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Belongingness: Student Operating Department Practitioners' learning experiences in clinical placements.

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ABSTRACT

The aim of this qualitative study is to explore student Operating Department Practitioners' experiences of belongingness in clinical placements. Belongingness has been shown to be significant for learning in clinical placements for student nurses and midwives. This study was designed to look specifically at student Operating Department Practitioners' experiences. Semi-structured interviews were conducted with eight student Operating Department Practitioners. The interviews were transcribed and coded. All student Operating Department Practitioners could describe clinical placement experiences where they felt they belonged and those where they felt they did not belong. Both had a significant impact on students learning experience. Students also described their own sense of responsibility for belonging while in placement. This study provides qualitative data to help understand how belongingness can positively or negatively affect, the learning experiences of student Operating Department Practitioners in clinical placements.

INTRODUCTION

Student Operating Department Practitioners (ODPs) are a relatively small group of healthcare students specifically educated to care for patients in the operating theatre

department (Timmons & Tanner 2004). The findings of a research study will show the impact of belongingness on the learning experiences of these students in clinical placements.

Student ODPs undertake a university course that incorporates clinical placements in the operating theatres. This is in contrast to student nurses and midwives who experience diverse clinical placement areas such as medical and surgical wards, the community and critical care areas. Although both nurses and ODPs are employed in theatres, educating ODP students is a cost effective way of providing qualified staff for an area of the acute hospital that traditionally struggles to recruit (Lewin 1970, Bevan Report 1989, Audit Commission 2003).

Belongingness has been shown to impact on the learning experiences of student nurses and midwives and could be a key consideration for this student group (Levett-Jones & Lathlean 2009a Kim & Jung 2012, Sedgwick 2013, Ashktorab et al. 2015, McKenna et al. 2013). Levett-Jones & Lathlean (2009a:346) define belongingness as “a deeply personal and contextually mediated experience that evolves in response to the degree which an individual feels (a) secure, accepted, included, valued and respected by a defined group, (b) connected with or integral to the group, and (c) that their professional and/or personal values are in harmony with those of the group”. Relatively little research has been conducted with student ODPs in general and none specifically in the area of their experiences of belongingness in clinical placements. The purpose of this research study is to explore and describe student ODPs’ experiences of belongingness during their clinical placements in the operating theatres.

BACKGROUND

This study rests on the claim that learning within the clinical environment is fundamental to education within healthcare for student nurses, midwives and ODPs (Levett-Jones & Lathlean 2008, Nursing & Midwifery Council 2010, Health & Care Professions Council 2012). Light et al. (2009) believe clinical placements which promote student engagement and intrinsic motivation lead to valuable learning experiences. Additionally, this motivation is key to adult learning theory as it is a powerful stimulus to learn (Knowles et al. 2011). The incentive to learn can be enhanced or hindered by many different variables within the clinical area, one of these being the concept of belongingness (Levett-Jones & Lathlean 2008).

Much of the earlier literature regarding belongingness comes from the social and psychology literature. Maslow (1943) identified belonging as a central need for humans in the Hierarchy of Needs model of individual development and motivation. Baumeister & Leary's (1995) narrative review identifies two key features in belongingness showing that people need regular contact with other people, ideally the same people and the relationship needs to be stable and lasting so that it can continue productively. They concluded that belongingness is a "fundamental human motivation" (Baumeister & Leary 1995).

The literature on belongingness highlights a concept with certain characteristics, having a significant impact if present or lacking. Research within healthcare, regarding belongingness and student placements has focused on student nurses and midwives. Consequently an ethically approved, primary research study was conducted with eight, second year ODP students from two universities.

LITERATURE REVIEW

The PICOT format provided a structured approach to creating a research question with key terms to guide searching the literature (Glasziou et al. 2007, Fineout-Overholt & Stillwell 2011).

Table 1: PICO format

PICO	Study Question
1. Population/problem	ODP students
2. Intervention	Operating theatre department
3. Outcome	Experiences of belongingness
4. Time	Clinical placements
Research question: What are student Operating Department Practitioners' experiences of belongingness, during clinical placements in the operating theatre department?	

(Glasziou et al., Stillwell et al.)

Qualitative research was assessed against Guba & Lincoln's (1994) trustworthiness criteria with quantitative research considered against a critical appraisal tool (as cited in Bryman 2012, Centre for Evidence-Based Management 2014).

The main authors in the field of belongingness and clinical placements in healthcare are Levett-Jones and colleagues (Levett-Jones et al. 2007a, 2007b, 2008, 2009a, 2009b, Levett-Jones & Lathlean 2008, 2009a, 2009b). Levett-Jones et al. (2007; 2008; 2009a; 2009b) used a mixed method approach that aims to examine the relationship between clinical placement experiences and belongingness. They

developed the Belongingness Scale - Clinical Placement Experience (BES-CPE), which is based on a scale originally developed by Somers (1999) and reports statistically high reliability (as cited in Levett-Jones et al. 2009b). The aim of the qualitative element of the study was to explore how student nurses perceive the features and significance of belongingness in clinical placements (Levett-Jones et al. 2007a). Levett-Jones & Lathlean (2008) define belongingness and identify the students' motivation to learn, alongside a greater ability to direct their own learning as a direct consequence of belongingness. Levett-Jones et al. (2009a) conclude that students who experience a positive placement, develop learning with assurance and drive, which is influenced by their sense of belonging. Overall trustworthiness is high and any concerns regarding depth of information on participants are addressed in other papers reporting different aspects of the same research study (Levett-Jones et al. 2008, Levett-Jones et al. 2009b, Guba & Lincoln 1994 cited in Bryman 2012). These findings relate closely to those reported in the narrative review on belongingness by Baumeister & Leary (1995).

The BES-CPE scale has been utilised by subsequent researchers with nursing students in South Korea, Canada, Iran and midwifery students in Australia (Kim & Jung 2012, Sedgwick 2013, Ashktorab et al. 2015, McKenna et al. 2013). A total of 1103 student nurses and midwives were surveyed. All researchers reported high reliability and validity of the tool. These studies indicate that the scale is appropriate for measuring students' experiences of belongingness while on clinical placement. Sedgwick and Yonge (2008) conducted an ethically approved, qualitative study investigating student nurses and preceptors experiences and perceptions of belongingness during placements in rural hospitals in Canada. Results support the findings of Levett-Jones et al. (2008) with a sense of belonging being influenced by the students' characteristics, their interpersonal relationships in placement and the ethos of the department. Kern et al. (2014) investigated how eighteen student nurses

look for belongingness in clinical learning placements in Canada. This study suggests that students take responsibility for their belongingness, working hard to establish and maintain belongingness.

All of these studies indicate that belongingness could have a significant impact on the learning experiences of ODP students. However transferability is compromised, as differences exist between ODP and nursing and midwifery students in terms of placement areas, systems of mentorship and countries. There is a gap in knowledge relating to student ODPs' experiences of belongingness while in clinical placement that merits further investigation.

METHODS

Purposive sampling was used in this ethically approved, qualitative study with individual, semi-structured interviews of eight second-year student ODPs. Students from two universities took part with interviews taking twenty minutes to an hour. All students recruited were undertaking a two-year diploma in Operating Department Practice in universities in England. Regarding clinical placement experiences, those interviewed were representative of student ODPs in the United Kingdom at the same stage in their diploma course, having experienced a similar variety of placements. Students were approached via their lead lecturers and provided with a presentation and written information regarding the study. No students were interviewed on the day of the presentation to allow time for them to review the information provided. As per ethical approval, students known to the researcher were not recruited, resulting in all participants having no past, present or known future, educational or working relationship with the researcher. Data was stored securely in line with university guidance. Students interviewed, ranged in age from 25 to 46 years, with seven

female and one male participant. Consent forms were signed prior to interview and verbally confirmed before the start of interviews. An interview guide containing questions from literature, alongside questions created by the researcher, was tested in pilot interviews (Levett-Jones et al. 2009a). Audiotaped interviews were conducted on university premises or via Skype.

All transcripts were anonymised with participants assigned pseudonyms. Transcripts of the audiotaped interviews were returned to participants for respondent validation. No participant requested changes to their transcript. A reflective diary was maintained to show reflexivity and provide an auditable trail (Bryman 2012).

Transcripts were coded according to the themes that emerged (Braun & Clark 2006, Gibbs & Taylor 2010). Codes were constantly reviewed and found to largely fall into the themes of belongingness and lack of belongingness.

Table 2: Themes & Sub-themes:

THEMES	SUB-THEMES	SUB-THEMES
	Belongingness	Lack of Belongingness
1. Staff Receptiveness	Feeling welcome	Feeling unwelcome
2. Inclusion/ Exclusion	Included & involved	Excluded
3. Challenge & Support	Student achieved beyond their expectations	Staff expecting too much
4. Role of the student	Valued	A burden
	Responsibility for self	Conforming

FINDINGS

Student ODPs described their experiences of belongingness in terms of positives and negatives. All participants were able to describe experiences of belongingness. They felt welcomed, included, involved, supported, challenged appropriately, valued with a sense of responsibility for their own belongingness. Participants emphasized the positive impact this had on them personally and their learning. Students also highlighted the lack of belongingness they experienced while on clinical placements. All participants could describe clinical placements where they felt like they did not belong. It was represented in terms of feeling unwelcome, excluded, staff expecting too much, feeling like a burden and pressure to conform to practice. Participants identified the negative impact this had on them personally and their learning.

Staff Receptiveness

Feeling welcome was portrayed in terms of being accepted and welcomed by staff who were keen to teach. Here a student comments on the positive effect of feeling welcome and the impact this positive experience has on their levels of confidence.

P5: "I was keen to sort of, to scrub as much as I couldand they welcomed that and they got me scrubbing on my own and thatreally increased my confidence and I thought oh actually I can do this."

All participants retold situations where they felt they were not welcomed or wanted, seen as a nuisance or generating too much work. This had a negative effect on their confidence levels. One student described "feeling like you're just invisible" and "just feeling generally unwanted" (P5).

Inclusion/Exclusion

It was important to student ODPs to be seen as an individual but also involved as a member of the team. Socially in the placement area this related to tea breaks and conversations but was also extended to social situations outside work.

P3: “we’d only been there a week and they said we’ve got a Christmas party coming up ... em yunno are you interested in going?”

Alternatively, this student relayed a particularly difficult placement where they felt excluded from a work and learning perspective, missing learning opportunities:

P2 “I wouldn’t even be back scrubbed, you’d be just left standing there like a lemon”

This also extended to social situations within the placement during coffee breaks and social events outside work. One student described feeling excluded, using an analogy with primary school:

P5: “kind of like felt like being like the most unpopular person at primary school, unpopular kid at primary school in that particular placement”.

Challenge and Support

Belongingness for ODP students was connected to the challenge to achieve more.

This was linked to the levels of support provided in order to accomplish this.

Achieving beyond their expectations improved confidence in their ability to carry out their role and feel part of the team. One student refers to a particularly positive placement where the staff ensured the student put theory into practice and moved beyond their comfort zone. This had a positive impact on the student’s academic achievement:

P7: “when we had our exam on it, it definitely showed I haven’t been nervous about it and I knew I’d be ok because I’d been doing it in my second placement it was almost like just a skill that came naturally”

High levels of support were synonymous with feelings of belongingness in the area chosen for employment post registration or potential areas for employment.

P1: “we already got a job and most people know that, so they are, they are more encouraged for us to learn more”.

P3: “I felt that they were investing in me, they, it was important to them that I trained and they actually said time and time again, we want you to come back here so what we can do to persuade you to come back here and you just felt like yeah these are going to give me the support ... when I qualify”.

Participants who experienced limited support felt that they missed valuable learning opportunities. Some experienced situations where they felt that too much was expected of them.

P8: “I felt pressured to kind of perform ... at em a higher level as a, as a qualified practitioners yunno It wasn't, it was uncomfortable”.

Role of the student in belongingness

Students were conscious of the pressures on staff and felt a responsibility towards their own sense of belongingness while on clinical placement. It was important to them that they were seen to be willing to learn and be part of the team.

P7: “because I'd made the effort to get to know them, that they were like, ok this is a keen student who obviously wants to be part of the team”.

Participants were keen not to be seen as a burden. This participant explained a particularly difficult placement where there was no consistency in relation to mentors, staff and specialties.

P6: “you feel like you're a burden” ... “you just sort of step back into the shadows”.

Some students experienced placements where they felt compelled to match the way their mentor practiced. One student described how this compromised learning and

delivering patient care. They felt unable to challenge the practice and instead conformed to ensure a smooth placement. This student explains this approach and the subsequent impact:

P1 “there are people who will come and say this is my way and if you’re with me today you have to do it my way.”

P1: “useless, cause then I don’t use my mind I just use their minds and my practice and if I’m not comfortable with the way they are doing their things then I feel like I’m not safe for my own practice”.

All participants could describe placement experiences of belongingness from opposite ends of the continuum. This provided a significant insight into their experiences of belongingness.

DISCUSSION

The findings of this study show that there can be a positive or negative impact on the student, if belongingness is present or absent. The positive effect on student ODPs manifested itself in terms of the confidence levels of the students, their ability to learn and have productive placements. Lack of belongingness produced the opposite effect with feelings of being unwanted, excluded and unsupported. This significantly impacted on the student’s level of confidence, limiting the capacity to ask questions, not pushing themselves forward and therefore not capitalising on their learning opportunities. Maslow identified a sense of belonging as part of the Hierarchy of Needs (Quinn & Hughes 2007). His work explains a sense of belonging as a need for individuals as part of the progression towards achieving their full potential. Baumeister and Leary’s (1995) work demonstrates that belongingness can have a positive effect on individuals if present or detrimental effect if missing. More

specifically in relation to healthcare students, Levett-Jones et al (2009a) reported belongingness as fostering a positive influence versus lack of belongingness promoting a harmful impact on the student nurses' experiences. Belongingness has been shown to be fundamental to the quality of the student ODPs' experiences while on clinical placement and their ability to reach their full potential.

Regarding limitations, the sample size was small, hindering the ability to achieve saturation. Purposive sampling may constrain transferability and cause bias as participants volunteered to take part in the study. With one male participant, this voice was under represented. Analysis of the data leaves the results open to bias because it is an interpretative process, however providing an auditable trail of evidence to support analysis helps mitigate this.

Student ODPs described experiences where they felt valued or like a burden, as an element of belongingness. Hardcastle (2014) reported that feeling valued was linked to feelings of belongingness. Similarly Levett-Jones et al (2009a) identified the importance of feeling valued and the impact of feeling a nuisance reporting that student nurses felt safe to make mistakes and ask potentially silly questions as their mentor respected the students learning and the contribution the students make. Alternatively student nurses described feeling as if they were an irritation, with mentors having unrealistic expectations and reporting missed learning opportunities. This impacted on their learning experience. Gilmour et al. (2013) support this, demonstrating that being valued can have a positive effect on learning in clinical placements. Student ODPs described similar experiences while in clinical placement. In placements where they felt valued they could ask questions freely and enhance their learning because they felt safe to do so. In placements where they felt unwanted or a burden they held themselves back, did not ask questions or push forward for learning opportunities.

Conforming in clinical placements was a feature of belongingness for the students in this study. Student ODPs preferred learning situations where mentors allowed them to practice as long as they could justify their decisions and how they were working. Students interviewed described that this ensured safe practice and also enhanced their learning and development. Some mentors facilitated the student ODP's practice if the student was confident enough to challenge practice. However, many reported situations where they were unable to do this as the mentor expected them to conform to their clinical practice. This is concurrent with the findings of Levett-Jones and Lathlean (2009a) who describe conforming and compliance to be an aspect of belongingness in clinical placements for student nurses. It was seen as a route to acceptance by the registered staff. This is concurrent with the findings here as student ODPs willingness to belong, supersedes challenging registered staff unless they felt confident in their belonging in theatres.

The role of the student in belongingness was explained by participants, in that they felt some responsibility towards their own sense of belonging. They were keen to show that they wanted to learn, work hard and be accepted into the team. They wanted to be seen as complimenting the team rather than detracting from it because this enhanced their learning opportunities and feelings of belongingness. It was in their best interests to belong. Knowles et al. (2011) considers student responsibility as integral to adult learning theory. Hardcastle (2014) reports student ODPs using strategies to assist their acceptance into the team. ODP students came into the clinical area prepared to learn to care for patient in the perioperative environment. They recognised that they could help themselves in terms of their own belongingness.

The evidence presented here indicates that student ODPs' experiences of belongingness can range from one extreme to another. It is recommended that placement areas liaise with students to ensure they feel like they belong. This involves welcoming students into the clinical area and ensuring they feel included, involved, supported, challenged and valued. This safeguards quality, learning experiences where students develop as practitioners. Failing to do so may compromise the quality of learning, subsequent practice and may also have implications for students' choice of area for employment. Further research involving a larger cohort of ODP students could further enhance these findings.

CONCLUSION

It is evident from the findings of this study that student ODPs could explain their experiences of belongingness while on clinical placements. These experiences were illustrated in terms of a positive or negative effect. Students described positive experiences of belongingness as feeling welcomed, included, involved, challenged, supported and valued. Students also felt a sense of responsibility for their own belongingness while on clinical placement. They wanted to demonstrate to staff that they were keen to work hard and learn. A lack of belongingness resulted in the opposite as they described feeling unwelcomed, excluded, challenged beyond their abilities, a lack of support and seen as a burden. Conforming in order to fit in was also a feature. Student ODPs' accounts of their experiences of belongingness were consistent with those described by student nurses (Levett-Jones et al 2009a). The evidence provided by this study can inform improvements required to ensure consistently high quality learning experiences for ODP students in their clinical placements in the operating theatre department.

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