



## Australian nursing students' clinical experiences in residential aged care: Reports from nurse academics



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### ABSTRACT

**Background:** Nurses are the largest group of registered healthcare professionals and are fundamental to delivering health and aged care in Australia.

**Aim:** To explore how nursing students report clinical experiences when caring for older people as part of a larger study investigating how care of the older person content is included in Australian undergraduate nursing curricula.

**Methods:** A population sample of all Australian nursing schools that offered a Bachelor of Nursing degree (n = 35) in 2019. Nurse academics involved in curriculum development or delivery were recruited. A telephone-assisted survey was used, and qualitative content analysis undertaken.

**Results:** All schools of nursing participated in the survey, representing a response rate of 100%. The acute care focus of nursing curricula meant clinical experiences for nursing students related to older person's care commonly occurred in residential aged care facilities in the first year of the degree. Student reports of these experiences varied, with a majority of respondents reporting mixed or negative feedback associated with a lack of preparation and inadequate supervision.

**Conclusions:** This study highlights the significance of the timing of nursing students' clinical placements in residential aged care; the selection of appropriate care homes; and the need for the right clinical teaching staff who can supervise high quality learning experiences for students.

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### Summary of relevance

#### Problem or Issue

Australia's population is ageing, and its health and care needs are increasing. It is projected that there will be insufficient numbers of nurses to meet these care needs.

#### What is already known

International and local research shows that student nurses report mixed feedback about their clinical experiences in residential aged care, such as being unprepared and feeling unsupported.

#### What this paper adds

Most Australian Schools of Nursing schedule clinical experiences in residential aged care facilities in the first year of the undergraduate program. Learning objectives for these experiences are associated with fundamental nursing care, despite the complexity of older people's needs. Students recount these placements as a negative experience.

## 1. Introduction

Australia has an ageing population with the associated demand for healthcare (Australian Institute of Health and Welfare [AIHW], 2019). Workforce projections are that there will be an insufficient number of registered nurses (RNs) in the future (Health Workforce Australia, 2014). These factors should be drivers for Schools of Nursing (SoN) and the Australian Nursing and Midwifery Accreditation Council (ANMAC) to ensure graduating nurses are prepared to care for older people. Nursing curricula are vital in preparing nurses to work with older people (Garbrah, Valimaki, Palovaara, & Kankkunen, 2017) and nurse academics play a significant role in shaping students' attitudes to nursing older people (Dahlke et al., 2020) especially early in their education (Garbrah, Kankkunen, & Valimaki, 2020).

However, graduate nurses report that they are underprepared to work with older people (Dahlke, Kalogirou, & Swoboda, 2021), particularly those with dementia (Khait, Menger, Hamaideh, Al-Modallal, & Abdalrahim, 2022). Reasons given are: nursing curricula are acute care focused (Garbrah et al., 2017; Koskinen, Salminen, Stolt, & Leino-Kilpi, 2015); there are insufficient academics with expert gerontological knowledge to teach undergraduate nurses (Fulmer, 2020); and the learning objectives of clinical experiences in residential aged care facilities (RACFs) relate to fundamental nursing care that denies the complexity of needs (Laugaland et al., 2021).

## 2. Literature review

An Australian Bachelor of Nursing degree (BN) generally takes three years full-time to complete, and SoN are mandated to provide 800 hours of relevant clinical experience for all students (ANMAC, 2019). Clinical experiences enable essential knowledge transfer, skill development and professional socialisation vital to producing work-ready graduate nurses (Cooke, Greenway, & Schultz, 2021). However, providing sufficient and relevant clinical experiences for all student nurses does not always occur, with reports of 'students undertaking placements in venues such as child-care centres and charity shops' (Schwartz, 2019, p. 37). To address this issue, different healthcare settings, such as primary care, have been trialled (Thomas, Bloomfield, Gordon, & Aggar, 2018). The government has supported opportunities for clinical placements in RACFs (Mason, 2013). However, the workforce in this setting is dominated by unregulated care workers with limited numbers of registered nurses (RNs) (Committee for Economic Development of Australia [CEDA], 2021; Eagar et al., 2019). This re-

duces the capacity of RACFs to support effective clinical experiences (Robinson, Andrews-Hall, & Fassett, 2007).

A further challenge is the declining number of appropriately prepared clinical supervisors in RACFs (Fetherstonhaugh et al., 2022). Different definitions for the term clinical supervisor are preceptor, mentor, facilitator, supervisor, or educator (King, Edlington, & Williams, 2020). A position statement from the Australian Colleges of Nursing, Midwifery and Mental Health Nursing (2019) outlines a definition of clinical teaching and expectations for effective clinical supervision. However, there is no comprehensive competency framework for nurse clinical supervisors' practice (Cutcliffe, Sloan, & Bashaw, 2018). Australian SoN commonly uses the preceptor model of clinical placement, where a student works alongside an RN employed by the health service, and the facilitator model, where an RN, usually a sessional educator employed by the SoN, supervises a group of students in the clinical setting (Cutcliffe et al., 2018; Fetherstonhaugh et al., 2022). While the RN preceptor provides students with clinical learning opportunities, increased workloads and RN shortages mean that supervision of student nurses becomes a burden (Henderson & Eaton, 2013), and impacts the supervisor's capacity to complete their clinical work (Anderson, Moxham, & Broadbent, 2020). Cowin and Moroney (2018) found that clinical facilitators are often 'casual or sessional' employees, difficult to recruit with a high turnover, and many may not have a good knowledge of the curriculum. In the larger study (Fetherstonhaugh et al., 2022), respondents supported this in their statement that clinical educators employed by Australian SoN may have little understanding of the residential aged care setting. An extensive literature review (Cutcliffe et al., 2018) found that clinical supervisors needed training and a competency framework to supervise students successfully. In addition, recent research found that the reduction of preceptors' clinical workloads significantly increased their ability to support students (Soro, Aglen, Orvik, Soderstrom, & Haugan, 2021). Finally, a recent systematic review of clinical education models based on students' preferences found limited evidence to support one model over the other (Jayasekera et al., 2018).

The quality of students' clinical experiences in RACFs varies considerably. Lea, Marlow, Altman, and Courtney-Pratt (2018) found students prior experience in these settings and career aspirations influenced clinical placement preferences for RACFs. Students reported they felt unprepared, especially in the first year (Keeping-Burke, McCoskey, Donovan, Yetman, & Goudreau, 2020); were often buddied with non-nursing staff such as care workers (Laugaland et al., 2021); witnessed substandard care, poor resourcing, and inappropriate staffing mix (Jack et al., 2018). All of these experiences influenced their perception of the setting and future career choices (Naughton, O'Shea, & Hayes, 2019).

## 3. Method

### 3.1. Study design

An exploratory study was used with a semistructured survey completed as a telephone interview to understand how content on the care of older people was included and taught in Australian Bachelor of Nursing curricula.

### 3.2. Ethical considerations

Ethical approval was obtained from the La Trobe University Human Research Ethics Committee in 2018 and where required from the institutional ethics committee of other research team members' universities. Respondents gave informed consent before participating.

### 3.3. Settings and participants

All Australian SoN offering a BN in 2019 were eligible to participate. Recruitment involved asking the SoN to nominate one or more academics who would have an in-depth knowledge of the undergraduate curriculum (i.e., curriculum/undergraduate coordinators). These academics were invited by email and/or telephone to participate (Fetherstonhaugh et al., 2022).

### 3.4. Data collection

Data were collected using a semistructured survey used internationally, developed, and amended for the Australian context by the Australian Hartford Consortium for Gerontological Nursing Excellence (Aus-HCGNE). The survey was conducted as a telephone interview between February and May 2019. This method enabled the systematic collection of information while simultaneously probing and exploring responses. The survey was piloted among colleagues of the Aus-HCGNE and further amended following feedback. It contained closed questions, such as *Does your school have an established curriculum advisory board?* In addition, respondents could provide comments and open-ended responses about the challenges of teaching care of the older person and preparing nurses to care for older people (Albudaiwi, 2018). All interviews were audio-recorded, professionally transcribed, and returned to the research team as word documents.

### 3.5. Data analysis

Descriptive statistics undertaken in SPSS Statistics v25 (IBM) were used to analyse the responses to closed questions about the BN curriculum, findings were published (Fetherstonhaugh et al., 2022). Responses to the open-ended questions were analysed using Krippendorff's (2018) method for content analysis. This allowed the researchers to make interpretations from data grouped according to their similarities. Finally, direct quotes illustrative of these common meanings, identified by the respondent's role and SoN ID, provided the context in findings. Methodological rigour was maintained by the use of the Consolidated Criteria for Reporting Qualitative Data (COREQ) (Tong, Sainsbury, & Craig, 2007). This paper reports findings from the qualitative content analysis of the open-ended responses of the survey.

## 4. Findings

All 35 SoN participated with a response rate of 100%. Forty-five academics were nominated by their school, and all were interviewed, with at least one from each SoN. Each respondent spoke to their area of expertise, some referred to others to answer, and there was no incongruity among participants responses.

Respondents from all SoN reported that their school included at least one clinical experience for students where the older person's care was the focus. These experiences overwhelmingly occurred in RACFs. The majority of SoN (n = 29/35, 83%) reported that these clinical experiences in RACFs could be scheduled in the first year of the program in their SoN (Table 1). Participants often conflated clinical experiences with older people with clinical experiences in RACFs, despite older people being the majority of users of all healthcare services (AIHW, 2019).

When asked about student feedback following clinical experiences in RACFs, respondents reported that formal feedback was not generally sought. However, all respondents talked at length about informal reports from students concerning their clinical experiences in a RACF. Analysis of these responses fell into three clusters – mixed, negative, and positive experiences.

**Table 1**  
Scheduling clinical experiences in RACF.

Years(s)	n	%
1st year only	14	40
1st and/or 2nd year	5	14
1st and/or 3rd year	5	14
1st, 2nd and/or 3rd year	5	14
2nd year only	3	9
2nd and/or 3rd year	1	3
3rd year only	2	6

### 4.1. Mixed experiences

Seventeen respondents (48.5%) reported mixed student feedback following RACF clinical experiences. Among them were respondents from the SoN that scheduled this clinical experience in the second or third years. Many reports related to students being surprised at enjoying the clinical experience (positive) but being mentored by unskilled staff (negative).

*We have a mixed response of positive and negative feedback, but when I speak to students, the majority really do gain experience through that placement. (SoN 32)*

*They're actually quite good at the end of it but we always have a couple who just don't get it. They don't see the value in it. They don't understand why they're there. Because when they're there often they're working side by side with enrolled nurses and carers. (SoN 7)*

The negative feedback reported by respondents in the 'mixed' cluster reflected those described by respondents who reported only negative feedback from students following clinical experiences in RACFs.

### 4.2. Negative experiences

Fourteen respondents (40%) reported only negative student feedback following a clinical experience in RACF, especially if it was the first clinical experience or occurred in the first year. Thirteen (43.3%) were from the SoN that scheduled the RACF clinical experience in the first year. Further, respondents reported that following clinical experiences in RACFs, students associated nursing care to older people with residential aged care settings as they had little education in their first year of healthy ageing or experiences with community-dwelling older people.

*The students do a clinical experience in RACF in first year and don't enjoy it and think care for the older person is aged care. First-years have no understanding of complex dimensions of care of the older person, e.g., those with dementia. (SoN 4)*

Respondents' reports of mixed/negative feedback related to three issues - curriculum design, RACF as a setting for clinical experiences, and students' attitudes to older people.

#### Curriculum design

Respondents felt that their curriculum design contributed to students reporting negative experiences following RACF clinical experiences, especially the timing and intent of the RACF clinical experience.

*That's the problem with the curriculum it's so jam-packed. By the time students get to the third year, they've virtually forgotten what they did in the first year. It belittles aged care by putting it up first. (SoN 3)*

Scheduling the RACF clinical experience in the first year meant students were generally unprepared as they had received little con-

tent on the older person's care, and the focus of these experiences was on fundamental nursing or bodily care. Responses suggest students were expected to 'practice' the skills associated with fundamental nursing care during the RACF clinical experience

*It's very basic, just your activities of daily living (ADLs), communication, manual handling, skin integrity, hydration, and nutrition. (SoN 11)*

However, fundamental nursing care also requires communication skills, and in RACFs, knowledge of dementia, which many first-year students had not received. Respondents acknowledged that students were unprepared for the complexity of RACFs, adding that there was nothing basic about providing care to, or communicating with, residents who had multiple co-morbidities, including dementia. Some reported instances where students were placed in dementia specific units with little understanding of, or no prior education about, caring for people with dementia. A few indicated that RACFs were inappropriate settings for first-year students.

*When we send the students to residential care, we're only focussing on the bodily care, and overlook some of the very important communication strategies, understanding about people's needs, in terms of grief and loss associated with ageing. We send them out unprepared. (SoN 2)*

*Students have been put into a dementia-specific unit and felt out of their depth, and the behaviours of the residents have been challenging, and they haven't really known what to do. I had students coming to debrief with me about their traumatic experience. (SoN 29)*

*They're actually placed in a very complex care environment for which they're not equipped. (SoN 14)*

Respondents from three SoN that schedule RACF clinical experiences in the second or third year highlighted the challenges of the setting - residents with chronic illnesses and few RNs to supervise, as reasons to shift this placement from the first year.

*[In third year] they have four weeks in acute, and then they have a six-week elective. Then they have a two-week placement in aged care linked to a care management leadership unit. So, they do actually spend time with the RNs in aged care (SoN 16).*

Another issue associated with students' negative feedback following clinical experiences in RACFs was the curriculum being acute care focused. Many respondents felt that this focus gave students an unrealistic portrayal of who they would be nursing in any healthcare setting and reinforced their beliefs about older people.

*We place second-year students in RACFs in the second semester, hoping that it will bring along the complexities of the care involved. The students absolutely hate it because all they wanted to do was drips, drains and dressings. Because our [curriculum] focus is so strongly on acute care, it's devalued by staff and devalued by students as not real nursing. (SoN 14)*

#### RACF issues

The second issue associated with negative feedback from students related to RACFs as venues for clinical experiences, especially if the students' first clinical experience. Much of the feedback related to students' perceptions of understaffing, their lack of supervision by RNs and observations of poor care practices. While most respondents (n = 25, 71%) reported that RNs supervised students, many could not clarify who employed them. Further, respondents also acknowledged that students were usually 'buddied' with enrolled nurses (ENs) (n = 13), assistants in nursing (n = 1), care workers (n = 10) and 'other' RACF staff (n = 2). Students often reported no experience of working with an RN.

Barriers to a positive student experience are supervision by poorly skilled staff in the aged care facility. RACFs not employing appropriately trained staff. (SoN 26)

*They are just buddied up with a carer for the whole time, and they don't like that. (SoN 8)*

Respondents further noted that the limited number of RNs working in this sector often left students with a distorted view of the role of RNs working in a RACF.

*First-year students get exposed to bad practice in RACFs. They are not supervised by registered nurses and are supervised by unlicensed, unskilled carers. (SoN 14)*

*They [students] don't see the value in it. They don't understand why they're there. They don't think it's the role of the RN because they're often working side by side with ENs and carers predominantly. They don't see how that experience is useful to them as a future RN. (SoN 35)*

A small number of respondents also reported that students provided feedback about instances of poor care during their clinical experience in a RACF, that negatively influenced their perception of the clinical experience and the sector.

*Students reported seeing dreadful pressure areas, listening to people screaming in pain, RNs not assessing pain, RNs who don't believe in giving opioids even though it's prescribed, the restriction on the use of continence pads, not having time to be with older people. (SoN 23)*

#### Students' attitudes

Finally, respondents reported that students' negative feedback related to their attitudes to nursing older people. They felt that many students, like the population in general, held ageist attitudes which influence their interactions with older people.

*Students go in with the attitude, well, with ageism. They go in with that, and they are the ones that come back and say, "Well, that was pointless. I did nothing". That's why it's really important for us here to change that stereotype really early. (SoN 28)*

Respondents added that nurse academics significantly reinforced students' perceptions of nursing older people and their clinical experiences in a RACF, if they devalue the care of older people. Some cited instances where nurse academics inadvertently or directly imparted ageist views to students.

*Unfortunately, I overheard a casual tutor informing the students, "Oh you poor things, you're going to aged care". (SoN 34)*

The representation of nursing in all forms of media, portrayed as working in highly technical areas, such as emergency departments (ED) or intensive care units (ICU), was also thought to influence students' attitudes to nursing older people. In these portrayals, nurses are not seen interacting with the people who receive their care, which in Australia would most commonly be an older person.

*Students don't see the value in having gone to aged care and of course wish they were in emergency or ICU. Unfortunately, students need to spend a lot more time in aged care really understanding exactly what the population is that they'll predominantly be caring for. (SoN 27)*

#### 4.3. Positive experiences

Despite mixed and negative experiences dominating the responses, two respondents reported that most of their students expressed positive feedback about their clinical experiences in RACF. This feedback related to students' interactions with residents and their first real experience as a prospective nurse.



## 5. Discussion

These findings show that most Australian nursing students (83%) had a RACF clinical experience in their first year, that they were ill-prepared for the challenges of the RACF environment and inadequately supervised. Older people in RACFs require 24-hour care and support due to their complex health care needs. They have high rates of circulatory diseases (93%), and behavioural or mental disorders, including dementia (58%) and depression (54%) (Lind et al., 2020); and most are frail (68%) or most-frail (27%) which severely impacts their basic activities of daily living, for example, self-feeding, bathing, grooming, and dressing (Jadczyk, Robson, Cooper, Bell, & Visvanathan, 2021). In addition, the proportion of RNs in the RACF workforce is low (Eagar et al., 2019). Therefore, students may have little interaction with and limited supervision by an RN in these settings. These two issues, the complexity of residents' care needs and the small numbers of RNs, reinforce the need for students to be better prepared, and supported during (Garbrah et al., 2020) these clinical experiences; RACFs are unsuitable as a venue for a first clinical experience for nursing students with no understanding of frailty and dementia (Keeping-Burke et al., 2020). Curricula needs specific content related to dementia introduced early in nursing programs to better prepare students about dementia before RACF clinical experiences (Khait et al., 2022).

The literature outlines a multitude of reasons to explain students' negative perceptions of RACF clinical experiences, most being pertinent to these findings. Students' unpreparedness to work with older people is a common theme (Dahlke et al., 2021), as is their inadequate orientation before entering the clinical setting, especially their knowledge of dementia (Khait et al., 2022) and comprehensive assessment (Levett-Jones, Pitt, Courtney-Pratt, Harbrow, & Rossiter, 2015). Poor supervision in this setting (Laugaland et al., 2021), being buddied with carers (Jack et al., 2018), limited interaction with an RN (Cutcliffe et al., 2018), and lack of support from nurse academics (Garbrah et al., 2020) are also noted. In reviewing the literature relating to nursing students' attitudes and experiences in RACFs, Algoso et al. (2016) concluded that student nurses' attitudes to working in RACFs related to their own and clinical educators' ageist attitudes, which were reinforced by curricula that were acute care focused.

Inadequate clinical supervision of students in RACF was another important finding of this research. Clinical experiences must be supported by academic and clinical RNs who have knowledge and commitment to engage students and enhance their understanding of the complexities of aged care nursing (Eccleston et al., 2015). Involvement with, and support from, RNs (academics and clinical educators) in the clinical setting can strengthen student nurses' professionalism and increase the likelihood of positive experiences (Flott & Linden, 2016), and assist in shaping positive attitudes towards older people (Cooke et al., 2021). The international literature (Flaherty & Bartels, 2019) shows clinical supervisors have little preparation to support students during clinical experiences in a RACF, a finding supported by this research (Fetherstonhaugh et al., 2022). Similarly, students' interactions, or lack thereof, with RNs in a RACF, can significantly impact their career interest in this sector (Ion, Smith, & Dickens, 2017). Students who do not understand the RN role in a RACF or only interact with unregulated care workers, were left with the impression that nursing older people is all about residential aged care setting and is simplistic, involving only fundamental nursing care, reinforced by their first clinical experience (Laugaland et al., 2021).

The finding about students witnessing poor care practices during RACF clinical experiences has been cited elsewhere (Fagan, Lea, & Parker, 2021), including at the Australian Royal Commission into Aged Care Quality and Safety (Austen & Hutchinson, 2021). The

literature shows students feel anxious about clinical experiences (Levett-Jones et al., 2015), especially in first year. They have a desire to fit in and not cause trouble (Jack et al., 2018), however they feel powerlessness, and find it difficult to challenge poor care practice by staff (Fagan, Lea, & Parker, 2021). The literature shows that when students are well prepared, and understand the role of nurses in these settings, the experience provides opportunities for growth and professional development (Cant, Ryan, Hughes, Luders, & Cooper, 2021; Laugaland et al., 2021).

Studies suggest that negative RACF clinical experiences attribute to, and perpetuate, students' ageist beliefs about older people (Naughton et al., 2019). Ageism is 'pervasive, widely accepted, and normative in many societies and is a form of prejudice that goes unchallenged' (Sargent-Cox, 2017, p. 5). In Australia, younger people (18–24 years old) are more likely than any other age cohort to hold ageist attitudes (Australian Human Rights Commission, 2021). Stereotypes about people are developed in childhood and are further heightened by images and experiences throughout life. The nursing literature demonstrated that nursing students, generally aged 18–24, hold ageist attitudes (Koskinen et al., 2015). Academic and clinical supervisors' attitudes to, and knowledge of, care of older people and their lack of experience can also negatively influence students' attitudes (Fetherstonhaugh et al., 2022; Garbrah et al., 2020). However, promisingly, these biases diminish the longer students care for older adults during clinical experiences that facilitate positive learning (Garbrah et al., 2020).

These findings highlight the inappropriateness of RACFs for nursing students' first clinical experiences. RACFs have been described as 'marginal learning environments' for student nurses due to the complexity of care required by residents and the low numbers of qualified staff to supervise (Jacobsen, Onshuus, & Frisnes, 2020, p. 2). Keeping-Burke et al. (2020) argue that the complexity of care required for residents now entering RACFs 'makes learning relevant for students during both the early and later years of an educational program. Similarly, Naughton et al. (2019) argue that planning 'sequential' clinical experiences for nursing care of older people across the curriculum in multiple settings may improve students' attitudes to nursing older people (p. 8). Introducing healthy ageing concepts to students early in the curriculum has been shown to create more positive views to older people (Fox, 2013). Positive clinical experiences occur in clinical environments where students are supported, can develop a sense of professional identity and feelings of belonging to the clinical community and culture (McCloskey et al., 2020).

In Australia, predictions of an ageing population (and shortages of nurses to care for this population, particularly in RACFs) are documented (CEDA, 2021). While the RACF workforce has been bolstered with care workers, the increased acuity of older people living there means there is even a greater need for RNs to have gerontological knowledge and skills. This point is particularly important as there is no medical leadership nor onsite access to medical care in RACF (Australian Medical Association, 2018). RNs working in aged care settings need to be highly competent and skilled in assessing and managing older people. Nursing curricula must prepare nurses to care for older people, irrespective of where they work. This aim should include scheduling RACF clinical experiences when students are well prepared for, and supported in the setting, and educating clinical teachers to work with older people (Kirshbaum, Kaas, Wyman, & Van Son, 2015). SoN should consider routinely and formally collecting feedback from students about their clinical experiences to inform curricula, such as the appropriateness of first year clinical experiences in RACFs, something that is currently not done (Fetherstonhaugh et al., 2022).

### 5.1. Limitations

The respondent bias limits the findings, as nurse academics who participated may have had different knowledge and experiences to others teaching in Australian undergraduate nursing degrees. The group interview structure for some respondents may also have limited disclosure of opinions, and as respondents reported their experiences of student feedback, recall bias may limit the findings. However, the research design, including the population approach, the response rate (100%) coupled with rigorous data analysis, contributed to the reliability of the findings.

### 6. Conclusion

If the future nursing workforce is expected to provide quality care to older people SoN must ensure that they design and deliver programs to support this care. Scheduling RACF clinical experiences for first-year nursing students should be reassessed, especially the impact on students. The ability of nurse academics to teach older adult care (Fetherstonhaugh et al., 2022) and of clinical educators to supervise student nurses in RACF requires further research. Articulating the importance of older people care in nursing practice across all health settings should be at the heart of undergraduate nursing programs. Part of this plan would involve the provision of positive clinical learning experiences with older people in diverse settings, for undergraduate students.

### Authorship contribution statement

All authors were involved in survey design, discussion of findings and drafts of paper writing.

JR wrote and submitted the ethics application and any modifications.

DF and JR were involved in recruitment and data collection.

JR and DF undertook the qualitative data analysis.

### Ethical statement

This manuscript reports findings from research project involving human subjects.

The project was fully reviewed by La Trobe University Research Ethics Committee. Approval was obtained on 18 December 2018; approval number: HEC18492.

Reciprocal ethics approval was obtained from Curtin University on 15 February 2019, approval number: HRE2019-0061; and from Griffith University on 11 March 2019, protocol approval number: 2019/149.

### Conflict of interest

There is no conflict of interest to declare.

Authors JR and DF work in a research centre and are not involved in teaching in a School of Nursing. Only DF and JR were involved in recruitment and the data collection. JR and DF undertook the data analysis.

Other authors who worked in Schools of Nursing that participated in the project were not involved in recruitment, data collection or data analysis.

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