A study examined how people using learning disability services perceived student nurses and what they liked and disliked about the students’ presence and input.

Service users’ perceptions of student nurses

In this article...

- Gaining feedback from users of learning disability services
- How services users feel about interactions with student nurses
- What service users liked and disliked about being cared for by student nurses

Student nurses regularly go on clinical placements and these often take place in service users’ home environments. These may be permanent homes or temporary settings and include residential, care and nursing homes. This type of service provision is particularly prevalent in learning disability, mental health and older people’s services.

What is the effect on service users of having student nurses coming into their homes and their lives then leaving, often never to be seen again? Imagine the situation. You wake up in the morning, get out of bed and walk into your lounge to find a stranger there. This stranger seems friendly, smiles and offers to make you a drink. Later they offer to help you bathe, which involves seeing you naked – they are friendly but, still, this is a stranger seeing you naked. Next they help you dress, then make you breakfast. How would you feel if this happened to you? Would you be afraid or anxious?

Although this may seem like an exaggerated situation, it is not. For many people in long-term care settings, this is their reality and a regular occurrence. The difference is we do not call these people strangers but bank or agency staff – or sometimes student nurses on placement.

To educate the nurses of the future fully, we need them to experience placements in clinical practice. However, we should consider the impact they can have on service users’ lives and how invasive this may be. I am not advocating that we stop using bank staff or stop having students on placements, but we need to consider the effect this has on service users.

5 key points

1. Student nurses are a significant presence in many clinical areas

2. Service users in long-stay care will see many changes in staff – including student nurses – over time

3. Gathering patient feedback is established in many services and should be carried out where it is more challenging, for example in learning disability care

4. For long-stay users, the care environment is also their home

5. Having staff who change regularly affects service users and can make them reluctant to form relationships
This research study explores this issue with a group of service users with learning disabilities.

**Background**

Many recent policies have promoted service-user involvement in healthcare provision. Although this is undoubtedly good practice, there has also been criticism – namely that services only pay lip service to it and do not truly involve service users.

One area where this is particularly problematic is the field of learning disabilities. In this group, communication and level of understanding are often barriers to effective service user involvement.

Significant policy documents in learning disabilities have been published in recent years, including: the government’s white paper, Valuing People: a New Strategy for Learning Disability for the 21st Century (Department of Health, 2001a); the supplementary paper, Nothing About Us Without Us (DH, 2001b); and the report, A Life Like No Other, from the Healthcare Commission (2007). The main messages of these papers concern the principles of empowerment, rights and equality and they push for the involvement of people with learning disabilities in the planning of services.

Although research that involves people with learning disabilities is often not easy to undertake, this is no excuse to not do it. In the past, people with learning disabilities were regarded as passive recipients of care (Oliver, 1992; Zarb, 1992). Today there is good evidence to suggest that obtaining views from this group of service users is methodologically achievable (Inglis and Cook, 2011; Williams and England, 2005; Richardson, 2000). Indeed, it can be argued that it is unethical not to ask the opinion of all service users, regardless of disability, and that it is necessary as a means of empowerment (Northway, 2000).

This article outlines the findings of a qualitative study that explored service users’ perceptions of student nurses. Although it focuses on people with learning disabilities, the findings are likely to be similar in all long-stay care settings where the care environment becomes home.

**Aim**

Student nurses regularly attend placements in long-stay care settings and become significant members of the team. This means service users in these environments can meet many students.

By conducting this qualitative study, I aimed to explore service users’ perceptions of student nurses and to establish:

- Whether service users were aware they were students;
- Service users’ thoughts about the student;
- Whether the service user liked the student.

**Method**

The service users in this study were all adults served by NHS learning disability services. Most had a history of living in some kind of residential service and, for many years, had not lived with parents or independently. In total, 17 people with learning disabilities were interviewed.

The interviews were conducted as part of a wider project looking at quality-of-life issues for people with learning disabilities. Ethical approval was granted for this larger project.

The interviews were semi-structured; Box 1 gives a sample of the questions. Each participant was interviewed once. Interviews lasted on average approximately one hour, but their duration varied, depending on how much the participant wanted to talk. Semi-structured interviews ensure all participants are asked the same questions while allowing the interviewer to ask questions that probe further or request clarification (Cormack, 2000).

The questions were devised by a group of staff nurses and a lecturer in nursing. This group forms a practice learning team that is committed to high-quality nurse education and supporting students on placement. The staff nurses are all mentors to students while they are on placement.

**Results**

Once the interviews had taken place, the transcripts were analysed and themes extrapolated from the participant responses. The thematic analysis identified three main themes: Positive response; Indifference; Poor-quality students.

**Positive response**

This was by far the biggest theme to emerge from the responses, with all 17 participants giving some positive comments. In some instances this was brief but, in most cases, participants gave very detailed accounts.

The results demonstrated an extremely positive view of students by the participants. They appeared to understand what it meant to be a student nurse, making comments such as “they are learning to be a qualified [nurse].”

All participants recalled being asked whether they wanted to work with the students. They stated that, on the whole, they are told this new person is a student, are introduced to them and asked for their permission before the student works with them.

In the main, student nurses were regarded as being good at the job and many participants could name individuals they felt were particularly good. They could often remember students from many years ago, and also commented that the students were “nice”, “kind”, “spent time with them” and were patient.

In some cases when the students left at the end of the placement, their absence was noticed by the participants and they were missed. Some spoke in depth about specific students they remembered and what they had been involved in while on placement.

Some participants mentioned some staff nurses who they remembered being students. It appeared that they could distinguish between the time when the nurses were students and when they had become qualified.

**Indifference**

The second largest theme identified was that of indifference and 10 participants in the study mentioned this.

The participants were aware there were students around and acknowledged they were good but did not miss them when they had completed the placement; they also did not appear to have fond memories. This was because it was the norm for them and good students, along with good staff, come and go and over the years. The participants had met so many students that they tried not to become attached to them.

**BOX 1. SAMPLE SURVEY QUESTIONS**

- Are you introduced to student nurses or do the students let you know they are students?
- Do you understand what it means to be a student nurse?
- Do you get asked if you would like student nurses to work with you?
- Do you like having student nurses here?
- If yes, why? If not, why not?
- How do you feel when student nurses leave? Do students say goodbye?
- Can you think of any student nurses you really liked and why?
Some participants demonstrated clearly they were accustomed to people “coming and going” in their lives. Comments that illustrate this included “well I never know whether people will come back”, “people always leave me” (this statement was not said with sadness – just stated as fact), and “there’s no point in liking them ‘cos they might not come another day... or I may have to move”.

**Poor-quality students**

This was by far the smallest theme, and was raised by only four service users. A few students were remembered as being “bad” and these examples had stayed with all of the four participants many years after the student had worked with them.

The participants gave specific examples. Interestingly, their examples of bad students did not directly relate to care they gave to the patients. Interestingly, their examples of bad students did not directly relate to care they gave to the patients. Occasionally, their examples of bad students were remembered as being “bad” and these examples had stayed with all of the four participants many years after the student had worked with them.

The participants gave specific examples. Interestingly, their examples of bad students did not directly relate to care they had received but were broader examples about the students’ general performance. They said things such as “they didn’t know what they were doing”, “they said the wrong things” and “the nurses had to keep telling them what to do”. When asked, participants said that this was the case with only “a couple” of students and most students were “nice”.

**Discussion**

It is reassuring for those involved in student nurse education that these findings are, on the whole, positive. It would have been of significant concern if the main theme had been negative as there are so many students (not just student nurses) on healthcare placements. Although the negative responses are of concern, it is clear in this study these apply to only a small minority of students and is the minority view of these participants.

The most disturbing theme was that of indifference. The participants appeared to the changing of staff and students as it is such a frequent occurrence in their lives. They appear to have learnt not to become attached to anyone as they considered it likely that the other person would move on. This is a sad picture that could affect service users’ abilities to form relationships in the future. For staff, caring for these service users is their job and, for students, caring for them is a placement – both of these will end at some point.

Although little can be done about this, as staff eventually have to move on or retire, it gives us food for thought for the way we interact with service users as this is their life. Staff and students should keep in mind the impact they may be having.

**Conclusion**

This is a small study with a small sample from only one specialty, so the findings cannot automatically be extrapolated and generalised. It does, however, give us a valuable insight into the impact students can have on service users in long-term care settings.

Clinical placements are an essential part of student nurses’ education but when these take place in long-stay environments that are home to service users, it is important to be aware of how they may affect people. Students need to understand they are going into someone’s home, even if the home is in a care setting.

Long-stay care settings are good learning environments for students but they must be approached differently from a typical short-stay ward environment. Often when students finish their placement, they leave a void in the lives of the service users that is more noticeable if settings where the service users remain for long periods of time.

Student nurses continue to be a prominent presence in many clinical areas and the findings of this study help us understand the impact they can have on service users.

The effect is particularly significant in long-stay environments where service users see many student nurses come and go over time. This is true of all long-stay care environments, for example mental health services, older people’s services and physical disability services, where service users may be in one setting for many years, and the findings of this study could apply to other long-stay practice areas. Further research would be needed to confirm that.

The findings of this study can help raise students’ awareness of the effect they can have so they can shape their behaviour accordingly.

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**References**


Department of Health (2000b) Nothing About Us Without Us. tinyurl.com/DH-Nothingwithoutus


