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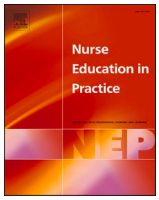

The influence of supervisory support on clinical learning as experienced by Czech Nursing and health professional students in the context of patient safety events: A qualitative study

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ABSTRACT

Aim: To explore the influence of supervisory and mentoring relationships on the clinical learning experiences of Czech Nursing and health professional students in the context of patient safety events

Background: Clinical experience is integral to healthcare education, shaping skills, behaviours, values and professional identity. During clinical placements, students may encounter memorable patient safety events and experience varied reactions from mentors/supervisors/others. Some research has highlighted challenges faced by students on clinical placement. Few studies involve multiple professions, most emanating from Western Europe, the UK, the USA and Australia with little relating to central European countries such as the Czech Republic.

Design: Two stage interpretivist qualitative study based in social constructionism

Methods: Convenience sample across 13 undergraduate and 18 postgraduate health professions courses. Stage 1 (2022): using SLIPPS Learning Event Recording Tool translated into Czech. 20 students' (Midwifery=11, Nursing=1, Paramedic=1, Occupational therapy =7) submitted 21 patient safety learning event narratives. Stage 2 (2022): Focus group with 2 nursing and nine midwifery students. Phased thematic analysis involving multiple researchers.

Results: Three themes illustrate the circumstances and impact of placement mentoring/supervision experiences, conceptualised as: 'Clinical and Emotional Companionship', 'Clinical and Emotional Abandonment' and 'Sense of agency - Professional and personal growth'. 'Companionship' reflected the students' feelings of being welcomed, respected, heard, trusted and supported. Conversely 'abandonment' emerged from feelings of being unheard, vulnerable, humiliated, afraid, leaving students feeling abandoned, lonely and 'useless'. Notwithstanding these conditions, students showed the ability to identify patient safety issues with agency evident in reactions such as stepping-in to try to ameliorate a situation, rather than speaking-up. Professional and personal growth was also apparent in their narratives and a conceptual diagram illustrates the students' learning journeys in a patient safety context.

Conclusion: The findings and new conceptualisations around abandonment and companionship emerging from this study expand the evidence base regarding the profound impact of clinical experience and mentorship/supervision on learning and students' emotional wellbeing. A sense of companionship appears to play a buffering role even in challenging circumstances of involvement in or witnessing compromised patients' safety. Allowing students a sense of belonging, to vent, grow, feel supported and safe to ask/learn - contributing to 'emotional

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safety for learning', promotes students' behaviour that may prevent/minimize hazards or ameliorate the aftermath. However, we must not simply blame mentors/supervisors, staff, or the students themselves- they are simply part of a much larger complex environment of professional education encompassing hidden curriculums, power dynamics and professional socialisation.

1. Introduction

The education of healthcare professionals such as nurses and midwives takes place in academic settings and placements in clinical environments (sometimes known as Professional Experience Placements) where each student experiences a unique patchwork of learning experiences (Markowski et al., 2021; Steven et al., 2014). This educational structure allows a wide variety of learning experiences, enabling students to prepare for future decision-making by applying their academic knowledge in a variety of complex, real-life situations. Students also learn behaviours and attitudes to care provision, patient safety and interprofessional working (Cresswell et al., 2013; Ropero-Padilla et al., 2022).

Research, mainly in nursing and midwifery, has focused on the challenges faced by students in clinical placements (Panda et al., 2021), although there is also increasing interest in student experience of clinical placements in allied health professions including occupational therapy (Golos and Tekuzener,2019), physiotherapy (Sellberg et al., 2022) and paramedic practice (Carroll et al., 2023). While such studies originate from several countries there is a marked lack of such research in central European countries including the Czech Republic or Slovakia (Antohe et al., 2016, Dobrowolska et al., 2016). A strong move towards improved patient safety by the Czech Republic Ministry of Health began in 2009, with the subsequent "Action Plan for the Quality and Safety of Health Care for the 2010–2012 Period" being implemented. The issue of patient safety was also highlighted in law in Act No.372/2011 regarding health services and conditions of their provision and in the Slovak Republic in Decree No.444/2019 regarding minimum requirements for internal patient safety assessment systems. Since then, a focus has increased on transparency and quality data sharing (e.g. UZIS in the Czech Republic).

Such policies and laws have implications for developing patient safety systems and are driven by a global need for harm reduction as highlighted by international policymakers (WHO, 2021). Such harm reduction considerations encompass both human advocacy and economic impact. Estimates suggest the cost of treating patients harmed during their care in developed countries approaches 13 % of health spending, meaning about USD 606 Billion spent annually to treat patients harmed by avoidable safety lapses in the OECD countries, of which the Czech Republic is part (Slawomirski and Klazinga, 2022). There is global consensus (G20 Health and Development Partnership and RLDatix, 2021) that healthcare worker safety benefits patient safety and that attention to the mental and physical wellbeing of health workers is needed. Thus, given students are the professionals of tomorrow, it is important to understand their formative experiences.

Learning in clinical environments creates challenges, as students may encounter situations where patient safety is compromised, sometimes exposing the students' vulnerability within the clinical team and placing them in difficult or distressing situations (Bril et al., 2022; Porteous and Machin, 2018; Steven et al., 2023). Students may find themselves wishing to raise concerns or ask questions, but may fear doing so (Bril et al., 2022; Morrow et al., 2016; Steven et al., 2014, Levett-Jones et al., 2009). Witnessing clinical mishaps and accidents can cause stress for healthcare personnel and students who can be defined as 'second victims' (Sahay and McKenna, 2023), with students experiences potentially compounded by staff reactions. However, authors have tended to focus on the 'victim' responses to incidents such as guilt, anger and embitterment (Choi et al., 2021; Espin et al., 2019; Tavares et al., 2022) rather than on the relational aspects of the aftermath of a situation.

How clinical placement staff react to patient safety issues and their openness to students is critical for student learning, given their reactions have a role-modelling function (Jack et al., 2017). Such reactions also form part of the 'hidden curriculum' through which students informally learn what is professionally acceptable in each context (Raso et al., 2019). Staff reactions also have implications for the psychological (Hardie et al., 2022) and emotional safety of students which can affect learning (Steven et al., 2014). A recent literature review identified a major theme relating to the supportive component of the relationship between students on placement and clinical staff which was commonly judged unsatisfactory (Panda et al., 2021). Inter-generational issues may also hinder the development of supportive workplace relationships (Middleton et al.,2021). Without shared awareness of the need for collaboration and reciprocal support, unique opportunities to have a positive impact on students during this important period of learning and professional identity formation may be missed (Porteous and Machin, 2018; Steven et al., 2023, 2014).

Therefore, our study aimed explore the influence of supervisory and mentoring relationships on the clinical learning experiences of Czech Nursing and health professional students in the context of patient safety related events.

2. Methods

2.1. Design

The research adopted a 2-stage qualitative design using an interpretivist approach (O'Donoghue, 2018)based in social constructionism (Gergen, 2022). Underpinning social constructionism is the notion that knowledge and meaning are situated in time and place and constructed through social interaction (Gergen, 2022; Rees et al.,2020). Thus, we develop our interpretations of situations and the knowledge we take from them via social interactions and language (Rees et al., 2020). Therefore the 'learning' students take from clinical placements is grounded in the social interactions they experience. Interpretivist qualitative approaches are consistent with social constructionism and enable rich exploration of both written and spoken narratives (Rees et al., 2020).

First written reflective accounts of patient safety experiences occurring whilst on clinical placement were collected from healthcare professions students via an online tool. Secondly, following thematic analysis of the written accounts, a focus group was held with a separate group of nursing and midwifery students to ascertain whether the finding resonated with their internship experiences, verifying and enriching the stage 1 codes and themes.

2.2. Participants and setting

Recruitment involved email invitation to all students studying healthcare profession courses in one Czech Republic university. Inclusion criteria were: being a student on any undergraduate or postgraduate healthcare program (other than a medicine) under Czech curriculum which included clinical placements. A convenience sample of 20 students participated in Stage 1 (contributing 21 narrative reports); 11 postgraduate students responded to an open call to participate in focus groups in Stage 2 (see Table 1). Informed consent was obtained.

All students were of Czech and Slovak origin and reflected on their hospital setting placements in Czech and Slovakian hospitals. No students withdrew from the research, although one subsequently withdrew

from their study program.

2.3. Data collection

Stage 1 entailed voluntary, anonymous online completion of the Czech language version of the SLIPPs Learning Event Recording Tool (SLERT). Originally developed as part of a European project (Steven et al., 2021, 2019) the SLERT functions as both a data collection method and an educational tool. It enables students to learn from patient safety events through private guided reflective writing (Artioli et al., 2021; Tsuruwaka and Asahara, 2018), resulting in narrative reports. The SLERT was translated into Czech language (SLERT: see supplementary materials), using a rigorous 4-phase, blind-back translation process (Sousa and Rojjanasrirat, 2011) and made available online in April 2022. Data collection for this study ended by November 2022 (see www.slipps.cz). Information regarding the research was included in the tool. Twentyone narrative reports were submitted, ranging between 96 and 569 words in length.

The subsequent stage 2 in-person focus group discussion, held in the university, lasted 45 minutes, was audio-recorded and transcribed. Participants were asked about their experiences on placement, placement mentoring/supervision and support, communication, wider support networks (peer and family). When describing patient safety related experiences they were prompted (by DJ) to discuss these in depth. Field notes were recorded and used for further analysis. One researcher was known to some students as a theory lecturer (DJ) and therefore stressed participation was completely voluntary and would have no impact on their studies.

2.4. Data analysis

Reflexive thematic analysis was employed to gain an in-depth understanding of the constructive force of specific discourse from the students' perspective of learning in a patient safety context. Analysis of both the written narratives and the focus group data drew on Braun and Clarke's 6-phase-process (Braun and Clarke, 2019, 2020; Byrne, 2022). Throughout, handwritten memos, analytical writing and reflexive discussions complemented the use of NVivo software.Data-familiarization and note taking was followed by systematic descriptive (semantic) coding (Byrne, 2022). Initial analysis of 10 randomly chosen written narratives was undertaken independently by three researchers (DJ, EP, RV) who then compared and discussed initial ideas, interpretations, semantic and latent codes (Byrne, 2022). Reflexive discussions were held with the wider research team (AS, HK, JG) enabling consideration and inclusion of alternative interpretations. Grouping and regrouping of categories alongside further interpretation and abstraction resulted in the formulation of 'intermediate' themes. A subsequent in-person data workshop (DJ, JG, AS) further facilitated sense checking, surfacing of assumptions and consideration of alternative perspectives. The resulting themes were further augmented and consolidated through comparing and contrasting with the focus group data (DJ, EP, HK) thus allowing interpretation of patterns of meaning from both within and across, the data sets.

Phased collaborative analysis involving multiple researchers with diverse experience and backgrounds (academic, practice, research, UK and CZ) did not seek a 'truth' through consensus or coder reliability in a neo-positivist sense (Braun and Clarke, 2020), but sought to allow a range of perspectives to inform the analysis process, thus facilitating reflexive challenge achieving richer interpretations of meaning and enhancing credibility (Seale, 1999; Byrne, 2022).

2.5. Ethical considerations

Ethical approval (UPOL-17700/1070–2020) was granted by Palacky University CZ. Participation was voluntary, students were provided with research information, informed consent was gained. Students were informed that their participation decisions would not have an impact on their studies in any way. Confidentiality and anonymity of data was ensured and students were allocated code numbers.

3. Results

Analysis resulted in the development of three interrelated themes with respective subthemes which cut across all programs and professions and illustrate the circumstances, conditions and impact of placement experiences. Two contrasting themes: 'Clinical and Emotional Abandonment' and 'Clinical and Emotional Companionship' encapsulate key aspects of the students' mentoring and supervisory experiences during clinical placements. The third theme: 'Sense of agency - Professional and personal growth' encompasses aspects influencing students' actions or decisions made during the event or after and suggests the ways their experiences translated into growth.

Following construction, agreement and confirmation of the themes through stages 1 and 2 of the project, further consideration was given to the processes represented in the data (DJ,AS) resulting in the development of a diagram conceptualising the journeys experienced by the students (Fig. 1).

3.1. Clinical and emotional abandonment

Our data confirm the striking impact of 'feeling accepted and part of the team' as opposed to feeling 'left out and misunderstood' as reported by a recent systematic review of 853 midwifery/nursing students (Panda et al., 2021). Having poor rapport can not only be demotivating and unsafe, but psychologically devastating with some students feeling they were left alone, both physically and/or emotionally:

> "*My previous mentor was shouting at me (…) My current mentor looked at me but said nothing. Later, I heard them gossiping in the nursing room. All other staff and students could hear it. I did not disclose it to anyone, but the situation had a major mental impact on me. I had to seek a psychologist." (Midwifery 14, 2nd year/undergraduate)*

While it is important to have mentors physically and emotionally 'present', it is also crucial that the whole team on duty is well informed about the level of student's competence and experience to avoid unrealistic staff expectations in case the mentor is not around. This simple awareness could prevent several near misses, errors and trauma:

> *"It was only my third delivery. I was supposed to administer a bolus of a medication… they yelled at me to do it., I was panicking, I didn't know what to do and how. At university they say we will learn on internship - In*

Table 1
Participant Characteristics.

Student type	Undergraduate			Postgraduate			Total	Gender	
Profession	Occupational	Midwifery	Nursing	Paramedic	Midwifery	Nursing		Male	Female
Study stage	Therapy			Practice	Students				
Stage 1: Students submitting written accounts	7	5	1	1	6		20	4	16
Stage 2: Focus group participants					9	2	11		11
Total	13			18			31	4	27

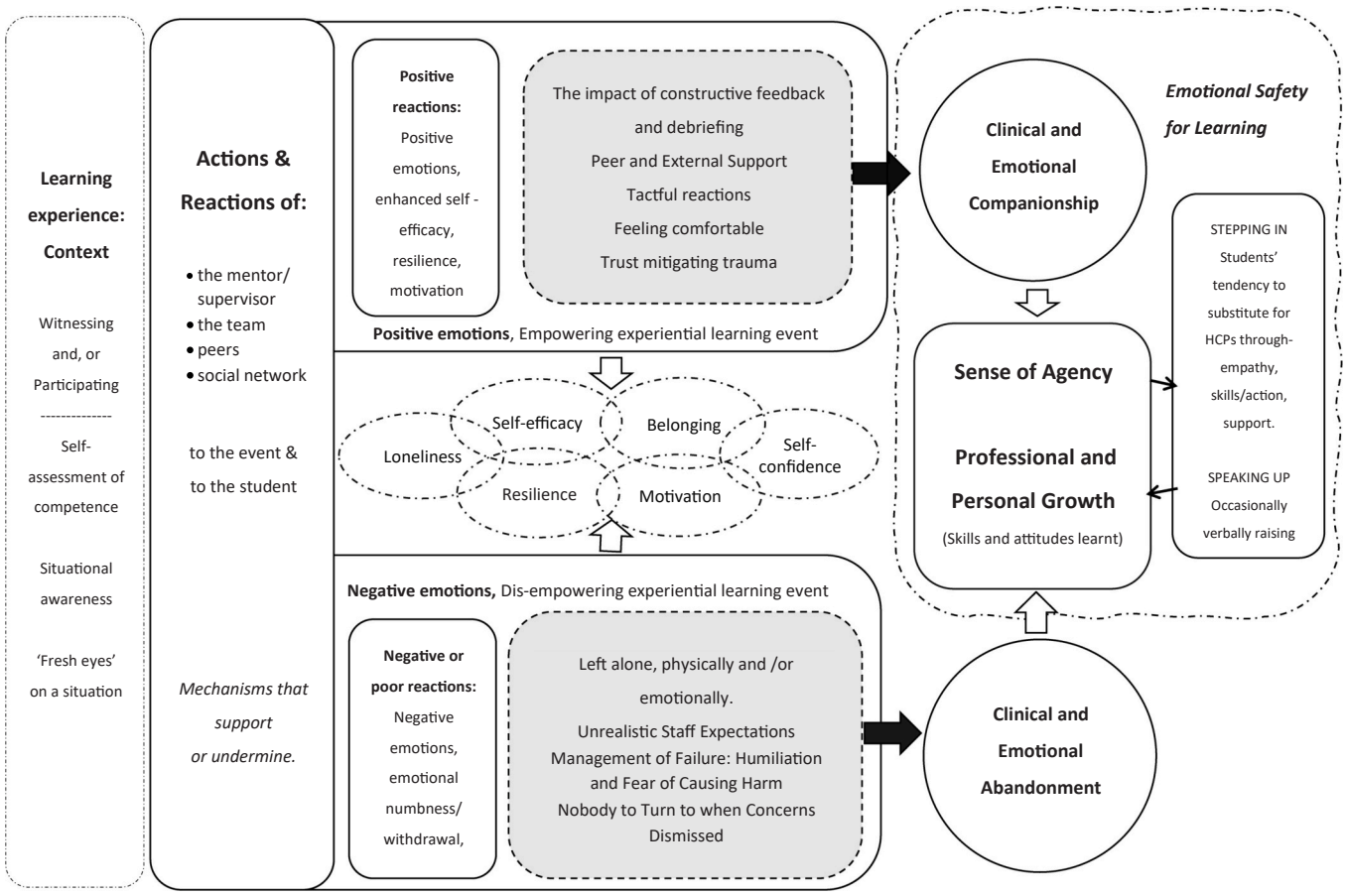

Fig. 1. Companionship or abandonment in clinical placement learning.

hospital they expect us to know it all already." (Student was not yet skilled at medication administration. This particular student left her studies at the end of first year.) (Midwifery 17, 1st year/undergraduate)

The management of students' failures or mistakes by mentors was crucial. Feeling humiliated and disrespected, especially when in front of patients and/or team-members, undermined both, the students' self-esteem and their image of staff professionalism:

"*You did it wrong! -If [the mentor] is saying it in front of the patient that's pretty stupid. It totally lowers your confidence and that's happened to me a lot. I hate that." (Focus group - Midwifery, postgraduate)*

"*I didn't find it appropriate to make the patient listen to all the communication errors students had done. It is very important to get feedback and learn about our mistakes. But it could be done out of the patient's room". (Occupational therapy 6, 1st year/undergraduate)*

Such feelings appeared exacerbated when peers then subsequently also failed to offer support:

(after being chastised by a mentor in front of a patient) "My classmates were just silently staring at me, they did not say anything." (Midwifery 14, 2nd year/undergraduate)

Learning from personal failure was repeatedly viewed as an important lesson. The manner of error management, however, seemed to leave a significant emotional imprint including an enhanced fear of causing harm:

"*The fear of making a mistake which would destroy somebody's life, the stress from them shouting at me, the feeling of being useless and in wrong profession (Midwifery 17, 1st year/undergraduate)*

"*My previous mentor screamed … that If that patient had delivered (prematurely) it would have been my fault (Midwifery 14, 2nd year/undergraduate)*

Management of student concerns also had an important influence on their learning experience, rapport with mentors, peers and other staff and sense of emotional safety. Students felt being able to voice concerns was important, however experiences of trying to do so could leave students feeling unheard and dismissed:

"The patient repeatedly told me that one nurse is being inhumane to her. When I mentioned this to other nurses, they just told me that she is too demanding and suffers from depression."

(*Occupational therapy 8, 1st year/undergraduate)*

"Her pain was unusual. I was sad and nervous when I couldn't help her. I did everything I could and informed my mentor. But she said the patient was just oversensitive and to transfer her (woman returned with paravaginal haematoma)" (Midwifery 3, 3rd year/undergraduate)

Developing trust between mentee and mentor requires time and effort on both sides (Jefford et al., 2021). Where hierarchy blocks the process of trust-building, critical incidents might occur due to a simple lack of active listening on either side.

3.2. Clinical and emotional companionship

A lack of support and advice for students was evident in the first theme, however many students used significant space to describe in detail how much constructive feedback and debriefing had a positive impact on them. This feedback was recognized even when delivered non-verbally:

"*Gradually, I received positive verbal evaluations from my mentor, I could see in her eyes she was proud of me. … Suddenly I had a positive attitude towards learning, training, internships, undergraduate work, professors. For the first time in my life, I discovered how effective this feedback is " (Midwifery 19, postgraduate*)

Students remembered moments when they could debrief with a supportive mentor or team. This allotted time enhanced students' comprehension of complex events, enabled them to ask questions and to vent their worries:

"*We (mentor and mentee) discussed the whole situation with the team. Our colleagues and management approved of our decision. It taught me it is necessary to stand my ground at times." (Paramedic 4, 3rd year/ undergraduate*).

"My mentor sat down with me afterward and we went through all guidelines and procedures in such a situation" (Midwifery 13, postgraduate)

Peer and external support were also key mechanisms for students. Positive emotions and excitement about newly learnt skills or information led to peers supporting each other through sharing. Support from experienced students was also apparent, with a sense of reciprocity evident:

"*A physiotherapist taught me a different positioning technique. I then discussed the procedure with my classmates." (Occupational therapy 9, 1st year/undergraduate*)

"the older students who were there with us, it was like the biggest support" (Focus group - Midwifery, postgraduate)

Where negative emotions were involved, external support was often pursued. One student disclosed having sought help from a psychologist, while others described the supportive role of family or those close to them:

"*I remember going home crying after my shifts, calling my parents, telling them that I couldn't handle it, that it is not for me, that I couldn't remember it all, that I was stupid and will never learn" (Midwifery 19, postgraduate*)

Teamwork built on trust mitigated traumatic experiences, potentially promoting deeper learning. Even if failure or insecurity occurred, students who felt comfortable with their mentor/team did not feel the tendency to hide things:

"*I appreciated the attitude of the mentor who didn't put me down in front of the patient. Ever since, I keep a close eye on whether I am not giving the patient anything harmful" (Midwifery 12, 3rd year/undergraduate*)

"*it is very important that the mentor is someone who wants to do it, they should be understanding, I need to feel that I can tell them when I do not know something. I shouldn't be scared to tell them that I want to try something but I am not sure and need to be shown" (Focus group - Midwifery, postgraduate*)

3.3. Sense of agency - professional and personal growth

Students described their decisions or actions around the events, illustrating self-efficacy and sense of agency (López-Deflory et al., 2023) as an outcome of their learning experiences. Students' ability to identify potential issues in practice and their decisions around whether to speak-up or step-in, in order to deal with their concerns is striking (see Table 3). It seemed sometimes easier for a student to step-in to a situation, rather than openly challenge the practice of professionals. Although some, more senior students (3rd year /postgraduate) seemed to have greater agency in actively opening discussions:

Table 2
Themes, subthemes and codes.

THEMES	SUB-THEMES	EXAMPLE CODES
Theme 1: Clinical and Emotional Abandonment	• Left Alone: Physically and/or Emotionally • Unrealistic Staff Expectations • Management of Failure: Humiliation and Fear of Causing Harm • Management of students' concerns: Feeling Unheard and/ or Dismissed	• System / Interventions unknown or unsure • Insecurities / Errors / Aftermath post near-misses, hazards, or adverse events • Witnessed or involved in negative communication and feelings (healthcare professionals, mentors, peers) • Mood contagion within a team– negative • Healthcare professionals' preconceptions • Students 'empathy but helpless • Peers unsupportive/ Intimate partner not understanding (added by focus group) • Lack of support and/or information around perinatal loss • Lost and alone with emotions • Feeling physically unsafe in specific circumstances
Theme 2: Clinical and Emotional Companionship	• Constructive Feedback and Debriefing • Peers and External Support • Trust: Feeling Comfortable • Coping Strategies	• Feedback given irrespective of the nature of events; inclusion in the team • Patient safety awareness within the event and reflection • Discussion with mentor or team members initiated; reflecting on feedback and/or intervention • Positive communication and feelings (healthcare professionals, mentors, peers) • Mood contagion within teams – positive • Seeking an external support system or person • Sharing with peers / Other adaptive coping strategies (added by focus group) • Intimate partner's support (added by focus group)
Theme 3: Sense of Agency – Professional and Personal Growth	• Identifying Potential Issues – Speaking up or Stepping in • Exposing Own Vulnerability • Empowerment & Development • Self-efficacy, Resilience and Motivation • Transformative Learning in Clinical Practice	• Recognizing wrong practice - students able to identify safety risks, unattended patients' needs/rights • Empowering moment / Strong memories • Meaning made out of events - analytical thinking, lessons learnt • Level of confidence/ Self-evaluation • What next: decisions made or steps taken/ Action taken; Attempt to challenge yes/no • Future self: plans/ decisions/ building up their professional self

(*continued on next page*)

Table 2 (*continued*)

THEMES	SUB-THEMES	EXAMPLE CODES
		• Reviewing their choice of profession; anticipation and motivation • Suggestions for improvement or prevention made by student • Taking personal life into the picture (added by focus group)

"I then had conversations with midwives about communication and perinatal loss. My question to them was whether there're seminars or courses on this difficult topic organized within the hospital." (Midwifery 18, postgraduate)

There was a sense of hierarchical incompetence expressed given the evaluation role of mentors, which made students feel vulnerable, potentially having an impact on the agency. Feelings also seemed heightened where there was a sense of unfair treatment, or when professionals acted based on assumptions:

"As a student, I cannot afford to question the decisions and care of a mentor who has 30 years of experience and is in the position of my supervisor."

(Midwifery 3, 3rd year/undergraduate)

"Staff automatically assume there will be much more work while mentoring [students from Slovakia], sadly, taking much longer to build the trust and respectful relationships… It was really so obvious that they (staff) behaved differently to the [Slovakian students]" (Focus group - Midwifery, postgraduate)

However, students also showed understanding and empathy towards staff but noted the impact of their attitudes and behaviours on students:

"From the perspective of the mentor it must be also really hard actually. I sometimes understand that they are not telling us things as they are not sure if we are interested, as long as we don't ask, why should they bother" (Focus group - Midwifery, postgraduate)

"I know it can be hard to work with students at times, but the behaviour towards them then affects their [students] approach to work" (Midwifery 19, postgraduate)

Students expressed a sense of empowerment, development and pride when reflecting on 'companionship' from mentors and initial difficulties they themselves had overcome:

"*I froze and my mentor had to take over (…) After I told my mentor what I felt. (…)sorry and useless. (…) That experience helped me to realise many things and to focus on important things". (Midwifery 20, postgraduate)*

"[re near miss with medication prepared by student] Luckily, [mentor] came in (…)made me aware of the error, tactfully, not in front of the patient (…) ever since I doublecheck to make sure I won't harm my patient".(Midwifery 12, 3rd year/undergraduate)

"I had decided well to continue as a diabetic nurse after my studies at university, maybe I will try to raise the level of diabetic care." (Nursing 1, 2nd year/undergraduate)

Many mentioned their subsequent personal and professional growth, in the form of skills and attitudes learnt illustrating the transformative impact of learning experiences and reflection:

"I don't have trouble speaking to kids, the elderly, to people in general, unlike before. I was told I'm more talkative." (Focus group - Nursing, postgraduate)

Table 3
Students verbatim identifying and reacting to patients related issues.

Students identifying and reacting to patients related issues	
Aspect	**Illustrative quotes**
Potential issues identified by students	An anaesthetist from ICU insisted on handing over an unresponsive, desaturating 7-year-old patient to regular ward to me and my mentor. (Paramedic, 3rd year/undergraduate) Everybody was silent and looked as if nothing happened [perinatal loss, grieving mother in labour]; told her that everything will be fine and to be quieter. They avoided eye contact, avoided communication, only sometimes somebody touched her. (Midwifery 15, postgraduate) I witnessed doctors' rounds on an elderly patient. The doctors didn't even great the patient, they spoke about her without her and then left the room without saying good bye. She was so confused. (Occupational therapy 7, 1st year/undergraduate) An elderly patient repeatedly told me that one nurse is being inhumane to her. This patient was hiding information and lying about her condition just to prevent contact with that nurse so that to be discharged asap. When I approached the nurses, I was told the patient suffers from depression and it's not the nurse's problem!" (Occupational therapy 8, 1st year/undergraduate) Most of all, there was a complete lack of communication from midwives towards her, as they themselves didn't know how to communicate with her. They hardly went to her, just when needed to give her medication or to take vital signs. [Patient lost her baby after placental abruptio, HELLP syndrome, 38th week of pregnancy] (Midwifery 18, postgraduate) I felt really sorry for the other two patients sharing the room with her [drug addicted patient with withdrawal syndrome], they must have felt unsafe. (Midwifery 16, 2nd year/undergraduate) I was sorry the patient had not been informed about the procedure properly. She was not prepared for such pain. (Midwifery 2, 3rd year/undergraduate) "Her pain was unusual. I thought it was important, my intuition told me it hurts her more than other women despite a small perineal tear." (Midwifery 3, 3rd year/undergraduate)
Way in which student reacted to the issue	
Speaking up Students who verbally raised concerns	"When I mentioned this (inhumane nurse) to other nurses, they just told me that patient is too demanding and suffers from depression. (…) I hope it would never happen to me that a patient would be scared of me. (Occupational therapy 8, 1st year/undergraduate) "I thought it [unusual pain, student queried this with staff] was important… But the midwife said the patient was just oversensitive. And to transfer her. The receiving nurse asked me why I had left the cannula in. I explained my worry, but she asked me to remove it anyway. This woman then returned two hours later needing a surgical procedure. (…) I learned I can trust my intuition and that I should listen to it." (Midwifery 3, 3rd year/undergraduate) I then had a conversation with the midwives about communication and perinatal loss. I asked them, whether they have any courses available in the hospital about such a difficult topic. And as I expected after what I had seen (complete lack of communication from midwives towards women), they don't. (Midwifery 18, postgraduate)
Stepping in Students who took some form of action	I was very disturbed by the situation [at doctors' rounds, doctors talked about the patient but ignored her] and afterwards, I tried to explain to the patient, who the people were and what happened. (Occupational therapy 7, 1st year/undergraduate) The ICU nurse at handover just put the patient's unused food on the table, saying she couldn't count the exchange units so she didn't give it. I was shocked. I did the counting myself [as I do it daily]. It wasn't discussed any further. (Nursing 1, 2nd year/undergraduate)

(*continued on next page*)

Table 3 (*continued*)

	The success (with a feeding aid) [student identified unresolved issue in patient's eating abilities] was perhaps because of the patient's frustration about the activity he had problems with, which the staff ignored, so we just filled the gap. (Occupational therapy 11, 1st year/undergraduate) She kept crying and talking, they were silent, avoiding eye contact (…) I felt so helpless, so pitiful for her I held her hand (Midwifery 15, postgraduate)

"*I can look at things from many different angles now" (…) "I am more assertive" (…) "I am much more careful about prejudices now" (Focus group -Multiple midwifery participants, postgraduate*)

Sadly, for one, the distress from a sense of abandonment, combined with feelings of individual failure seems to have had an impact on their self-efficacy, resilience and motivation leading to questioning their career choice and attrition:

"the stress from them shouting at me, the feeling of being useless and in wrong profession… I have a block to go to my next placement, every time I talk about it, I cry and feel sick (…)" (Midwifery 17, 1st year/undergraduate) Table 2

Fig. 1 illustrates the transformative learning process affecting students' growth and sense of agency, taking the nature of the learning event into account, as well as the factors involved in the final outcome.

4. Discussion

The findings and new conceptualisations emerging from this study of the patient safety placement experiences of healthcare students from one Czech university expand the evidence base regarding the profound impact of clinical experience and mentorship on learning and student's emotional wellbeing (Middleton et al., 2021; Panda et al., 2021; Pearce et al., 2022; Levett-Jones et al., 2009). The interplay between clinical placement culture, the dynamics of supervisory and mentoring relationships and students' perceptions and reactions to their experiences can be seen as characterising experiential conditions we conceptualise as Clinical and Emotional Abandonment or Companionship. Ultimately such conditions may influence students' emotions, motivation, clinical learning and sense of agency and are proposed as forming part of a larger clinical climate of 'Emotional safety for learning' (Steven et al., 2014, 2023). Despite data obtained from two seemingly distinct groups of students (undergraduate and postgraduate), the analysis resulted in crosscutting patterns of meaning independent of the stage of participants learning journey.

A sense of clinical and emotional abandonment prompted feelings of being unheard, vulnerable, humiliated and afraid. Such emotions may have an impact on self-confidence and self-efficacy, heighten insecurities in questioning practice and potentially increase safety hazards, cause learning opportunities to be missed and risk psychological trauma. The translation and use of the SLERT tool enabled the experiences of these students to be 'heard'. Conversely 'companionship' signalled the students' innate need to feel welcomed, respected, heard, trusted and supported as unique individuals and while similar, appears broader than the notion of 'belongingness' described in earlier studies (Levett-Jones et al., 2009, Levett-Jones and Lathlean, 2008, 2009). Students in our study longed not just for 'belonging', but for broader social and emotional companionship in the form of caring mentors, staff, peers and families whose encouragement made a difference. Recent UK research identified the importance of hearing and respecting students' views in affirming 'belongingness', linking this with confidence and wellbeing (Jack et al.,2017). When such affirmation is lacking, loneliness may ensue, with research suggesting loneliness plays an important role in the capacity to have clinical empathy, on academic performance, resilience and the students' mental health (Labrague et al., 2021; Núñez et al., 2022; Ray et al., 2019). From the post-communism perspective of the Czech and Slovak Republics, many current healthcare professionals were trained before the Velvet Revolution (1989) and in subsequent 'transitional years'. Professional images, attitudes and education have since undergone significant transformation (Borowczyk et al., 2023; Murgic et al., 2015), inevitably influencing differences in expectations between some mentors and students. Yet, mutually respectful relationships between mentee and mentor are fundamental to learning (Jefford et al., 2021). For students in this study broader support networks also played a crucial role (peers, partners, family), enhancing reflection through which learning and on occasions 'self-recovery' took place. We suggest that a sense of clinical and emotional abandonment may initiate or exacerbate feelings of loneliness and a lowered sense of emotional safety for learning (Steven et al., 2014,2023).

Evidence indicates it may be beneficial to increase students' awareness of emotions and how to respond to them, along with academic and workplace preparation to help them cope in practice (Izard et al., 2011., McCloughen et al., 2020). McCloughen et al. (2020) suggest that without 'strategic socialisation' and formal support for effective emotion management, nursing students employ emotional labour strategies which could have a negative impact on their well-being. Indeed, in this study, such experiences and reactions may have influenced the decision of one student who withdrew from their program. Therefore, healthcare systems could benefit from curriculums offering not only knowledge and clinical skills, but also coping and communication strategies, problem-solving and stress-management skills to enhance resilience, empathy and adaptability of students in both academic and clinical environments (Fiabane et al., 2019; McCarthy et al., 2018; Palmwood and McBride, 2019; Rowe and Fitness, 2018).

Students fear of 'speaking up' or questioning practice is well documented, (Levett-Jones and Lathlean, 2009., Steven et al., 2014., Fisher and Kiernan, 2019) and has been linked to the development of conformity and compliance, forming part of professional socialisation (Levett-Jones and Lathlean, 2009). However, what is interesting in our study is the ability of students to identify issues of concern and often to act by stepping-in to try to ameliorate a situation, rather than speaking-up to a query or challenge. Agency and the ability to initiate discussions seemed to grow with experience and maturity, while compassion was constantly present among students despite repeated exposure to challenges in the clinical environment. Finding evidence of agency is encouraging, since it serves as an emancipatory factor and enables knowledge production towards the possibility of a morally authentic nursing practice (McMillan and Perron, 2020). Furthermore, the innate capacity for speaking up can be used and strengthened through teaching assertiveness skills and establishing a preparatory framework for 'speaking up for safety' early in nursing students' tertiary education (Hanson et al., 2020).

Demotivating factors including 'being unprepared' for placements' (Pearce et al., 2022) seem interlinked with unrealistic staff expectations. Perhaps appropriate introduction of students at handovers, a unit culture recognising the value of team 'teaching together' and promotion of clinical supervision teams (Middleton et al., 2021; Pearce et al., 2022) may minimise misunderstandings. Dedicated, trained student-allocated mentors, aware of students' competence levels and able to give constructive feedback/debriefing, sympathetic peers and wider support networks – could all enhance safe, transformative learning, resilience, advocacy and sense of agency. In case the protective mechanisms of mentoring, academic teachers and peers fail, the availability of a trained neutral 'go to' person/coach, not engaged in placements nor academia would be useful.

However, mentors and staff form only a small part of a much larger complex culture of professional education, encompassing hidden curriculums, power dynamics, professional socialisation and identity formation (Kelly, 2020, Jack et al., 2018, Levett-Jones et al., 2009, Steven et al., 2014.). Therefore, while it is easy to focus on and perhaps inadvertently 'blame' mentors and staff (as appearing to be the direct cause of student experiences), or the students (as requiring additional skills, emotional competencies or coping mechanisms), alternative

perspectives are also needed. More research is required into the socio-cultural, professional and systemic factors at play in perpetuating situations such as those our respondents describe.

4.1. Limitations

While this is a small, geographically and temporally located study, to our knowledge little research has been undertaken in central European countries into healthcare students' clinical learning experiences in a patient safety context and the influence of supervisory support. The use of an anonymous tool such as the SLERT may have advantages over in-person data collection for research in this area. The SLERT offers students valuable space to assimilate an experience and express emotions and thoughts through private guided reflection. This may enhance the students' sense of control and potentially result in greater participation and more detailed data (Steven et al., 2021).

Participants came from one university, nevertheless they described experiences in several tertiary hospitals in both the Czech Republic and Slovakia. The involvement of a multi-national research team also brought diverse experience and perspectives, facilitating further development and theorising around the notion of emotional safety for learning. We acknowledge the convenience sampling had prevented equal representation of all disciplines and undergraduate and post-graduate students in both stages and further research is needed with a wider range of professions to challenge, confirm and advance our findings, especially around the novel conceptualisation of companionship and abandonment.

5. Conclusion

Clinical placements bring many challenges to health professional students. Meeting the trials of the clinical workplace, whilst managing difficult emotions, leaves students especially vulnerable if they feel neither welcome nor integrated into the clinical team. A sense of companionship which overcomes hierarchy to broaden the circle of support, appears to play a buffering role; allowing students to vent, grow, feel supported and feel safe to ask and learn. In the absence of companionship, the 'nobody to go to' feeling can lead to students feeling lonely and 'useless for the profession'. We propose that conditions of 'companionship' augment the sense of belonging a student may feel whilst undertaking a clinical placement and that both of these aspects contribute to the creation of an atmosphere of 'emotional safety for learning' (Steven et al., 2014,2023; Allan et al., 2019). Conversely conditions of 'abandonment' reduce belonging and ultimately the sense of emotional safety for learning.

In these times where retention of healthcare staff is a worldwide problem (Bees, 2023), our findings point to the value of appropriately targeted measures which must be acceptable to students, academics and workplace clinicians and be effective in maintaining welcoming and motivating unit cultures even in times of high workload and staffing constraints.

Ethical Approval

Ethical approval (UPOL-17700/1070–2020) was granted by Ethics Committee, Faculty of Health Sciences at Palacky University Olomouc. Participation was voluntary, informed consent was gained and participants were informed that their participation decisions would not impact their studies in any way. Confidentiality and anonymity of data was ensured and students were allocated code numbers.

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CRediT authorship contribution statement

Helena Kisvetrová: Writing – review & editing, Writing – original draft, Supervision, Methodology, Investigation, Formal analysis, Conceptualization. **Eva Prušová:** Writing – review & editing, Writing – original draft, Methodology, Investigation, Formal analysis, Conceptualization. **Alison Steven:** Writing – review & editing, Writing – original draft, Supervision, Methodology, Investigation, Funding acquisition, Conceptualization. **Renáta Váverková:** Writing – review & editing, Writing – original draft, Methodology, Investigation, Formal analysis, Conceptualization. **Peta J. Greaves:** Writing – review & editing, Writing – original draft, Supervision, Methodology, Investigation, Formal analysis, Conceptualization. **Daniela Javornická:** Writing – review & editing, Writing – original draft, Software, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization.

Declaration of Generative AI and AI-assisted technologies in the writing process

The research team declares there was no artificial intelligence nor AI-assisted technology used during any point of this study.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.nepr.2024.104041.

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