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IMPACT OF CLINICAL PLACEMENTS ON NURSING GRADUATES' CHOICE OF FIRST STAFF NURSE POST

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Corresponding Author:	Mark Wareing University of Bedfordshire Buckinghamshire, UNITED KINGDOM
Corresponding Author Secondary Information:	
Corresponding Author's Institution:	University of Bedfordshire
Corresponding Author's Secondary Institution:	
First Author:	Mark Wareing
First Author Secondary Information:	
Order of Authors:	Mark Wareing Renate Taylor Aileen Wilson Adrienne Sharples
Order of Authors Secondary Information:	
Abstract:	The demand for quality clinical placements for pre-registration healthcare students is set to rise as student numbers within medical and non-medical education are to increase at a time when there is a recruitment crisis within nursing. A study was conducted to identify what impact clinical placements have on pre-registration adult nursing students' choice of clinical speciality as a newly qualified nurse (NQN). Data was collected from students on their final day of a BSc (Hons) programme at two campus sites at an east of England University. Participants regard the desirability of a clinical placement on the basis of the quality of the learning, working and clinical environment and nature of the speciality. The influence of clinical placements on the choice of first destination of NQNs more than doubles within the final year of study. Clinical placements generate vivid experiences which exert a strong influence on the first employment destination decisions of NQNs.
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Key phrases:

- Clinical placements generate a range of particularly vivid experiences for pre-registration nursing students arising from the quality of their learning and working environment, clinical speciality and the patient group.
- Elective and non-elective placements are significantly important to the choice of area of clinical nursing that students' have in mind to work in as a newly qualified nurse (NQN).
- The level of importance of placements on the choice of area of clinical nursing that students' have in mind to work in as a NQN doubles as students' progress from year 2 to year 3 of their undergraduate programme.
- Factors that influence the choice of first post as a NQN include the learning environment as experienced as a learner; the desirability of the working and clinical environment as a worker and the clinical speciality; in particular, the characteristics of the patient group.

Key words: clinical placements, decision-making, newly qualified nurse, first destination, workplace learning.

The demand for quality clinical placements for pre-registration healthcare students is set to rise as student numbers within medical and non-medical education are to increase at a time when there is a recruitment crisis within nursing. A study was conducted to identify what impact clinical placements have on pre-registration adult nursing students' choice of clinical speciality as a newly qualified nurse (NQN). Data was collected from students on their final day of a BSc (Hons) programme at two campus sites at an east of England University. Participants regard the desirability of a clinical placement on the basis of the quality of the learning, working and clinical environment and nature of the speciality. The influence of clinical placements on the choice of first destination of NQNs more than doubles within the final year of study. Clinical placements generate vivid experiences which exert a strong influence on the first employment destination decisions of NQNs.

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Authors:

Dr Mark Wareing, Director of Practice Learning

Renate Taylor, Senior Lecturer Mental Health Nursing

Aileen Wilson, Senior Lecturer Adult Nursing

Adrienne Sharples, Senior Lecturer Pre-professional Nursing

School of Healthcare Practice

Faculty of Health & Social Science

University of Bedfordshire

Luton, Bedfordshire, England

Address for correspondence:

School of Healthcare Practice, University of Bedfordshire, Buckinghamshire

Campus, 3rd Floor, Aylesbury College, Oxford Road, Aylesbury, HP21 8PD

Contact details:

mark.wareing@beds.ac.uk

07718569915

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IMPACT OF CLINICAL PLACEMENTS ON NURSING GRADUATES' CHOICE OF FIRST STAFF NURSE POST

Introduction

Clinical placements provide healthcare employers with an opportunity to recruit newly qualified nurses (NQNs) who will have often completed the majority of their placement experience as nursing students within the same organisation that is seeking to employ them. It is in the best interests of employers, educators and mentors to support the development of high quality clinical placements if students are to seek employment with the placement provider following registration. This paper presents findings from a study that sought to explore the impact of clinical placement experiences on the decision making of pre-registration adult nursing students on their first destination as NQNs.

Background

There is a paucity of research that has explored the decision-making behaviour of NQNs on their choice of first employment destination, or the influence that clinical placements have had on the choice of clinical setting post-qualification. One possible explanation is that universities within the United Kingdom utilise data gathered by the Higher Education Statistics Agency from an annual survey undertaken six months after graduation. The Destination of Leavers from Higher Education (DLHE) survey generates statistics on types of employment secured by graduates, starting salary and the commencement of further study, but does not focus on what has influenced graduates to choose a specific workplace.

A key determinant of the quality of practice placement experience is the extent to which a student is able to adapt and develop a sense of belongingness having established a working relationship with members of the nursing team. Levett-Jones et al's (2008) study explored the experiences of eighteen 3rd year nursing students from two Australian and one UK-based university using in-depth semi-structured interviewing in order to explore the extent to which students 'fit-in' to the workplace group. The findings suggested that interpersonal relationships forged by students with registered nurses exerted the single most important influence on students'

sense of belonging which in turn had an impact on the quality of the clinical placement and their learning. Additionally, the authors concluded that the sense of belonging experienced in environments that facilitate positive placement experiences allows students to progress in their learning with confidence and enhances their motivation. Similarly, Clements et al's (2015) exploration of nursing student commitment, professional identity and support suggested that students constructed their professional identity via a sense of their own abilities. Relationships with clinical staff and mentors were identified as particularly important to the development of students' professional identity, although some participants reported negative experiences, such as feeling unwelcomed by staff, that were potential threats to their level of commitment. The authors concluded whilst positive relationships aided students' development of their professional self-concept, negative experiences seemed to reinforce the distance between practitioners and students. Similarly, Maranon & Pera's (2015) Spanish study into the impact of clinical placements on the formation of 3rd year nursing students' professional identity using participant observation and discussion groups during placement, concluded that students valued clinical placements based on opportunities to face real situations, where knowledge was generated and where acquired knowledge could be applied. Additionally, participants felt that being in a 'real' setting created a need to search for information and acquire knowledge that enabled the student to be able to act which underscored the relationship between theory and practice.

The impact of a range of clinical placements can alter student's perspectives with regard to the horizon of clinical areas, specialities and settings perceived as either desirable or indeed possible as a NQN. Areas traditionally thought either undesirable or inaccessible for NQNs have included care of the elderly and primary care where NQNs may have been encouraged to obtain acute experience prior to embarking on a career in care of the older adult or in primary nursing, for example.

Lea et al's (2015) study explored the impact of an aged care clinical placement on the likelihood of nursing students' choosing a career in residential aged care post-graduation. Seventy-nine 2nd year nursing students, who undertook three and four week placements in an aged care facility in Tasmania, completed questionnaires on their placement experience. This study demonstrated a statistically significant link

between student nurses' relationships with their mentors, the teaching and learning environment and care worker supportiveness whilst on placement. The authors cite the importance of feedback mechanisms, such as making a regular time to meet with students to give feedback and discuss experiences to promote the enhancement of knowledge, skills, attitudes and behaviours. This support appeared to increase the likelihood of NQNs returning to work in an aged care facility. In contrast, Bloomfield et al's (2015) study into nursing students' intentions to enter primary care as a NQN was based on findings from 456 completed surveys generated from 14 Australian universities. Fewer than 23% of participants anticipated a career in primary health care, despite the majority of respondents having completed a clinical placement within a community setting. The authors suggested that nursing students may feel the need to work in an acute care setting in order to be exposed to opportunities to consolidate clinical skills and to gain experience that they perceive does not exist in primary health care.

Ultimately, other issues aside from the quality and range of clinical placements are known to exert a strong influence on the recruitment of NQNs. Palese et al's (2007) Italian study analysed completed questionnaires from 45 NQNs and ten nurse managers to explore the factors that had influenced the choice of first ward appointment and to obtain the perspective of recruiters, respectively. NQNs appeared to make decisions based on the kind of apprenticeship undertaken, the focus of the dissertation completed, knowledge acquired during the 3-year course and opportunities for further professional development. **These findings suggest that knowledge acquisition and deep immersion in a topic of interest can influence choice of clinical area for NQNs, particularly where a programme of study has piqued an area of interest that can be pursued further.**

Research questions

This study sought to answer the following research questions:

1. What impact do clinical placements have on pre-registration nursing students' choice of clinical speciality?
2. What factors do pre-registration nursing students perceive as important in terms of the desirability of a clinical speciality?

3. At what stage do clinical placements begin to influence the employment intentions of pre-registration nursing students?

Methods

This study utilised a **survey** questionnaire comprising of sixteen questions with a mixture of Likert scale and free-text responses. The design and development of the research was influenced from an initial study that involved thirty-five pre-registration adult nursing student participants (Wareing et al, 2017). Data was collected during the final week of the BSc (Hons) nursing programme at two university campus locations. This allowed participants time to complete the questionnaire on site and avoid the problems associated with low response rates for postal questionnaires and online surveys (Parker & Dewey, 2000; Shih & Fan, 2012).

Sample

All participants were final-year students on the verge of registration as a qualified adult nurse and were recruited to take part in the study via the university's virtual learning environment (BREO). Demographic data indicated that the majority of the participants were in the 18-24yr and 25-31yr age category (Figure 1). A total of 75 completed questionnaires were returned **from a target cohort of 111 adult students representing a response rate of 83.25%.**

Data

Each completed questionnaire was allocated a participant number (P1-75) and responses converted into nominal and ordinal scales and recorded on a spreadsheet. Free-text comments from each questionnaire were transcribed to enable analysis to be undertaken by the research team.

Data analysis

Descriptive analysis of quantitative data was completed and included frequency (expressed in percentages and absolute numbers). Raw data were collated and analysed using SPSS v22. The data from the free-text questions transcribed was then analysed independently by the three members of the research team using constant comparative analysis. Constant comparative analysis is defined as a qualitative analysis that generates successive abstract concepts and theories

through the inductive process of comparing data with data, data with categories, categories with categories and categories with concepts (Gray, 2014, pg. 680). In this study each member of the research team read the transcribed free-text comments through a process of focused reading, to identify key words or phrases. The team then undertook analytical coding that revealed the properties of each code and therefore a theoretical explanation of the free-text data.

Ethics

The university's Institute of Healthcare Research granted ethical approval for the study. Participation was voluntary and written consent was obtained from all participants who were free to withdraw from the study at any time. All data has been anonymised and pseudonyms have been created in order to present findings.

Results

The majority of participants 61.2% (n=46) had been recruited from within Bedfordshire and Buckinghamshire; the two areas where pre-registration nurse education is currently delivered. In total 77.9% (n=60) of participants had secured their first destination post with 66% (n=40) accepting posts in local trusts. The participants responded with preferences for 39 clinical placements, due to the small sample size these were aggregated into 7 broader categories by consensus agreement amongst the research team. It was anticipated that the reduction in the number of categories would facilitate a more meaningful analysis. The most influential placements were critical care and medicine as illustrated in table 1. A Pearson Chi square test was conducted to examine the relationship between the age group of the participant and the most influential placement, but no statistically significant relationship was found.

Participants were asked whether they had in mind a particular clinical area of nursing that they thought they would like to work in, as a NQN, when they started the course. Thirty nine (50.6%) of participants entered the course with preconceived preferences for clinical specialisms. Popular choices were critical care (22.1% n=17) and community (10.3% n=8). Only 8 (10.3%) of participants secured first destination posts in the specialism they had expressed a preference for at the start of the course. Seven (9%) of participants went on to apply for posts in clinical areas that

they had identified as a preference at the end of year one and a further 25 (32.4%) secured posts within the same clinical category as the area they identified as the most influential placement at the end of year 3. The overall importance of placements in career choice increased across the three years of the programme, as can be seen in Figure 2. It is clear from this that the placements in all three years are important, however the experiences in year three are pivotal, with 63.6% ranking these as 'significantly influential' in their decision making process.

Overall participants indicated that practice placement experience was a key influencing factor in the choice of first destination post, with 59.7% of participants indicating that placements were 'significantly important' and 26% indicating that they were 'quite important' in their career choice (see Table 2). The majority of participants rated their elective placement as being either significantly or quite important in their career choice as illustrated in Figure 3. Lastly as illustrated in Table 3 the majority of participants rated the influence of their mentors in practice as significantly and quite important in their career choice.

Participants were asked to explain what it was about the placement that had influenced their decision to want to work there. Four themes arose from this question and were characterised by the nature of the learning on offer; the quality of the working and clinical environment; and the patient group and their clinical characteristics.

Learning environment

The learning environment was perceived as being desirable when there was a range of learning opportunities to gain and develop new knowledge and skills within the clinical speciality:

'...staff were very supportive; there was also a lot of learning opportunities. I felt that once I started I would get the necessary help and support' (Daniel).

'The learning opportunities and skills as well as the knowledge' (Reene).

'I enjoyed the field of nursing I find it very interesting with a wide range of conditions. I also learned a lot from this placement' (Derek).

Daniel and Reene characterised the learning environment by the extent of support provided and the opportunities on offer which led to acquisition of new knowledge and skills; whereas Derek pointed to the range of conditions within the placement which generated personal interest.

Working environment

Participants perceived a desirable working environment as one that was fast paced, interesting and where there was effective team work characterised by friendliness and inclusion that helped students to feel valued and built their confidence. An interesting feature associated with the desirability of the working environment was the quality of leadership within the working environment:

'Friendly environment, fast pace and can learn lots of clinical skills and be competent' (Samina).

'I felt included in the team from day one and would feel like I am already a qualified staff nurse. This is so because every staff member was very supportive of students. This also enhanced my confidence' (Evanda).

'I enjoyed the acute aspect of the ward and how fast paced it was. I also learnt so much in a short time frame' (Amelia).

'The leadership of the ward, also teamwork was fantastic. Everyone felt a valued member of the team. The range of different specialities of nursing; respiratory, cardiac, cancer, end of life, etc.' (Malik).

Samina and Evanda cite the importance of feeling welcomed and part of the clinical team which in turn enabled them to participate in in care giving within busy but supportive working environments. The tempo of the workplace seemed also characterised by the acuity of patients, as alluded to by Amelia and Malik.

Clinical environment

A desirable clinical environment was characterised by participants as somewhere they had either already decided or had always wanted to work. Clinical environments where nursing staff were confident in their decision-making and where staff were able to provide one-to-one care was also regarded as being desirable in addition to an environment that was sufficiently challenging:

'I have always wanted to work there prior to starting on the course the fact that I had the opportunity to have the placement solidified my decision to pursue it post qualification' (Lisa).

'Decision-making, working independently with minimal assistance...' (Ruth).

'Very professional and supportive team, a lot of different opportunities to develop skills and knowledge, very close cooperation between different specialities, one-to-one care' (Niall).

Lisa appeared to have a pre-existing desire to work in the clinical area where she was subsequently allocated a placement. Her exposure to the clinical environment seemed to reinforce her decision to seek employment there as a NQN. Ruth and Niall characterised the clinical environment by the extent to which clinical staff were professional and supportive and where interprofessional working seemed to optimise clinical decision-making.

Clinical speciality

Lastly, participants expressed a strong preference to work in a particular clinical area or speciality based on the patient group and the concomitant diversity and turnover of patients:

'The variety of patients that were admitted. Also the fast working environment ensured I gained a vast amount of knowledge and skills in a short period of time' (Precious).

'My final placement – elective influenced my decision to work on that ward, compared to all other previous placements that I had a serious interest in because of the wide variety of surgical nursing it provides' (Andy).

'I enjoyed assessing patients presenting symptoms and ensuring acutely ill patients were attended to very quickly. I enjoyed the fast pace of the environment as well as the use of fast clinical thinking when you are presented with an issue' (Dorcas).

Participants were given an opportunity to provide additional comments regarding the influence that their placements had in relation to their first staff nurse post which generated some less than positive commentary associated with specific negative experiences such as the level of support; the range of placements that had been on offer; and their pre-conceived ideas:

'I applied for acute settings for my final placement as I thought it would help me prepare me for my career. However, I didn't get any of my requests. Instead I got elderly care' (Heinrich).

'In year 1 I had no intention of working in the community, however after my community placement I have been really considering a post with the district nurses' (Toa).

In summary, the qualitative findings from the questionnaire suggested that students' perceived the quality of the learning environment on the basis of their experiences as a learner, whereas the desirability of the working and clinical environment was framed by their experience as a worker. The clinical speciality and characteristics of the patient group were also a strong influence on students' choice of first post as a NQN, and is in keeping with findings from Bloomfield et al's (2015) and Harris et al's (2012) studies.

Discussion

This study suggests that the quality and nature of clinical placements have a significant impact on the decision-making of pre-registration adult nursing students in terms of the perceived desirability of some clinical areas, particularly acute settings,

as desirable destinations for newly qualified nurses. Interestingly, the relationship between areas of clinical interest that students had prior to the programme and their first destination as a NQN was negligible, which suggests that actual clinical exposure as a nursing student has a strong influence on decision-making. Additionally, only a small number of students doubted their chosen field of nursing and doubts were almost absent by the commencement of year 3.

Non-elective placements were regarded as significantly important in the choice of area of clinical nursing that students' had in mind to work in as a NQN with the level of importance doubling from year 2 to year 3. Elective placements, where students' can chose their own area in which to undertake a placement, appeared to significantly influence the destinations of NQNs, although it was unclear what the influencing factors might be in terms of where they wanted to work as a NQN. One explanation might be that a student's choice of an elective placement could be influenced either by a pre-existing interest, or piqued by a completely new area of nursing such as primary care, as illustrated by Toa's comments.

The overall influence of placements on the first destination as a NQN was the strongest quantitative finding. Participants indicated that practice placement experience was a key influencing factor in the choice of first destination post, with 59.7% of participants indicating that placements were 'significantly important' and 26% indicating that they were 'quite important' in their career choice. An explanation could be that accrued placement experiences afford final year students with the ability come to a global judgement regarding their first destination as a NQN, as suggested by Andy's comments.

Qualitative data from free-text comments from the questionnaires in addition to quantitative data suggested that mentors exert a strong influence on the area of clinical nursing that participants had in mind to work as NQNs. This was particularly evident in relation to the extent to which students described the support on offer within placements in general terms; in relation to feeling welcomed and being able to work as part of the team, and more specifically with regard to their knowledge acquisition and development of skills. This finding is in keeping with Maranon & Pera's (2015) study. Similarly, Reene, Samina and Malik described the learning

environment in terms of their skill development which reflects Morrell & Ridgway's (2014) study where participants focused on particular tasks and how learners' build up confidence through task completion whilst working alongside their mentors.

The desirability of the working and clinical environment as a worker, the clinical speciality and, in particular, the characteristics of the patient group as described by participants reflected findings from Levett-Jones et al's (2008) study into belongingness. Whilst none of the participants in our study reported alienation, there was evidence of belongingness as students were sufficiently supported to focus on learning rather than being preoccupied with interpersonal relationships, in contrast to the experiences of alienated students in Levett-Jones et al's study (2008). Daniel and Nina's comments reflected findings from Clements et al's (2015) study into the formation of student identity; whereas Precious, Andy and Dorcas perspectives reflected Harris et al's (2012) study which suggested that the choice of first post gained by NQNs was influenced by the clinical setting.

Limitations

One obvious limitation of this study is that the participant group represented one field of nursing as opposed to mental health and child students from within the same group of students. This was due to the campus locations in which students from other fields are taught and their availability at the time the questionnaire was administered. However, the research team has now agreed to work with another university to undertake a longitudinal study to survey adult, mental health, child and midwifery students to measure the initial and changing career aspirations, levels of belongingness on placement and the emerging influence of placements, from enrolment to graduation.

Conclusion

Mentors need to consider the extent to which the patient group provides students with opportunities to develop their clinical skills in addition to ensuring sufficient exposure within the particular speciality. Placement providers need to be reminded that the unique selling point of clinical placements in terms of the first destination of NQNs is clinical speciality and patient typology. Learning environment leads, link lecturers and academic staff need to be reminded of the particularly vivid range of

experiences that arise from placements for pre-registration nursing students and the impact this has on their perceptions of the desirability of learning, working and clinical environments. Organisations providing final year placements may need to invest greater levels of time and emotional energy in supporting for final year students (Morrell & Ridgway, 2014). But this study suggests that offering placements to third year students represents the greatest return on investment in terms of recruitment opportunities for the placement provider.

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Figure 1: Distribution of age

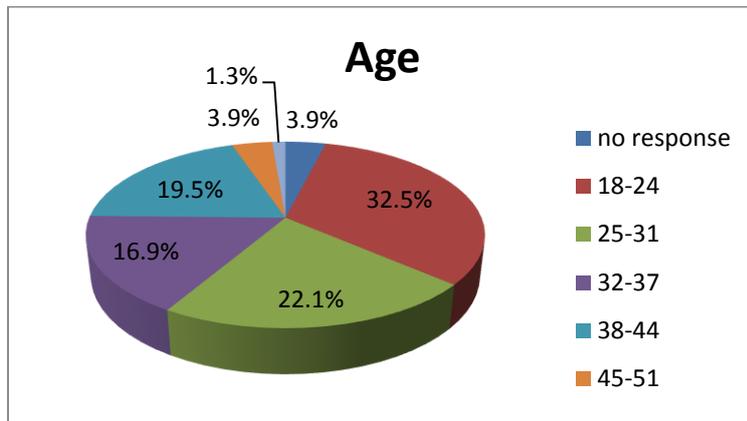


Table 1: The most influential placement categories

Clinical Area	n	percentage
<i>Trauma & Orthopedics</i>	6	7.8
<i>Critical Care</i>	26	33.8
<i>Medicine</i>	20	26.0
<i>Surgery</i>	9	11.7
<i>Care of the Older Person</i>	3	3.9
<i>End of Life</i>	2	2.6
<i>Community</i>	7	9.1
Total	75	

Figure 2: Influence of practice placements on career choice by year of programme (expressed in percentages)

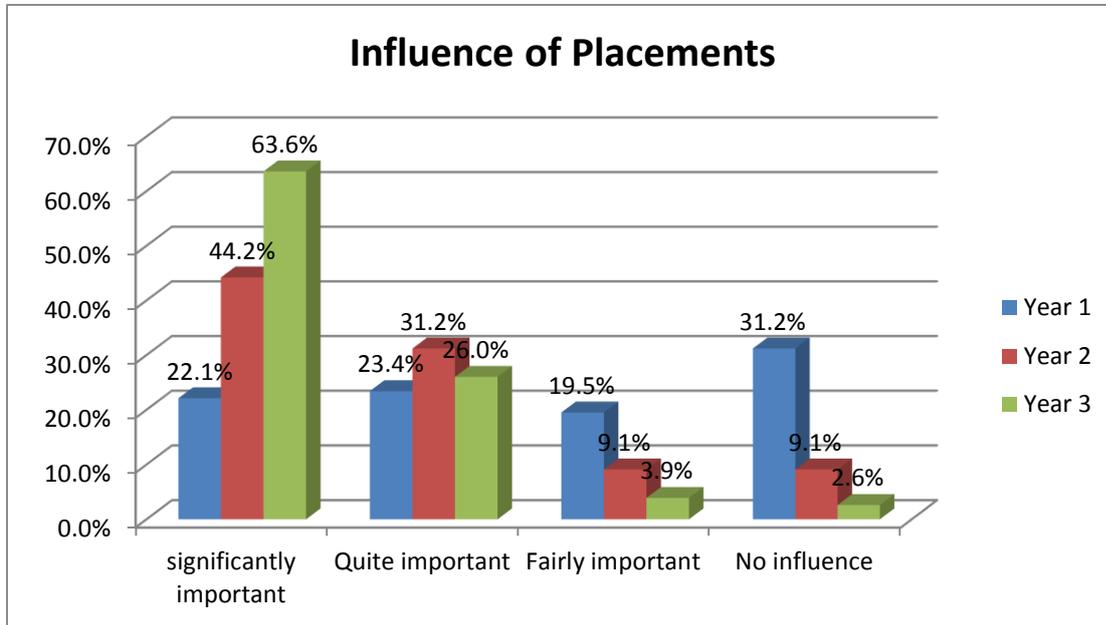


Table 2: overall importance of placements in career choice

Importance	n	percentage
Significantly important	46	59.7
Quite important	20	26.0
Fairly important	6	7.8
No importance	4	5.2

Figure 3: Importance of Elective placements in career choice

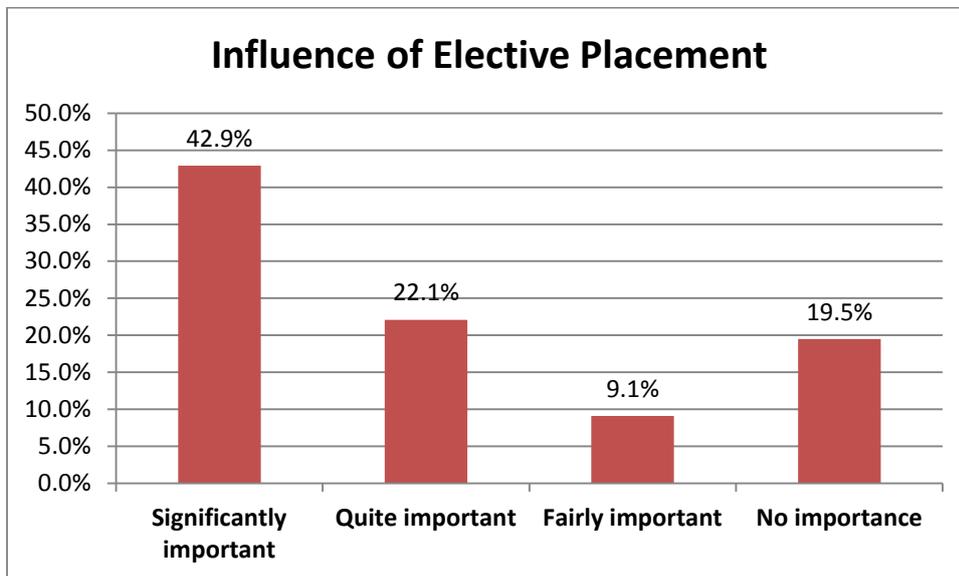


Table 3: The influence of mentors in career choices

Importance	n	Percentage
Significantly important	32	41.6
Quite important	23	29.9
Fairly important	7	9.1
No importance	13	16.9

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Summary of the revisions to bjon.2018.0132 - [EMID: 6f17338692661b5d]

Reviewer:	Comments:	Revisions:						
1	In relation to data collection - while 75 student nurses completed the questionnaire what was the target population and response rate?	Target population was 111 adult students representing a response rate of 83.25% [sentence added to page 4].						
	Figure 1 distribution of age the differential between 32-27 is smaller than the other age categories presented?	This is correct. The differentials used within the questionnaire was: <table border="1" data-bbox="975 882 1203 1223"> <tbody> <tr> <td>18-24 years</td> </tr> <tr> <td>25-31 years</td> </tr> <tr> <td>32-37 years</td> </tr> <tr> <td>38-44 years</td> </tr> <tr> <td>45-51 years</td> </tr> <tr> <td>52+ years</td> </tr> </tbody> </table> <p>There were no participants aged over 52.</p>	18-24 years	25-31 years	32-37 years	38-44 years	45-51 years	52+ years
	18-24 years							
25-31 years								
32-37 years								
38-44 years								
45-51 years								
52+ years								
The data analysis of the qualitative comments - too many comments with a tendency to be repetitive. The section additional comments would benefit from a heading.	Three new sentences added that summarise comments made by participants. Two quotations removed which were repetitive.							
2	The introduction needs to be more robust and stronger in its	Sentence added to introduction.						

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	justification for the work.	
	Results: can you provide a linking narrative between the quotations to provide context and value to their inclusion.	See above and below.
	Discussion: This is superficial and needs greater depth of analysis. The links with your results and the literature need to be much stronger. Also interpret and analyse your results in more depth as there are interesting issues.	Additional sentences added to discussion section in response to annotated comments made by the reviewer.
Annotated feedback		
Introduction Page 1	The introduction needs a clearer rationale and to be more strongly focused on the issues around recruitment and student destination.	Sentence added to introduction.
Background Page 1	Why is this the case?	Possible explanation provided (DHLE annual survey).
Page 2	Can you explain this more clearly	Comment added in brackets (relating to unwelcome attitudes of staff).
Page 2	Do you have references to support the assertions made	This is a linking sentence that sign-posts the reader to the two studies.

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	here?	
Page 3	can you clarify what the point is and why these are important	New sentence summarising paragraph added.
Page 3	What type of study is it? mixed methods?	Survey [added].
Page 4	How many were administered in total? What was the response rate?	See above.
Page 5	This is low are you able to analyse this in the discussion.	Sentence added to discussion section.
Learning environment, Page 6	The quotes are listed with no links. It would be useful to provide a narrative to link them. Alternatively use the points in the original narrative and place them prior to the quotes to explain their importance. Some form of commentary is needed to illustrate their value and relevance.	Three new paragraphs added that summarise the comments made by the participants.
Discussion Page 9	Can you analyse why? Can you analyse why? Suggest some reasons?	Five new sentences added to discussion section in direct response to reviewer's annotated comments.

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	<p>This needs further analysis and discussion.</p> <p>How? why? what is it about them which makes a difference?</p>	
<p>Page 10</p>	<p>This needs analysis in light of your results.</p>	<p>See above</p>