

Explaining the practicum experiences of pre-registration nursing students in Hong Kong using the theory of human relatedness

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The purpose of this study was to establish whether application of the four states of relatedness (connectedness, disconnectedness, enmeshment, and parallelism) and four processes or social competencies (belonging, reciprocity, mutuality, and synchrony) within the theory of human relatedness may have relevance and transferability to the practicum experiences of an international nursing student population. Secondary data transcriptions derived from focus groups involving 20 final-year pre-registration nursing undergraduates at an academic institution in Hong Kong which directly examined their placement reflections and views were analyzed against the states of relatedness and process or social competences identified within this theory. Data from the study provided evidence to support every state of relatedness and process or social competency within the theory of human relatedness. Evaluating pre-registration nursing student placement experiences against this theory suggests that improving a practicum may necessitate creating conditions for workplace learning which more effectively foster connectedness, belonging, reciprocity, mutuality, and synchrony, minimize the need for parallelism and help prevent disconnectedness and enmeshment.

Keywords: Theory of human relatedness, nursing students, placement/practice learning/practicum, nurse retention, critical realism.

INTRODUCTION AND BACKGROUND

Nurse Education Programs and Workplace Learning

Since the mid twentieth century, pre-registration nurse education which, upon successful completion, enables an individual to join a professional register and legally practice as a nurse, has globally transitioned from vocational training into post-secondary or higher education (Petit dit Dariel et al., 2014). Concerns regarding the adequacy of workplace learning within pre-registration nursing programs, however, have escalated in response to this transition (Baldwin et al., 2014; Phillips et al., 2012), largely because this change has increased the extent to which service areas used for clinical experience and the academic learning environment are separated and, in so doing, has exacerbated the theory-practice gap (Aston et al., 2000; Buhat-Mendoza et al., 2014). The theory-practice gap is a term used to describe the longstanding and widely held belief within nursing that there is a continuing disjunct between best practice, as identified by nursing research, and the actual practice of many nurses, which is founded instead upon a set of shared common-sense understandings (Brossett Garner, 2014; Oducado et al., 2019).

In many locations, including Hong Kong, pre-registration nurse education programs now commonly lead to the award of a bachelor's degree and may have up to half of their curriculum hours assigned to practice-based learning (Asare, 2017; Nursing & Midwifery Council, 2023; Tang, 2021). Clinical placements are hectic, multifaceted, and complex socio-cultural entities (Dafogianni et al., 2015;

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Thomas et al., 2015). Experience in authentic workplace settings is widely regarded as a critical component of pre-registration nurse education; enabling the acquisition and development of a diverse range of nursing skills (Abuosi et al., 2022; Carmody et al., 2020; Kim, 2022; Woo & Li, 2020). Congruent with the requirements stipulated by many regulatory bodies for nursing, the Nursing Council of Hong Kong (2017) requires pre-registration nurse education programs to provide students with practice experiences in a diverse range of settings. These include medical and surgical wards, psychiatric rehabilitation/long stay services, community mental health outreach teams, child and adolescent facilities, services for older adults with mental health problems, substance misuse teams and services for individuals with learning disabilities.

Although different nations and disciplines employ various terminology to describe assignment of a healthcare student to a clinical service for the purpose of professional learning, such activity is often referred to as a placement, practice education, practice experience, practicum, or rotation (Asare, 2017; Woods, 2021). Registered Nurses have traditionally been assigned to provide learning support for nursing students in workplace settings (Ohaja, 2010) and, when offering such input within this role are frequently, but not exclusively, referred to as mentors.

Critical Realism

According to critical realism, since humans “gather and understand information through a worldview which includes histories, prospects, narratives, mental models, and cultural norms”, it is impossible for any social science research to ever be neutral and wholly objective (McGhee & Grant, 2017, p.848). All knowledge, irrespective of the way it has been acquired, is therefore deemed potentially fallible and so should be examined critically (Miller & Tsang, 2010). Critical realism argues the goal of research should ultimately be to understand potential causal mechanisms leading to observed phenomena, but that observation cannot always reveal the mechanisms responsible for events (Banifatemeh et al., 2018). Critical realists recognize the existence of a world independent of a researcher’s knowledge of it (Scotland, 2012) and assert that it is “composed not only of events, states of affairs, experiences, impressions, and discourses but also underlying structures, powers, and tendencies” that are not always directly measurable (Patomaki & Wight, 2000, p. 223). Investigations must therefore seek to establish the most probable explanation for empirical findings, an approach known as retrodution (O’Mahoney & Vincent, 2014).

A realist synthesis is a literature review based on critical realist principles. It is designed “to enable the identification of the key contextual characteristics and mechanisms” associated with a topic of interest (Harris et al., 2022, p. 7), presenting a coherent argument through the recognition and organization of ideas, theories, and logic (Armstrong, 2018). Based on supporting literature, such a review is expected to lead the reader through key arguments (Edgley et al., 2016) and, unlike some traditional approaches to reviewing literature, a realist synthesis “adopts an open-door policy on evidence”, drawing in, and on, “studies using any of a wide range of research and evaluation approaches” (Pawson et al., 2004, p. 40).

The Theory of Human Relatedness and Nurse Education

A realist synthesis examining potential underlying causative mechanisms related to the optimal design of nursing student placements, claimed that the theory of human relatedness may currently provide the most compelling explanation of student placement experiences (Coleman, 2021). This theory originates from the discipline of mental health nursing and suggests individuals assign meaning to their experiences of relatedness with individuals, groups, environments, and society based upon their

sense of self and “the concurrent level of comfort or discomfort associated with that involvement” (Hagerty et al., 1993, p. 292). Furthermore, disruptions to an individual’s sense of relatedness can adversely affect physical, psychological, social, and spiritual wellbeing (Silvas, 2013).

The theory of human relatedness proposes four states of relatedness, namely connectedness, disconnectedness, parallelism, and enmeshment. Connectedness refers to interactions with other individuals which produce feelings of comfort combined with an increased sense of wellbeing, whilst disconnectedness occurs when a lack of active involvement leads someone to experience anxiety and distress. Parallelism refers to situations where an individual’s non-involvement with others promotes positive feelings and enmeshment occurs when active participation causes apprehension and discomfort (Hagerty et al., 1993).

Four processes or social competencies promote an individual’s sense of relatedness: belonging, reciprocity, mutuality, and synchrony. Belonging describes the extent to which a person feels valued and needed by another individual or group within a specific context and reciprocity refers to equitable social interactions that produce feelings of complementarity. Mutuality describes situations in which a person believes they have shared characteristics with others and feel sufficiently confident to be different or to disagree with these individuals, whilst synchrony occurs when a person’s experiences are congruent with his or her internal psychological, social, spiritual and/or physiological rhythms and their interaction with the external world (Hagerty & Patusky, 2003).

Since the theory of human relatedness was first proposed, it has been applied to a wide range of research topics that extend far beyond the field of mental health nursing, including relatedness within a multi-disciplinary team (Nutt, 2015), belonging in older adults (Allen et al., 2021) and undergraduate persistence in virtual communities (Laux et al., 2016). A particular focus has been on the importance of belonging in the context of student experiences within workplace learning. Indeed, a survey in the United States of America involving 1,296 nursing undergraduates found a keen sense of belonging in placements enhanced learning, motivation, and confidence (Grobecker, 2016).

In the United Kingdom, the theory of human relatedness was recently applied to semi-structured interview data examining the practicum reflections/views of 37 respondents from four stakeholder groups involved in two employer-sponsored pre-registration nursing degree programs. The four groups within this sample were nursing undergraduates with more than one year of program experience, employer sponsors, mentors, and practice tutors (university staff who support mentors and nursing students). Analysis suggested the extent to which a practicum is deemed to promote positive relatedness may significantly impact on student practice learning experiences. The research, underpinned by critical realism, concluded that further academic enquiry within this field should be prioritized, given that it may enhance understanding regarding a potential relationship between placement design and student attrition (Coleman, 2022).

The Research Question

This research, also founded on critical realism, sought to begin the process of ascertaining whether the states of relatedness and process or social competences within the theory of human relatedness have relevance/transferability to the practicum experiences of an international nursing student population. Hence, the research question was ‘Can the states of relatedness and processes or social competencies described within the theory of human relatedness explain the practicum experiences of nursing students in a location with different social, cultural, and linguistic characteristics?’. The objective was achieved by re-analysis of data exploring the placement reflections and views of pre-registration

nursing undergraduates at an academic institution in Hong Kong which was captured in discussions originating from five focus groups.

METHODS

The secondary data employed in this analysis originated from a descriptive qualitative study, which explored the clinical learning experiences of twenty final-year nursing undergraduates enrolled on a pre-registration nursing program at a self-financing Hong Kong tertiary institution (Tang, 2021). The five-year program on which these students were enrolled involves a practicum in nine different clinical areas (Tung Wah College, 2023). The placements are based on a block model in which students have exclusive periods of workplace learning (Levett-Jones et al., 2018), commonly lasting several weeks or months (Humphries et al., 2020). All participants were studying a Bachelor of Health Science program and had passed every clinical placement at the point of data collection. A convenience sample was acquired by seeking appropriate individuals to attend a focus group through email invitations and a poster on campus. Recruitment continued until data saturation occurred; a point achieved after hosting five focus groups.

The original focus group transcriptions were in Cantonese and, since the principal investigator in this study did not speak the language, they were translated into English by an independent professional translation service before being analyzed against the states of relatedness and process or social competences within the theory of human relatedness. Translated records were shared with the second researcher, who had led the investigation from which the data originated and who was fluent in both languages. This academic expressed no concerns regarding their accuracy against the original documents. Evidence applied to the states of relatedness and processes or social competencies of the theory of human relatedness were shared between the two researchers, although no changes were made.

Ethical approval for the study was sought and obtained from the relevant institutional committee.

RESULTS

The purpose of this re-analysis means illustrative focus group data are presented against the four states of relatedness and the four processes or social competencies of the theory of human relatedness. Some supplementary theory and at least one brief illustration of each state of relatedness and process or social competency derived from earlier research is provided to facilitate reader comprehension. All attendee comments are presented in quotation marks and clarifying terms provided in brackets. Each respondent from whom data has been drawn is identified by a unique code (e.g., A2).

State of Relatedness: Connectedness

Earlier studies have identified positive active participation in placements as central to effective practice learning (Carmody et al., 2020). Congruent with the concept of connectedness, several respondents in this research highlighted both mentors and members of their peer group positively contributing to their sense of connectedness and wellbeing: B1: "I was with my classmates and a mentor accompanied me all the time. She would take care of me in [carrying out] any procedure, so I felt more at ease" and E1: "your mentor has already helped you understand it clearly, such as the routine schedule or where items should be placed."

D3: CP 1 [clinical placement] is a group of people working together so that the work is not so stressful or even exhausting. Other people will help you complete the tasks you can't finish, so it is easier. And it's not so stressful to practice with some classmates, and it's much more manageable.

Most respondents expressed eagerness to actively participate in the delivery of nursing care in the workplace and in so doing experience connectedness with other staff: E2: "Some ward nurses are very responsible. They will teach you although they are not mentors but nurses. They will teach you how to give injections, mix potions, and identify various drugs."

D1: I have wanted to partner with some friendly nurses who will teach you, or every time you finish work, they will review or evaluate. For example, they will say, "you did a good job". They will tell you what you have done well or politely tell you what you should not do.

Several individuals suggested their own behavior and responsiveness to learning opportunities during a practicum affected the likelihood of such connectedness and even offered advice about appropriate student conduct: D3: "I think everyone in the ward can be your mentor if you are willing to learn." and A3: "Be humble, and don't be too aggressive. Maybe you know how to do it [a clinical procedure], but some wards may have different practices."

State of Relatedness: Disconnectedness

In previous investigations, examples of disconnectedness within a practicum have included students being excluded from mainstream nursing activity (Hemberg & Sjoblom, 2018). Respondents in this study provided various examples of staff behaving in ways that propagated their sense of disconnectedness within a practicum: D1: "A&E [Emergency Room] staff scolded me mercilessly. They bluntly said, 'stand aside', and 'we don't need you here.'" D2: "They expect you to self-exile in the ward, and they won't seriously teach you how to observe and handle the [patient] cases." E2: "Even if you take the initiative to greet them, 'Hi, you are my mentor', they will ignore you after saying hello."

Moreover, such staff conduct left students uncertain as to how best to respond to these clinicians and fearful that their own behavior would merely exacerbate disconnectedness: B2: "It's like being thrown into a society you're entirely unfamiliar with." E4: "If you don't know the routine, you just go to the ward and do nothing; the [placement] staff would think you are not active and positive." E1: "They [placement staff] might think I'm reticent, like a statue! So, what should I do? I just ignore them. There is no solution."

Nevertheless, some participants suggested that responsibility for such disconnectedness could not be solely attributed to practicum staff: E4: "A bad relationship doesn't exist for no reason. No one knows you when they first meet you, so they have no reason to hate you, except if you have done something bad maybe it's about your bad attitude."

State of Relatedness: Parallelism

Earlier research found some nursing students reported independently engaging in familiar nursing tasks when direction or guidance from placement staff was absent, to allow them to feel they were still making a meaningful contribution (Draper, 2018). Similar student behavior was evident in this study: E1: "Even if some mentors work at the same shift with you... they do their work, and you do yours." B3: "I will do my job well... I just do what I need to; the rest has nothing to do with me, and I won't disturb others." D3: "you need to know what to do in the ward. And where the supplies are stored

because you need to get them. If you ask others, they will find you annoying. So, it's best to just get it without asking."

Respondents also used parallelism in their placement working to protect themselves from criticism: D1: "if I get scolded when I am busy at work [in placement], I'll walk away immediately to deal with other things." A1: "So even if sometimes they [practicum staff] may say something offensive to you, pretend you didn't hear it and continue your work."

State of Relatedness: Enmeshment

Nursing students being assigned menial tasks during placements (Minton & Birks, 2019) and having to work with unapproachable or intimidating clinicians (Salifu et al., 2022) have previously been highlighted as adversely affecting practicum encounters and potentially contributing to enmeshment. In this study, enmeshment was commonly reflected within those experiences where a student was confronted with contradictory staff practices, demeaning comments, or where they felt their current knowledge or skills were inadequate: D2: "different people have different ways of doing things, and everyone works in different ways, so I don't know which way to follow" and

E1: [Practicum staff] say, "Will you do this? Ah? Do you know how to do it?" Then they would say, "Ah, he/she doesn't know how to do it, someone, please teach him/her, even though he is in his/her final year!"

C2: if you are unsure how to deal with something, you should not insist on handling them yourself. It will harm the patient. But when you ask them [placement staff for guidance], they have a terrible attitude.

Often, enmeshment was reflected in students feeling they were merely seen as convenient unpaid labor: D4: "They [placement staff] viewed you just as manpower." B1: "if I go to that ward [placement], I'm going to take all [the] obs tasks [clinical observations], work every day like a machine for observing obs" and

D1: some mentors even want you to do their work for them...[they behave as if they are thinking] I will watch you and see if you have made a mistake, rather than help you learn skills and be responsible for you.

Process or Social Competency: Belonging

Earlier investigations have emphasized the beneficial effect belonging and being recognized/accepted as part of a team have on the nursing student experience within a placement (Boardman et al., 2019). Several respondents in this study described relationships with mentors, other placement staff, and students that fostered a positive sense of belonging: C3: "If the colleagues in the ward are friendly to you and chat with you, you will tell them everything and ask them any questions." D3: "the ward colleagues are friendly and will guide you; the other classmates will also help you" and

D2: some mentors will guide us. For example, if we go to the medical ward, they will let us observe more about the lab and then ask us to check and review the textbook after checking. Then they just picked up a chart board and read it to us, and then they asked us questions and worked with us.

Nevertheless, just as frequently participants described experiences illustrating the absence of belonging during a practicum: E2: "maybe on the day you complete the clinical practice in the ward [placement],

the manager will say to you, 'I've never seen you. Is this your first day here?'" C3: "During the clinical practice [placement] in the ward, I only saw my mentor once, which was the first day I worked in the ward." C2: [During a practicum]"the ward staff only treat you as a visitor."

Process or Social Competency: Reciprocity

Reciprocity is illustrated in earlier studies recognizing the importance nursing students assign to feeling they are contributing to the work of the healthcare team within their practicum and, in return, receiving appropriate educational support (Birks et al., 2017). In this research, reciprocity was evident when respondents described their relationship with other nursing students and some mentors: C4: "He [mentor] would see me do those things [clinical procedures]. He asked me to try it after he showed me how to do it."

D2: I may lack knowledge, but my other teammates may study well, and then they can teach me. They may have trouble communicating, and I'm usually good at talking. Then I can express more, and they can learn communication skills from me.

B4: He [mentor] would first ask me about my next step. If he thought it was OK, he would say 'OK you can have a try.' And after I finished it, he would come to talk with me about how I did it.

Process or Social Competency: Mutuality

The benefits of students acquiring a shared cultural awareness of their practice learning environment with other key participants has been recognized in earlier research (Hegenbarth et al., 2015). Similarly, the value of clinicians being perceived by nursing students as positive role models is identified in previous work (Allari & Farag, 2017). Whilst explicit evidence of mutuality within the data produced by this study was modest, several nursing students highlighted the way in which they perceived some nurses as demonstrating similar characteristics to themselves: D3: "Some of the mentors are fresh graduates, similar to my level, and don't have much experience" and

A1: they [newly qualified nurses] are also fresh grads, not long after graduation. They also...that is, they have learned some skills, but they feel that it is not proper enough to teach you or some other reasons. They both just graduated and are not very familiar with the practice... Maybe they are still in the learning stage like us. Everyone is the same.

More commonly, however, student comments reflected an absence of mutuality:

E1: "They [clinicians in a practicum] are neither my colleagues nor...a little like teachers but not because they won't teach you. But you have to call them Miss XX. I don't know if I have a good relationship with them." E2: "I think there is something wrong with the attitude of the [placement] staff. For example, when you ask questions, they respond to you with an unfriendly attitude." D2: "In addition to attitude, of course, they work to make money, not to teach. Some nurses think that way."

Process or Social Competency: Synchrony

The notion of synchrony is underpinned by work addressing the influence of circadian rhythms and, in particular, Social Zeitgeber Theory. According to this theory, consistent work patterns and contact with social networks contribute to daily routines and the stability of social rhythms (Sandahl et al., 2021). Certain events can "disrupt an individual's social rhythms, which are patterns of behavior and

cycles of daily life that structure one's day and help to entrain the biological clock to a 24-hour schedule", thereby adversely affecting health and wellbeing (Levenson et al., 2015, p.870).

Clearly, significant changes to the environmental, work, and social routines of nursing students may destabilize their internal rhythms and in so doing impair synchrony; particularly if these are perceived as undesirable changes or have negative consequences for other key aspects of the individual's life. Indeed, earlier studies (Rohatinsky et al., 2017) have identified the wider negative effects pre-registration nursing students may face having to accommodate the demands of their program placements. Respondents in this study also highlighted the adverse social, psychological, and physical effects resulting from their practicum experiences and hence the asynchrony which they generated:

E3: "long-term clinical practice [placement] leaves no time for thinking, which is exhausting." C3: "It's [placement] exhausting. I stay in the PA [overnight] room every night." C2: [During a practicum] "I feel mentally handicapped. Others control anything I do." A1: "Having no social life [during a practicum] means it's hard to make friends."

DISCUSSION

Implications of the Results

Analysis of the practice learning experiences described by this sample of pre-registration nursing students in Hong Kong against the theory of human relatedness suggests it provides a valuable theoretical explanation of the factors which may underpin pre-registration nursing program placement perceptions. Indeed, data from the five focus groups aligned to all four states of relatedness (connectedness, disconnectedness, enmeshment, and parallelism) and all four processes or social competencies (belonging, reciprocity, mutuality, and synchrony) detailed within this theory. Such alignment also demonstrates the relevance of the theory of human relatedness in evaluating the practicum experiences of nursing students in nations with different social, cultural, and linguistic characteristics.

These findings support the assertion that nursing students may evaluate their practice learning against an implicit set of criteria akin to the main states of relatedness and processes or social competences within the theory of human relatedness. Hence, they could reflect a set of cognitive tools implicitly employed by such individuals to evaluate each practicum. To further clarify, the extent to which a placement is tacitly considered to foster connectedness, belonging, reciprocity, mutuality, and synchrony, minimize the need for parallelism, and help prevent disconnectedness and enmeshment may affect an individual's perception of this experience. If these states of relatedness and processes or social competences do closely correspond with the criteria individuals unconsciously employ to evaluate practice learning, they can essentially be deemed to operate as causative mechanisms which account for various observed phenomena (i.e., student responses) within this research.

A fundamental goal of critical realist research is to attempt to establish causative generalizations based on probabilistic rather than absolute truth. This paper presents an argument supporting the theory of human relatedness as a way of identifying what processes may influence nursing student practicum evaluations and in so doing, attempts to understand potential causal mechanisms leading to these observed phenomena which may not be open to direct empirical measurement. Since investigations founded upon critical realism, such as this study, also expect a researcher to recommend changes to positively affect a situation (Sweetmore, 2021), these obligations are now honored.

Arguably, any factors that risk harming the quality of a practice learning experience would perhaps be best mitigated by pre-emptive interventions. For example, more comprehensive pre-placement preparation for nursing students and clinical staff, akin to those interventions advocated in several earlier studies (Karimollahi, 2012; Priest, 2005; Sherratt et al., 2013; van der Riet et al., 2018), may be of value. Such preparation might help challenge myths and negative attitudes, offer solutions to potential practicum problems, reduce stress, develop role confidence, and ultimately promote a more productive and satisfying practice learning experience for all stakeholders, enhancing the conditions for positive relatedness within a workplace setting. Moreover, embedding learning activities to strengthen awareness and application of the theory of human relatedness within current pre-registration nursing curricula may enable students to better appreciate the impact of the states and processes or competencies of relatedness in the context of workplace learning and help address the theory practice gap. It may also facilitate these learners to acquire an enhanced understanding and skills-set in respect of the student support they provide on becoming Registered Nurses, and ultimately mentors, themselves.

In addition, consideration should be given to the theory of human relatedness in respect of the way in which practice assessment design, implementation, and feedback are undertaken. Ensuring proficiencies are not only assessed in real workplace settings but as part of routine service delivery may optimize scope for connectedness, belonging, reciprocity and mutuality and in so doing positively affect student performance. Similarly, delaying formal assessment of practice-related skills until the student has spent several weeks in a placement may increase the likelihood that this individual has acquired a sense of positive relatedness within a service team before their competence is evaluated and thus allow their practice to be more grounded and confident. Moreover, it is recommended that feedback on the student's performance should be provided in a manner likely to foster a positive sense of relatedness for this individual and capture the extent to which they have been observed to conduct themselves in a manner likely to promote affirmative relatedness in others.

In common with guidance issued by professional/regulatory nursing bodies in other nations, the Nursing Council of Hong Kong (2017) expect training providers and clinical settings to liaise regarding ways to address issues associated with student practice learning and quality improvement. With such expectations in mind, development of pre-registration nursing student placements could be further improved by modifying any existing audit tools used to assess the quality of a workplace setting for practice learning to better determine how this setting may, congruent with the theory of human relatedness, promote beneficial features of relatedness and prevent harmful interpersonal conditions for workplace learning. Possible questions to ascertain the extent to which a service might be well-suited to promoting positive states and processes or competencies of relatedness, whilst preventing negative relatedness, are presented in Table 1.

TABLE 1: Potential questions to assess the Theory of Human Relatedness states and processes or competencies of relatedness in respect of a practicum.

Question to explore the Theory of Human Relatedness states and/or processes or competencies of relatedness	States and/or processes or competencies of relatedness considered by question
1. What do you do in the ward/unit/department/service to help reduce anxiety, develop confidence, and promote wellbeing for students during a placement?	Assessment of environmental conditions for promoting student connectedness and any potential risk of disconnectedness
2. What team-building activities take place in your ward/unit/department/service and who participates in these activities?	Assessment of environmental conditions for promoting student connectedness and belonging and any potential risk of disconnectedness
3. In what ways does the ward/unit/department/service seek to assist students on placement to feel valued members of the team?	Assessment of environmental conditions for promoting student belonging
4. In your ward/unit/department/service, how do you enable students experiencing a placement to share their learning and knowledge with the wider team?	Assessment of environmental conditions for promoting reciprocity
5. How are the values and philosophy of your ward/unit/department/service, shared, and reviewed and who contributes to this process?	Assessment of environmental conditions for promoting mutuality
6. What action do you take to ensure that a student's wellbeing and wider commitments/circumstances are, so far as possible, accommodated within their allocated practice learning times during the placement?	Assessment of environmental conditions for promoting student synchrony
7. How do you ensure a student on placement in your ward/unit/department/service is both sufficiently competent and confident to undertake a specific therapeutic activity/clinical procedure/nursing duty in the workplace?	Assessment of any potential environmental risk of student enmeshment
8. What do you do in the ward/unit/department/service to enable students on placement to receive adequate supervision which both provides them with opportunities for some safe independent practice, whilst allowing them to feel supported?	Assessment of environmental conditions for promoting student connectedness and any potential risk of parallelism

Limitations of the Study

It is recognized that the sample employed in this study was not extensive and that the focus groups from which data were obtained were originally designed to explore the broader clinical learning experiences of final-year undergraduates on a pre-registration nursing program at a tertiary institution in Hong Kong, not to examine evidence of the theory of human relatedness in student experiences and reflections. Primary research using questions specifically formulated to probe for evidence of the theory of human relatedness might, therefore, have generated higher levels of directly relevant material, but it can also be argued that secondary analysis eliminates any relevant bias within the data collection process. Furthermore, the results of this research are congruent with findings from an earlier United Kingdom study (Coleman, 2022), thereby strengthening the case it makes regarding the importance of the theory of human relatedness in evaluating and enhancing workplace learning.

CONCLUSION

The theory of human relatedness maintains the extent to which an individual acquires a positive sense of relatedness within a social environment may significantly affect their emotional wellbeing and subsequent behavior. Examining nursing students' evaluations of practice learning environments against the states of relatedness and processes or social competences within the theory of human relatedness may capture important information regarding the quality of their learning experiences in these settings and how well different placements have helped them develop the knowledge, skills and professional values expected of a Registered Nurse. International concerns have been expressed regarding retention on pre-registration nursing programs (Cust, 2020; Parry, 2021; Petit dit Dariel et al., 2014) and within the newly qualified nurse population (Buchan et al., 2018; Flott & Linden, 2016; Wong et al., 2018). Providing more detailed pre-placement preparation for nursing students/practicum staff, addressing the states of relatedness and processes or social competences identified in the theory of human relatedness within current pre-registration nursing curricula, and assessing placements in terms of their potential to promote positive relatedness as described in this theory may help address such retention problems.

Further analysis of primary and secondary data associated with placement experiences, including those within more diverse fields of practice, for example in the disciplines of medicine, occupational and physical therapy, podiatry, radiography, and social work, could enable additional scrutiny of the theory of human relatedness as a framework to explain the factors underpinning practicum learning for a wider student population completing programs which require workplace learning. The authors hope their research encourages further international and multidisciplinary investigation of this under-researched topic. Nonetheless, evidence to date supports the assertion that nurse educators should give appropriate regard to the likely impact of features highlighted within this theory when designing curricula, and in particular arranging placements, if these are to be consistently more positive learning experiences which enhance clinical competence, reduce stress, and promote student wellbeing.

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