive and develop their clinical competence.

A learning environment may be described as all factors that affect the student (Bloom, 1965). Positive learning environments are often characterised by personal and learning experiences that involve feelings of security, continuity, purpose, achievement and significance (Brown et al., 2008; Berntsen et al., 2017). Positive learning environments are also vital in supporting students' sense of identity and feelings of belonging in the clinical community and culture (Brown et al., 2008). When learning environments are experienced as unwelcoming, students will spend time striving to be accepted that should be spent on study and learning; this, in turn, leads to learning barriers (Rance and Grealish, 2007). In clinical placements where nursing students feel welcome and included, they have the opportunity to gain experience, develop skills and competence, and become active participants in the nursing care context. Studies have shown that students want to experience belongingness in the clinical arena and value enthusiasm from supervisors and teaching from mentors (Jack et al., 2018). They experience a positive psychosocial atmosphere when staff know them by name (Skaalvik et al., 2011). It has also been found that learning seems to happen best when students feel that their supervisors recognise them (Mæhre and Vestly, 2012). Additionally, it has been reported that feeling included often contributes to positive self-perception (Skøien et al., 2009) and that positive self-perception in turn contributes to students' internal motivation to learn (Lane et al., 2004). There also seems to be an association between academic performance and positive self-perception (Lane et al., 2004), and between learners' self-esteem and their academic performance (Aryana, 2010). It is also worth considering the idea that if students' academic self-confidence is enhanced during their education, their clinical performance also improves (Poorgholami et al., 2016).

In general, experiencing feeling secure, being given responsibility and being offered respect promotes learning in nursing home clinical placements (Carlson and Idvall, 2014; Snoeren et al., 2016). It has been highlighted in several studies that positive support from supervisors and a sense of belonging to a team helps motivate students in their study efforts (Brown et al., 2008; Skaalvik et al., 2011; Kalyani et al., 2019). Likewise, nursing students are dependent on feedback in relation to general nursing learning outcomes in clinical placements to learn and gain professional growth (Jacobsen and Onshuus, 2017).

In marginal nursing homes that face challenges with recruitment and achieving necessary levels of staff competence, supervising and supportive resources for students in their clinical placements may be neglected. For the nursing staff, mentoring students may represent a significant challenge, as they must balance students' educational needs with patients' demands (Gray and Smith, 2000; Storey and Adams, 2002). From this perspective, it is interesting that in respect of marginal learning environments, students have evaluated their learning opportunities and the learning environment as satisfactory (Carlson and Idvall, 2014; Brynildsen et al., 2014). Likewise, students have reported that peer collaboration and the placement's contribution to an awareness of their future as professional nurses were the most satisfactory aspects (Brynildsen et al., 2014).

Situated learning theory
Situated learning theory holds that learning in situations is embedded within the social interactions that occur in a working community (Lave and Wanger, 1991). For optimal learning in clinical placements, it is vital to have good role models who demonstrate quality in nursing care and performance. In essence, the level of nursing quality and the overall experience of clinical placements may be crucial not only for students' learning opportunities, but also for their motivation to pursue a career in nursing homes.

Situated learning theory suggests that clinical learning is optimal in authentic situations in the relevant professional environment (Lave and Wenger, 1991). The socialisation process enables novice students to move from a peripheral, passive observer role in which they are not fully engaged, to a more active and dynamic role in which they gain confidence and competence as clinical partners in the clinical community. Situated learning theory further suggests that, in nursing education, full engagement and gaining competence does not occur without the supportive relationships that enable novice nurses to participate as co-learners and to grow into the role of a nurse (Lave and Wenger, 1991). The theory is supported by research reporting that nursing students tend to have a simplistic interpretation of cues in patient assessment, as they have not yet developed the ability to incorporate the richness and complexity of the patient's lifeworld (Harmer et al., 2011). According to those authors, this often leads to a simple and linear type of problem-solving, rather than decision-making processes that incorporate awareness of contextual complexities.

Situated learning entails cooperating, modeling and exchanging experiences with skilled clinicians as members of the care community. This may help the novice to negotiate roles and interpret meanings and values in the clinical environment (Lave and Wenger, 1991). In the third year of their nursing education, students are approaching readiness to meet clinical nursing standards. Learning outcomes at this stage call for students to take co-responsibility for patients' nursing care and participate in the mutual academic and clinical reflection processes in supervision and teamwork.

Aim
The aim of this study was to explore and describe final-year nursing students' situated learning experiences in clinical placements in a marginal Norwegian nursing home learning environment.

Design and methods
Design
The study applied an exploratory-descriptive qualitative (EDQ) design (Hunter et al., 2018). This entails both exploring and uncovering a phenomenon (Polit and Beck, 2012), as well as describing what characterises that phenomenon (Sandelowski, 2000). It was selected as the most appropriate methodology to achieve the study's aims. Individual interviews were used for data collection, and an interpretive hermeneutic approach was used to analyse the data (Graneheim and Lundman, 2004; Thagaard, 2018).

Sample
The target group for this study consisted of bachelor's degree nursing students in the final year of their nursing education. Students who had recently completed institution-based clinical placement in nursing homes in their last clinical placement were recruited as participants. All third-year nursing students in the current academic institution had their final clinical placements in nursing homes.

The nursing home was strategically selected and represented a marginal nursing home. Eight students, ranging from 20 to 31 years of age and representing fewer than 10% of the total number of students from two campuses, agreed to participate after receiving written information about the study via email (written information in paper form was also distributed).

Research context

A marginal nursing home was chosen as the research context. The duration of the clinical placement was eight weeks; besides general and ordinary nursing care, it addressed nursing management and leadership as well as quality development in general nursing care for the elderly. Each student was assigned a mentor, and the nurse educator representing the academic institution collaborated closely with students and mentors during the placement period.

Data collection

Individual interviews were used to collect data. A theme-based guide with open questions structured the interviews and addressed: clinical situations that contributed to learning; cooperation with nursing staff and leaders, and how this contributed to learning; how the learning environment contributed to learning; and what students experienced as important in order to learn and grow as professionals.

The students were interviewed on the university campus connected to their post-clinical studies, with interviews arranged for the week after they completed their clinical placements. Two of the authors (KO, HF) conducted all the interviews together to ensure flow and coherence. Each interview lasted between 30 and 45 minutes, with students' responses to the themes in the guide explored using follow-up questions. The interviews were mostly audio-recorded but if a respondent did not wish to be recorded their responses were written down carefully. Data were collected between November 2017 and May 2018; this relatively long period was due to organisational issues, as the third-year students were divided into different groups that had their nursing home placements at different times.

Data analysis

The interviewers (KO, HF) transcribed the eight interviews themselves and the transcriptions together accounted for 85 pages of text. Any information that might directly or indirectly identify the participants was removed. The interviews were analysed using Graneheim and Lundman's (2004) thematic analysis approach; the analysis was conducted in three steps, in which themes were organised into main themes and associated themes. In the first step, the objective was to form an overall impression of the material and notice topics that intuitively attracted attention. The next step involved taking notes of the interviews' main messages. These messages represented the meaning units in the data (Graneheim and Lundman, 2004). In the third step of the process, the main themes and subthemes were identified. The four authors worked independently and systematically with the transcribed and precoded text to increase the credibility and validity of the analysis (Kvale and Binkmann, 2015). Thereafter, the authors worked both individually and together to reach consensus. To further strengthen validity, the findings were analysed stepwise, forward and backward, three times.

Ethical considerations

None of the interviewers had held formal roles in relation to any of the student participants. Principles for informed and written consent, as well as for confidentiality and voluntary participation, were taken into account throughout the process. The study was registered with the Norwegian Centre for Research Data (reference number 56634).

Results

The thematic analysis resulted in four main themes covering what the students reported as important for promoting learning in a marginal nursing home context:
- The importance of being invited into the working community
- The importance of being offered predictability in situated learning
- The importance of being involved in professional dialogues
- The importance of being assigned co-responsibility combined with supportive mentoring

Subthemes expanded each main theme. The students' responses often referred first to what they considered ideal learning situations, often followed by quotes referring to their real experiences that fell short of being ideal. Table 1 presents the themes with corresponding subthemes.

Table 1: Nursing students' situated learning experiences in a marginal Norwegian nursing home context as learning environment	
Main themes	**Subthemes**
Importance of being invited into the working community	• Mixed experiences of being welcomed • Mixed experiences of being involved or included
Importance of being offered predictability in situated learning	• Need to experience confidence in clinical situations • Need to receive supervision and mentoring
Importance of being involved in professional dialogues	• Need to reflect together with mentors • Need to discuss clinical–theoretical issues with mentors
Importance of being assigned co-responsibility combined with supportive mentoring	• Mixed experiences of being trusted based on competence • Mixed experiences of being supported when insecure

Importance of being invited into the working community
The nursing students were concerned about being invited into the working community of the ward in which they had their clinical placement. As students in an already established environment, their experiences of optimal learning within the placement learning environment depended on feeling secure, welcome and confident. Two subthemes clearly characterised their impressions of being invited into the working environment: mixed experiences of being welcomed; and mixed experiences of being involved or included.

Mixed experiences of being welcomed. The students underlined the importance of feeling welcome when starting a new clinical placement, particularly being welcomed and recognised, and having the staff express an interest in them. However, these experiences were mixed, as illustrated by a student who said in a disappointed tone, 'Just that they say hi to me' and another who stated, 'The people who work there have to be kind'. They indicated that being welcomed could not be taken for granted. Some students also mentioned that they would have liked the nurses to have familiarised themselves with what students needed to learn in this period. An ideal situation would have been if the staff prepared for the new students' arrival at the nursing home and the students felt the staff had been waiting for them. However, the reality was different, as one student stated, 'It would have been good for me if they were aware that I was coming'.

Mixed experiences of being involved or included. The students highlighted the importance of being involved, saying that feeling they belonged to a team was dependent on whether the staff expressed an interest in them and included them. By saying 'It's about being interested in my learning', one student indicated that this had not always been the case.

Most of the students wanted to take part in all aspects of clinical life and to feel co-responsible for the patients. However, they described mixed feelings regarding inclusion and involvement in, for example, making a plan before meeting with a patient. Two of the students expressed disappointment in this respect, saying they had hoped 'that someone would make a plan for the patient together with me' and 'that we could cooperate'.

Importance of being offered predictability in situated learning
All the students emphasised the importance of predictability in situated learning, and in their clinical placement in general. They said predictability would allow them to feel prepared to enter a learning situation with a patient on their own, as well as having the opportunity to prepare professionally together with a nurse. When learning situations were predictable, the students felt more secure, which facilitated concentration while they participated in situated learning. Two subthemes characterised the importance of being offered predictability: the need to experience security in clinical situations; and the need to receive supervision and mentoring.

The need to experience security in clinical situations was mentioned as an ideal by all the students, in various ways. This need was articulated with terms such as 'to know' and 'to understand' and was often used to explain different issues in situated learning that contributed to their clinical security and confidence. As one student said, 'I am responsible for being prepared myself and then I will understand the situation better' and 'I depend on making an appointment with the nurses before I go to the patient. I have to know if I know what I need to know, before helping the patient'. When a situation was experienced as predictable, some of the students felt sufficiently confident to assume co-responsibility for a patient.

The need to receive supervision and mentoring was cited as important by several students, despite being in their last term of nursing education. As one student expressed, 'I need someone who can supervise me through proper nursing situations'. Another added, 'Openness is important. My mentor must be honest, because I need feedback' and 'I need to be able to ask for advice when preparing for clinical situations with patients'. All the students emphasised the need for supervision in connection with experiencing predictability in learning situations. In addition, they expressed a general need to cooperate closely with the mentors, but indicated that this was not always the case.

Importance of being involved in professional dialogues
Some of the students expressed a need to participate and be involved in the interdisciplinary community, where the patients' treatment and subsequent nursing care were discussed. They revealed that taking part in these professional dialogues was important as it could allow them to convey their own knowledge and demonstrate that they sometimes had more up-to-date knowledge than the nurses and other healthcare professionals. Two subthemes characterised the importance of being involved in professional dialogues: the need to reflect together with mentors; and the need to discuss clinical-theoretical issues with mentors.

The need to reflect together with mentors in academic dialogues concerning a range of situations related to patient care was seen as important for professional growth by many students. They found academic dialogue useful, saying it worked best to have these dialogues before and after having been involved in situated learning. However, if a discussion beforehand was not possible, having the opportunity to reflect, learn and integrate insights afterwards was still experienced as beneficial. Some of the students also said it was necessary to be sufficiently informed by the mentors about any relevant learning opportunities. This was especially important in the initial stages of their clinical placement period, when they could not yet identify these situations themselves. One respondents said it was beneficial 'if they understand that I'm there to learn, not just to work'; another wanted the mentor to 'show that she was interested in teaching me and not just that the work should be done'. Some of the students also noted that understaffing on the ward influenced their learning options: 'When the nurse is constantly running, she does not have any opportunity to tell me what she is doing and why. I just have to follow her and the best case is talking a little bit with her another day.'

The need to discuss clinical-theoretical issues with mentors was also expressed by many students as an ideal and as vital to their learning. Having sufficient time to reflect on the complexity of a nursing situation with a competent mentor would make it easier for them to add and integrate relevant knowledge in order to understand (and to explain to others) what had taken place. However, their experiences did not always match this ideal. One student said, 'I need to talk a little more about it, because I do not have so much experience and they may ask me why I did as I did'. Another added, 'I must have time to think about things that happen and to reflect before and after a patient situation in order to understand and learn'. These quotes illustrate that there was a mismatch between the students' needs and what they experienced.

Importance of being assigned co-responsibility combined with supportive mentoring
All the students emphasised that independence and self-management in the student role was important to them in the final year of their studies. This also meant being able to make decisions

about planning and performing nursing care for individual patients, as well as being regarded as co-responsible in the nursing community. They underlined the importance of mentor supervision in securing patient safety but, at the same time, wanted to be offered opportunities to try, and to fail, themselves. Similarly, they wanted to be able to suggest, initiate and perform nursing tasks independently, as well as to perform more comprehensive and demanding nursing interventions. Two subthemes underlined the importance of being assigned co-responsibility combined with supportive mentoring: mixed experiences of being trusted based on competence; and mixed experiences of being supported when insecure.

Mixed experiences of being trusted based on competence. The students highlighted the importance of being trusted based on their competence, saying this involved being given responsibility and challenges that met their level of competence. They also revealed that being trusted by their nurse mentor depended on the student telling the mentor whether they felt confident or not. Some students pointed out that it was easier to tell the nurses when they felt incompetent rather than when they felt competent. At times, they also experienced being given responsibilities and tasks that actually exceeding their competence and what they could handle. Although students cannot formally be responsible for nursing care, several revealed that at times they felt they were given complete responsibility for the patients on the ward. This occurred when there was no nurse present. While this could be experienced as a positive challenge, it was a mixed experience for the students. One said, 'When I was alone, I had to make all the decisions on my own. It was good for me when my decisions actually appeared to be correct'. In such situations, several students missed having a mentor with whom they could discuss the care they offered and who could reassure them that it was up to standard. As one student said, 'It might be too much responsibility for me. I depend on a mentor who gives me feedback and responses about whether I am correctly reflecting or not. I am still not a registered nurse'.

Mixed experiences of being supported when insecure by their mentors was something that all the students expressed. In situations where they were facing challenging tasks, having support was crucial. As one student said, 'It is the support that is the most important and then I can dare to try it out on my own'. She found it helpful 'when the nurse said to me, "You will manage this!"' These quotes illustrate the value of being supported to perform nursing actions on their own. The students also expressed the importance of being offered opportunities to fail: 'I can't do everything in the right way and that should not be dangerous for the patients. My mentor has to guide me and then I will do it in the right way next time.' Such opportunities to fail with support could help students move from insecurity to security and confidence.

Discussion
This study aimed to explore and describe third-year nursing students' learning experiences in a marginal Norwegian nursing home learning environment. The discussion is organised around the four main themes.

Importance of being invited into the working community
The results illustrate that the students had mixed experiences concerning this issue, although they emphasised the importance of being welcomed, included and involved in the working community. These results are comparable with research that has reported that feeling welcomed and included, and having others express an interest, may lead to feelings of security, confidence and self-esteem in learning situations (Ryan and Deci, 2000; Dale et al., 2013; Raaheim, 2014).

Our findings further suggest that, for the students, being included and invited into the working community was a way for them to be socialised into the caring community, which in turn enabled them to try out a professional nursing role. These findings are in line with Bisholt and colleagues' (2014) findings that, when nursing students in their final term experience a positive atmosphere among the staff and feel part of the nursing care team, their learning process is promoted. Involvement in the

patients' treatment, in combination with feelings of belonging to a clinical team and having positive support from good role models, was reported to promote clinical learning in a similar study by Gidman et al. (2011). Similarly, the students in our study tended to take advantage of close collaboration with good nurse role models, in line with Jack et al. (2018), who found that positive role models are important contributors to students' enthusiasm for the nursing role and a caring approach.

In this study, when students experienced being part of the caring community, the staff's ability to recognise and facilitate the students' learning needs was improved. Consequently, the clinical staff were able to involve and engage themselves in the students' learning processes, and facilitate a diversity of situated learning possibilities. These findings are supported by situated learning theory (Lave and Wenger, 1991), which underpins how supportive relations in the learning environment positively contribute to learning and competence development. In such an environment, learning can evolve, as engaged mentors can stimulate students' development of competence through involving them in clinical decision-making concerning nursing care.

Importance of being offered predictability in situated learning
The students in this study highlighted how predictability enhanced their ability to prepare before the start of the clinical placement and before each learning situation. The results further highlight how, for these students, feeling safe and confident was vital for learning and mastery in their clinical placements. Predictability implied being informed about, and understanding, what should happen or what had happened. Being offered predictability in each learning situation helped students feel they could prepare themselves for new and challenging clinical situations. Comparable studies have concurred that predictability facilitates being prepared and is associated with experiencing security and confidence (Haugan et al., 2012). In this study, the students expressed that they would have liked to enter their clinical placement with the nursing staff and mentors prepared for their arrival, having read all the documentation sent from the university, planned for their clinical placement, and thought about how to help them reach their learning outcomes.

Importance of being involved in professional dialogues
The students vividly described the bustle of busy clinical working days. They said that at times it was so busy that it became impossible to organise and make plans for learning situations. Consequently, in order to have the opportunity to reflect and engage in professional dialogues with their mentors and other nurses, they literally had to stop them in the corridors and take advantage of every minute the clinicians offered. They were well aware that the patients were the nurses' priority, and that, in a marginal clinical context, where staffing is limited, meeting patients' needs is often the only possible focus for the nurses. Thus, the students had to grab any opportunity for mentoring and discussion. These competing and challenging priorities have been found by other researchers to negatively influence students' learning outcomes (Hutchings et al., 2005; Snoeren et al., 2016).

The findings in our study reveal that the third-year students were in fact quite capable of coping with the bustle of busy and pressure-filled working days in a marginal learning environment. However, they did need space and time to reflect with a mentor or other nurses when they faced challenges in their understanding or performance. Even a few minutes of professional dialogue was sufficient, if these minutes represented quality mentoring and time for reflection for the student. Engaging in professional dialogues helped enhance students' understanding and knowledge. However, as learning best occurs when students experience being acknowledged, have their clinical performance validated, and are listened to by their mentors, and as improved self-confidence is linked to predictability and mastery (Haddeland and Söderhamn, 2013), a marginal nursing home context might not constitute what is generally understood as a 'quality' learning environment.

Results suggest that students experienced optimal learning when they were involved and challenged in clinical theoretical discussions. Similarly, professional dialogues seemed to promote motivation

and professional confidence. This may be linked to the importance of mentors' calls for questions and reflections for the nursing students in Baillie's (1993) study. These findings underline that clinical theoretical dialogues between students and mentoring nurses are a vital part of the professional socialisation of students in their clinical placements. A recent study by Donley and Norman (2018) shows the importance of mentors' support in assisting nursing students in integrating theory and practice, and the effect this support has on their learning outcomes. In the process of developing a professional self-identity, mastering the integration of theory and practice is essential; indeed it is a core learning outcome in the European Qualifications Framework (European Parliament and The Council of the European Union, 2005).

Importance of being assigned co-responsibility combined with supportive mentoring
Despite having their final clinical placement in a marginal nursing home learning environment, the students expressed quite clearly that they felt they had been offered good situated learning opportunities. These findings are in accordance with findings from Baglin and Rugg's (2010) qualitative study, in which second-year nursing students in clinical placements in municipal health services experienced that learning and developing into professional roles and clinical competence depended on being trusted and offered responsibility by their mentors.

This study's findings further suggest that the opportunity to both succeed and fail under the supervision of mentors and nurses is important. The students found their self-confidence was boosted when their mentors trusted them based on their competence, and they articulated a clear need to belong to a team that offered them support and mentoring – findings that have also been reported in earlier studies on students' clinical placements in nursing homes (Kloster et al., 2007; Skaalvik et al., 2011). Given that third-year nursing students may have the competence required to be co-responsible for patients' nursing care, core situated learning should entail involving them in professional discussions and cooperation with experienced mentors. These findings are supported by the official guidelines from the Norwegian Ministry of Education and Research (2019), which emphasise that clinical placements are to be conducted under professional mentoring and supervision.

Conclusion
This study's four main themes illuminate the factors considered important by final year nursing students in their clinical placements. The findings reveal that having their placement in a marginal nursing home learning environment offered the students a range of learning and mentoring opportunities, as well as mixed experiences and some challenges. Opportunities were characterised as being offered plenty of chances to take on responsibility and act in line with the expectations required of graduate nurses, although these responsibilities could sometimes exceed their competence. Additional challenges were related to a lack of predictability in learning situations, and limited time for academic reflections and dialogue. These challenges could potentially lower students' motivation to pursue a career in nursing homes, thereby contributing to the recruitment issues these institutions are already facing. A marginal nursing home context might not offer what is perceived as a quality clinical learning environment, in the context of UHR's (2016) recommendations.

Study strengths and limitations
A main strength of this study is that it addresses a core nursing educational issue concerning clinical placement studies. The study is further strengthened by the researchers' efforts to secure validity and coherence in the data collection, and credibility and validity in the data analysis, notably by working independently and together to reach consensus in the final stage of analysis. An obvious limitation of this study is its relatively small sample. It may also be considered a limitation that the students were interviewed at different times, and that some students in the sample were more experienced than others, although all were in their third and final academic year. Another limitation might be that all the authors had a pre-existing understanding of this nursing home as a marginal nursing home learning environment, and this might have influenced the data analysis. This issue could have been addressed by having students read the transcripts and validate the analysis, but this was not possible due to their heavy workload at the end of their final term.

Implications for practice
The findings from this study make visible the fact that the nursing homes as learning sites and the academic institutions as educational settings both face challenges. Given the similarities between this study's findings and those reported from similar studies, it is suggested that the results might inform academic and clinical fields.

Based on the findings, it is recommended that the clinical field – represented by the nursing staff, nurse mentors and managers – prepare for the students' arrival at their institutions. This kind of welcome includes inviting students into their working community by offering and planning learning situations, professional dialogues and supportive mentoring. It is suggested that nursing home managers collaborate closely with the academic institutions to develop optimal clinical learning environments by improving the structures and roles while hosting students. This may also contribute to turning recruitment challenges into recruitment successes.

The academic institutions need to take into consideration the fact that nursing homes offer numerous situated learning opportunities for nursing students at all academic levels. However, to support the nursing homes as sites for clinical placement and quality learning environments, the academic institutions also need to offer optimal academic and mentoring support, both to the students and their mentors at the nursing home. With marginal clinical placement sites, the academic institutions (represented by their instructors and deans) must cooperate closely with mentors and students to secure the quality of their clinical placement and ensure that learning outcomes are achieved.

On a national policy level, the prescription of national quality standards would ease the evaluation of educational quality and nursing home care quality, as would prioritising nursing homes as important sites for teaching and mentoring nursing students. The UHR (2016) has outlined clear aims to strengthen relationships between academic schools of nursing and clinical practice settings. Governmental policy should provide guidelines to facilitate co-education and role-model mentorship for situated learning.

Implications for further research
The findings in this study challenge educational researchers to develop and perform cross-sectional studies that clearly describe how marginal learning environments in nursing homes are associated with the recruiting challenges they face today. Further, researchers are challenged to identify and test the benefits of collaborative structures and models that improve situated learning in nursing homes and provide answers for how to work together to solve the challenge of future demands on nursing home care and of recruitment in this setting. These studies could apply a variety of designs, such as action research and realist evaluation design, as well as a more traditional mixed-methods, complex educational intervention design.

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Turid-Irén Jacobsen (MNS, BSc, RN), Associate Professor, University of South-Eastern Norway, Drammen, Norway.

Kirstin Onshuus (MNS, BSc, RN), Assistant Professor, University of South-Eastern Norway, Drammen, Norway.

Hjørdis Frisnes (MNS, BSc, RN), Assistant Professor, University of South-Eastern Norway, Drammen, Norway.

Marianne Thorsen Gonzalez (PhD, MNS), Clinical Specialist in Psych Nursing; Professor, University of South-Eastern Norway, Drammen, Norway.