

ORIGINAL RESEARCH

Empowerment of nursing students in clinical practice: spheres of influence

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Abstract

Aim. This paper is a report of a study exploring the empowerment of nursing students in clinical practice.

Background. There is a great deal of literature regarding empowerment in nursing but most focuses on the empowerment of patients and registered nurses. There is very little regarding the empowerment of nursing students. Of the limited available studies, most explore empowerment in an academic, rather than a clinical context.

Methods. This longitudinal study was underpinned by hermeneutic phenomenology. Thirteen first-year nursing students were recruited using a purposive sampling strategy. Annual, in-depth interviews were conducted with the students on their trajectory from the first to third year of the undergraduate programme. Data were collected between 2007 and 2009.

Findings. By the end of the study, most students felt more empowered than they had at the beginning. They attributed this to increased knowledge and confidence. Empowerment of nursing students in clinical practice can be represented in the form of 'spheres of influence'. Intrinsic, essential structures of having knowledge and confidence are at the core. External spheres influence the extent to which nursing students are likely to experience increased knowledge and confidence, and thus empowerment. However, nursing students use a number of strategies to promote their own empowerment in clinical practice.

Conclusion. Efforts to promote the empowerment of nursing students in clinical practice need to be multi-layered and targeted at each of the spheres of influence.

Keywords: clinical placements, clinical practice, empowerment, hermeneutic phenomenology, mentors, nursing students, spheres of influence

Introduction

According to Rodwell (1996), if a concept is significant it is used often. Empowerment *is* a widely used concept in nursing

(Hokanson Hawks 1992, Gilbert 1995, Rodwell 1996, Kuokkanen & Leino-Kilpi 2000), which indicates its significance. This popularity is reflected in the plethora of literature on the topic. However, much of this focuses on the

empowerment of patients and Registered Nurses. The mass of literature obscures the fact that within it, there are very few studies of the empowerment of nursing students, and of these, most explore empowerment in an academic, rather than a clinical context.

In this paper we report a United Kingdom (UK) study exploring the empowerment of nursing students in clinical practice. However, because the concept of empowerment of nursing students transcends national boundaries, the paper has international relevance.

Background

An excursion into the literature on empowerment reveals an amorphous concept that is difficult to define. Its complexity is such that empowerment has been described as a 'slippery issue' (Bradbury-Jones *et al.* 2008). A definition of empowerment is difficult because it takes on different forms in different contexts. For example, empowerment for a poor, black woman looks very different than for a middle class white man (Rappaport 1984). Because empowerment is difficult to define, some have suggested that it is easier to define its absence (Kieffer 1984). Thus, according to Rappaport (1984), like obscenity, although we might not know what it is, we know it when we see it.

Despite its complexity, there have been attempts at defining empowerment, such as that by Chandler (1992, p.65) as: 'to enable to act'. The 'enabling' nature of empowerment is also reflected in the definition by Rodwell (1996), in that empowerment is 'a process of enabling people to choose to take control over and make decisions about their lives' (p. 309). In addition to such definitions, Kuokkanen and Leino-Kilpi (2000) proposed three theoretical approaches underpinning empowerment: critical social theory, organizational and management theories, and social psychological theories. A fourth approach was added by Bradbury-Jones *et al.* (2008) in the form of poststructuralism. It is with these in mind that the existing, albeit limited, literature on the empowerment of nursing students can be explored.

Critical theory is based on the premise that certain groups in society are in a subordinated position, and empowerment is thus equated with liberation (Fulton 1997). In terms of existing research, Pearson (1998) undertook a study underpinned by 'emancipatory and feminist philosophies' in which students perceived an increase in power when they were delegated responsibility. While the study offered insight into the empowerment of nursing students, the sample was drawn exclusively from second year nursing students and therefore a spectrum of experience was not captured. Falk-Rafael *et al.*

(2004, p.108) also used feminist theory to add a 'gendered lens' to the conceptualization of empowerment. They examined whether a pedagogy grounded in feminism could empower nursing students. The results revealed the effectiveness of feminist pedagogy, but in a classroom rather than a clinical setting.

Another study, conducted by Campbell (2003), concerned students from a baccalaureate nursing programme and nursing educators. Campbell did not claim to be influenced by critical social theory, but the findings of the study were expressed in terms associated with this perspective. According to Campbell, throughout the study one prominent idea persisted: nurses continue to treat one another negatively. Like that of Falk-Rafael *et al.* (2004), the study was in an educational rather than clinical context. Overall, from a critical social theory perspective, one study is limited by sample (Pearson 1998) and the others by focus (Campbell 2003, Falk-Rafael *et al.* 2004).

The difference between critical social theory and organizational theory is that the latter is concerned with the distribution of power in organizations rather than with oppressed groups (Kuokkanen & Leino-Kilpi 2000). In terms of research from an organizational theory perspective, Siu *et al.* (2005) reported that third-year nursing students on a problem-based learning programme experienced greater structural empowerment than those on a conventional programme, and that this increased their motivation, confidence and self-direction towards learning. While the study offered insight into empowerment of nursing students from an organization theory perspective, it was limited by sample and, like previously mentioned studies, the focus was educational rather than clinical.

From a psychological perspective, Mailloux (2006) found that nursing students' perceptions of empowerment had a positive effect on their perceptions of autonomy. Participants in the study were drawn from several different programmes, which contrasts with the studies discussed above. However, although the empowerment of nursing students was explored, autonomy was the main focus. Additionally, like other studies, its focus was academic, with a sample drawn from one semester only.

As with the three perspectives discussed above, poststructural approaches to understanding the empowerment of nursing students are marked by distinct lack of research. One available study by Darbyshire and Fleming (2008) was underpinned by the work of Foucault. Interviews with students and teachers and material from the nursing course curriculum were analysed to identify how student behaviour was governed. The findings indicated that students *are* 'governed' and controlled within the nurse education system.

Disciplinary techniques such as attendance registers were reported as forms of control. The study gave insight into potential constraints on the empowerment of nursing students from a poststructural perspective. However, like that of Mailloux (2006), the study focused primarily on autonomy rather than empowerment and was carried out in an academic rather than clinical setting.

Finally, in a critical incident technique study, Bradbury-Jones *et al.* (2007) found that nursing students can be empowered or disempowered, depending on the context. In this study, participants were drawn from different stages of the curriculum *and* the focus was on clinical practice. However, it had a cross-sectional design and thus did not fully capture the changing nature of empowerment.

Overall, the (few) available studies explored empowerment of nursing students at one particular stage of the nursing programme (Pearson 1998, Siu *et al.* 2005, Mailloux 2006), focused on autonomy rather than empowerment (Mailloux 2006, Darbyshire & Fleming 2008) and were not focused specifically on empowerment in clinical practice (Campbell 2003, Falk-Rafael *et al.* 2004, Mailloux 2006, Darbyshire & Fleming 2008). Moreover, they tended to be of cross-sectional design. Thus, there is a gap in the body of nursing knowledge on the empowerment of nursing students in clinical practice.

The study

Aim

The aim of the study was to explore the empowerment of nursing students in clinical practice. Specifically, we wished to illuminate the essential structures of empowerment and to capture the changing nature of empowerment on nursing students' trajectory from the first to final year of their educational programme.

Design

To address these aims, a study underpinned by hermeneutic phenomenology was carried out. It is beyond the scope of this paper to offer detailed critique of phenomenology as a philosophical movement. However, in brief, this 'polysyllabic tongue twister' (Spiegelberg 1975, p. 14) is derived from the Greek: 'phenomenon' and 'logos'. 'Logos' can be translated as 'the science of', which makes phenomenology '*the science of phenomena*' (Heidegger 1962, p. 50). The methodology for this paper was influenced primarily by the writing of van Manen (1997), who explained hermeneutic phenomenology thus:

Hermeneutic phenomenology tries to be attentive to both terms of its methodology: it is a *descriptive* (phenomenological) methodology because it wants to be attentive to how things appear, it wants to let things speak for themselves; it is an *interpretive* (hermeneutic) methodology because it claims that there are no such things as uninterpreted phenomena (p. 180).

According to van Manen, hermeneutic phenomenology involves a dynamic interplay between six activities: turning to a phenomenon which seriously interests us; investigating experience as we live it rather than as we conceptualize it; reflecting on the essential themes which characterize the phenomenon; describing the phenomenon through the art of writing and rewriting; maintaining a strong and oriented relation to the phenomenon; and balancing the research context by considering parts and whole (van Manen 1997). Van Manen's approach thus provides scope to focus on essential themes (structures) of a phenomenon, which was an important consideration for this study. It also requires 'hermeneutic phenomenological reflection' which, as the name suggests, is an interpretive process. Therefore, hermeneutic phenomenology was deemed congruent with the aim of the study, and a longitudinal design was the obvious way of capturing the changing nature of empowerment.

Participants

Thirteen first-year nursing students were recruited from one university in the UK using purposive sampling. Purposive sampling is used within qualitative research to select participants who illustrate some feature of the phenomenon under study (Silverman 2005). In this research, participants were recruited on the basis of their experience as nursing students. There were two inclusion criteria: the student had to be a first-year nursing student and must have experienced at least one clinical placement. Attrition from longitudinal studies is a recognized problem (Cormack 2000, Watson 2008). Therefore ongoing communication and feedback with the student participants ensured their continued engagement. Ultimately, only one was lost to the study due to discontinuation of her nursing studies.

Data generation

According to McCance and McIlfatrick (2008), the main method of data generation in phenomenological studies is the interview. In the present study, to achieve the deep exploration required, in-depth interviews were employed. They were conducted annually as the nursing students progressed from

the first to the third and final year of the programme. Data collection spanned 2007–2009.

Ethical considerations

Approval to undertake the study was granted by a university research ethics committee.

Data analysis

Analysis was based principally on the approach of van Manen (1997), but was influenced also by Moustakas (1994), Todres (2000) and Giorgi and Giorgi (2008). Drawing on guidance from these phenomenologists, the four main stages of analysis involved: (1) reading of each transcript in order to understand it as a whole experience; (2) discrimination of meaning units/uncovering phenomenological themes; (3) transformation of meaning units/thematic formulation; and (4) formulation of essential structure/composing linguistic transformations.

Data for each year of the study culminated with the formulation of a composite textural and structural description, as advocated by Moustakas (1994). The descriptions were revised each year to capture our changing understanding of the phenomenon as students moved through the programme.

Findings

The study showed that nursing students experienced empowerment and disempowerment in clinical practice. However, the primary focus of this paper is empowerment, rather than disempowerment. Congruent with the longitudinal study design, the findings are presented chronologically to reflect a trajectory from the first to the third year.

Being empowered as a first-year nursing student

Early in the first-year interviews, having knowledge and being valued as a learner were illuminated as important elements of empowerment, as illustrated in this first excerpt:

I was doing an aseptic technique and I was able to do it by myself for the first time... it was appreciated and the nurse said, 'You did it better...than the nurse who did it before' and I was only a student... it's just knowledge isn't it really? I felt I'd learned something... I felt as if, 'Oh, I'm actually doing something that's... worthwhile'.

Likewise, a sense of being valued as a team member was important:

On my first placement I was out with the health visitor and... I felt like I knew a lot because I've had a baby myself, so I felt quite empowered I suppose it would be, because I felt confident... my mentor would ask me questions because my mentor [Registered Nurse] didn't have children... I had knowledge that she wanted to know about, that I had first-hand experience of, and that made me feel confident.

Another interviewee alluded to the notion of being a valued team member *and* being valued as a person:

My mentor asked me to do the handover... and I felt that I was accepted as part of the team and I wasn't just a... well I *was* a student nurse, but I wasn't *just* a student... I just felt... like a person. I was accepted in the same way that they were.

The first-year interviews illuminated the importance of time as an underpinning feature of being valued:

When you start a new placement it takes a bit of time for them [mentors] to observe and see what you are capable of before they can start feeling confident in what you are doing... it's a different placement with a different group of people and they have to assess your confidence.

Specifically in relation to time, the transience of placements was raised:

My mentor did say, 'You've grown so much in the last couple of weeks, you don't need constant supervision'. By the end of it we'd grown together which was a shame because then it's time to part.

An aspect of empowerment that emerged during the first-year interviews was the responsibility that nursing students took for empowering themselves:

I think it is not just down to mentors, I think you can make your placement; I really do believe that. It comes down to how you empower yourself as well, to get where you want to be.

Overall, the first-year interviews revealed some important elements of empowerment, of which knowledge and confidence formed an essential part. Being valued as a learner, team member and person were also important, and these appeared to have a temporal connection. The second-year interviews were to provide the means of exploring these findings further.

Being empowered as a second-year nursing student

In the second year, the following account supported the continued importance of confidence:

I think every time I get that empowered feeling I always get a bit more confidence... every time that I have felt that bit more empowered, I sort of like... hold on to the confidence I get from it.

Another interview revealed an increasing sense of empowerment, associated with increasing knowledge and confidence. The importance of mentors was reinforced, particularly in relation to being valued as a learner:

[I am] certainly more empowered than I was because obviously I've got more knowledge under my belt now and experience... which brings more confidence really, doesn't it? I've got a better knowledge base haven't I? I've got more experience... I think it comes down to your mentors, an awful lot of it. I think if your mentors are giving you encouragement, giving you things that they know you can do, and things they know you are learning from.

With experience your confidence definitely grows... I ask to do things now rather than wait to be told and push myself a bit. I try not to be too much in people's faces... I've had good mentors.

Similar to the first-year interviews, the issue of time was highlighted – particularly the potentially disruptive nature of placements:

You are in a new environment... you are meeting new people... you have to adapt to new situations and new medical problems. When you are only there for 6 weeks you are only starting to get into the hang of things and you're out of the door again.

Overall, in their second year of placement most students felt more empowered than they had done the previous year. Knowledge and confidence remained at the core of empowerment, and the importance of being valued and having good mentorship were reinforced.

Being empowered as a third-year nursing student

In the third-year interviews, all but two students reported an increased sense of empowerment. One student highlighted the enduring significance of knowledge and confidence:

Quite obviously I have become more empowered... but that's come with knowledge and skills and confidence... with time that's built up and now I suppose I feel a lot more empowered, wholly. I think it's more intense empowerment now.

Similarly, being valued remained an important issue and was reflected in the culture of the clinical environment:

The day I got there [placement] I was introduced to everybody from the front door... I was introduced by my name, not as 'the student'... that was really good for me... it made a difference being called by my name.

A particular interview captured several elements of empowerment:

In the first year you are almost striving to be empowered, aren't you? You want people to empower you and I find that particularly on this last placement, it's not that I'm striving for it – it just comes... I've fallen lucky with mentors that have wanted to give you that empowerment [but] I've always said that as a student you have to take some control over your own learning. I think that's where empowering yourself comes into it.

Another interviewee presented a reminder of the careful strategy required in negotiating empowerment:

I am more empowered now, but I think that is down to confidence and from confidence you gain competence, don't you? There is a big transition in the third year... you're still looked after in the third year, but you're expected to do more, but I don't want to be seen to be doing too much and for them to think that I'm a bit – I don't know – cock sure sort of thing.

The longitudinal study design facilitated gaining a developing understanding of the empowerment of nursing students in clinical practice. At the study's conclusion, most students felt more empowered than they had at the outset. Overall, empowerment was revealed as a complex, multi-layered phenomenon.

Discussion

Study limitations

The findings of this research should be considered in the light of its limitations. Due to the complexity of empowerment, we cannot be sure of isomorphism between our concept of empowerment and that of the student participants. This had the potential to threaten the rigour of the study. However, the longitudinal design provided a means of re-visiting students' lived experience throughout the study. Thus, data analysis consisted of revisions to the composite textural and structural description to reflect our maturing grasp of the phenomenon. Arguably, this enhanced the credibility of the findings.

The study was confined to one geographical area in the UK, and caution needs to be exercised regarding transferability of the findings to different contexts. The experiences of nursing students in this study were by definition, unique to them. It would be incongruent with the phenomenological underpinnings of the study to claim their representativeness of a broader student population. Overall, it is incumbent upon readers to judge the transferability of findings by considering the spheres of influence in their own contexts and countries.

Student empowerment in clinical practice

This study offers new insight into the empowerment of nursing students in clinical practice. It illuminates the invariant, *essential* structures of empowerment as knowledge and confidence. Moreover, it reveals the multiplicity of factors that influence students' knowledge and confidence and thus their empowerment. These are captured diagrammatically in the form of the Empowerment of Nursing Students in Clinical Practice: Spheres of Influence (Figure 1). It is these spheres of influence that form the basis for the following discussion.

Sphere one: the essential structures of knowledge and confidence

It appeared that for *all* students taking part in the study, having knowledge and confidence was essential to their sense of empowerment. Moreover, this increased as they progressed through the programme. Thus, from a phenomenological perspective, just as a chair that cannot be a chair without a seat (Giorgi 1988), from nursing students' perspective, empowerment cannot exist without knowledge and confidence. Importantly, knowledge and confidence are locked into a dynamic interplay: they co-exist. Lauder *et al.* (2008) equate confidence with self-efficacy, and for this reason Bandura's (1997) work on self-efficacy is useful reference in terms of the study findings. According to Bandura, self-efficacy beliefs are constructed from four sources of information: (1) enactive mastery; (2) vicarious experiences; (3) verbal persuasion; (4) physiological and affective states. Enactive mastery is the most influential source of information because it provides evidence of whether one has what it takes to succeed. According to Bandura, successes build a firm belief in one's personal efficacy, whereas failures undermine it. Thus, nursing students in this study clearly articulated the effects of achievement in relation to learning in practice. This bolstered their

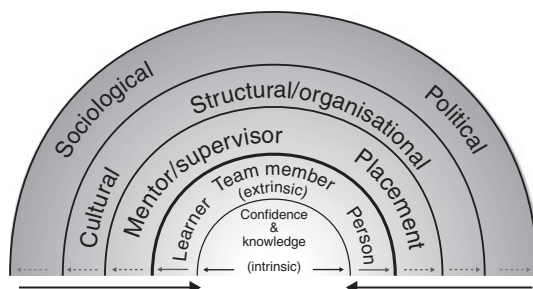


Figure 1 Empowerment of nursing students in clinical practice: spheres of influence.

confidence and stimulated them towards further learning. In terms of verbal persuasion, Bandura (1997) proposes that it is easier to sustain self-efficacy if others have faith in one's capabilities than if they have doubts. Thus, it is unsurprising that students in the study experienced increased confidence when they received positive feedback, particularly from mentors.

The relationship between empowerment and self-efficacy was identified by Pearson (1998), who found that if nursing students felt empowered, their levels of self-efficacy would increase. Lauder *et al.* (2008) found that diminishing self-efficacy was not a problem for students at the end of the programme and, similarly, Gray and Smith (1999) found that nursing students were more confident by the end of the programme. Overall, knowledge and confidence are at the core of the empowerment of nursing students in clinical practice, as represented in Figure 1. The external influences that affect nursing students' empowerment are numerous, the most direct influence being the extent to which they are valued.

Sphere two: being valued as a learner, team member and person

Sphere Two represents 'being valued' in three forms: as a learner, a team member and a person. The former equates to the notion of learning in practice reported by Bradbury-Jones *et al.* (2007). This close relationship between confidence and learning has also been reported by others (Roberts & Johnson 2009). An important issue was the active encouragement of student learning brought about by an interested mentor. This reflects Spouse's (1998, 2003) notion of 'scaffolding'. Spouse drew on the work of Wood *et al.* (1976), who coined the phrase. According to them, scaffolding enables a novice to:

Solve a problem, carry out a task or achieve a goal which would be beyond his (*sic*) unassisted efforts (Wood *et al.* 1976, p. 90).

Thus, Spouse (1998) describes scaffolding as the coaching and challenging of students beyond their perceived demonstrable level of skill. It appears that many students in our study had reaped the benefits of mentors scaffolding their learning. As students progressed, they became more confident in their enhanced repertoire of skills and, metaphorically, the scaffolding could be removed and the building would stand strong.

In relation to being valued as a team member, students felt more empowered and able to learn when given a legitimate place in the team. According to Beskine (2009), mentors have an important role in ensuring students' orientation to the clinical environment. Similarly, a sense of belonging is crucial

(Levett-Jones & Lathlean 2007, 2008, Levett-Jones *et al.* 2009), and the importance of team membership is widely recognized (Papp *et al.* 2003, Silén-Lipponen *et al.* 2004, Chesser-Smyth 2005, Bradbury-Jones *et al.* 2007).

Many students enjoyed the empowering experience of being treated with respect as a human being. This mirrors findings from previous research, where respect, justice and having a voice were found to be important aspects of nursing students' empowerment (Bradbury-Jones *et al.* 2007). It also supports the view of Papp *et al.* (2003) who suggest that a good clinical learning environment is one where there is co-operation between staff, a good atmosphere and where students are regarded as colleagues.

Several students articulated that they were not powerless and described taking responsibility for their own empowerment. Other researchers have also discussed the responsibility of nursing students for getting the most out of their experiences (Papp *et al.* 2003). Specifically, Murray and Williamson (2009) reported that students have a responsibility to appear motivated and interested. This has a pay-off because, according to Webb and Shakespeare (2008), mentors use enthusiasm and confidence as indicators of student competence. In turn, confident students are more likely to be given responsibility (Roberts & Johnson 2009).

Sphere three: mentorship and placements

Figure 1 shows the impact that mentorship and placements have on students' sense of value, knowledge, and confidence. The importance of mentors cannot be over-stated: they featured time and again in the accounts of nursing students. This supports Gray and Smith's (1999, 2000) description of the mentor as the 'linchpin' of students' experience. In terms of being valued as a learner, researchers have reported the importance of mentors in recognizing students' learning (Chow & Suen 2001, Löfmark & Wikblad 2001, Wilkes 2006, Kilcullen 2007, Elcigil & Sari 2008, Myall *et al.* 2008); planning learning activities (Watson 1999, Spouse 2003); scaffolding learning (Spouse 1998, 2003); and providing feedback (Chow & Suen 2001, Elcigil & Sari 2008, Myall *et al.* 2008).

In our study, the main issues relating to placements that influenced students' sense of empowerment were duration and frequency of placements, and specifically the challenge of frequently changing placements. Cope *et al.* (2000) found that placements were too short, and that this had a negative influence on students' integration into the team. Cope *et al.* are not alone in reporting this problem. Spouse (2003) asserted that changing placements is disruptive for nursing students, and similarly the studies of Chow and Suen (2001)

and Levett-Jones *et al.* (2008) call into question the 'custom' of short, frequent placements because they fail to foster a sense of belonging.

The increasingly weakening dotted line in Figure 1 reflects nursing students' decreasing ability to influence their own empowerment as the spheres of influence gradually extend beyond their control. It is not as easy to avoid mentors or move placements (the strategy required at this layer of the sphere), as it is to demonstrate interest in learning (the strategy required in the inner spheres). Conversely, as the discussion has revealed, the influence of mentors and placements in an inward direction is considerable.

Sphere four: cultural and structural/organizational influences

Our findings cannot be understood when divorced from a cultural context, and many students made direct reference to the importance of 'ward culture'. The greatest contribution to ward culture comes from staff (Beskine 2009), and the importance of mentors as positive role models has been reported (Watson 1999, Chow & Suen 2001, Kilcullen 2007, Elcigil & Sari 2008). Similarly, in our study most students were socialized into supportive clinical environments where they were exposed to positive nursing role models. In turn, several expressed an intention to emulate the behaviours of these role models to perpetuate a positive nursing culture.

Incorporated into Figure 1 is acknowledgement that structural and organizational factors influence the empowerment of nursing students. This level is concerned with the way in which placements are organized and the extent to which this influences the spheres beneath it. A core issue is the organization of time and the extent to which students have time to learn and become integrated into the team. As discussed earlier, a supportive mentor is crucial to the learning experience and when students discussed empowerment, this was often attributed to the time invested in them by a mentor. These findings support those of Myall *et al.* (2008), who reported that the amount of time students spent with mentors influenced the quality of their experience.

Sphere five: social and political factors

The outermost sphere of Figure 1 represents the broad issues that exert inward influence on all those beneath it. It is beyond the scope of this paper to critique the vast sociological and political literature relating to this sphere. Instead, the focus here is on nursing policy that has potential to influence the empowerment of nursing students in clinical practice. The

What is already known about this topic

- Empowerment is a complex issue.
- Nursing students experience both empowerment and disempowerment in clinical placements.
- A multiplicity of factors influences the empowerment of nursing students.

What this paper adds

- Empowerment of nursing students in clinical practice can be represented in the form of 'spheres of influence', with the intrinsic, essential structures of 'knowledge' and 'confidence' at the core.
- External spheres influence the extent to which nursing students are likely to experience increased knowledge and confidence, and thus empowerment.
- Nursing students use a number of strategies to promote their own empowerment.

Implications for practice and/or policy

- Strategies to promote the empowerment of nursing students in clinical practice need to address each of the spheres of influence.
- The 'spheres of influence representation' can be used as a pedagogical tool in nurse education programmes.
- Nurses need to be supported to undertake their mentorship role effectively.

need for good quality practice placements and adequate support for nursing students is not a new insight. In the UK, the last decade has seen several policy drivers for quality placements, such as the review of pre-registration nurse education chaired by Sir Leonard Peach (United Kingdom Central Council 1999), 'Placements in Focus' (English National Board for Nursing, Midwifery and Health Visiting & Department of Health 2001), and 'Standards to Support Learning and Assessment in Practice' (Nursing & Midwifery Council 2008). Moreover, the current Nursing and Midwifery Council review of preregistration nursing in the UK may help empower nursing students by further strengthening existing nursing policy.

Most students in this study experienced increased empowerment as they progressed through their programme. For two where this was not the case, being treated negatively on placement was a contributing factor. This is to be reported in a separate paper. Overall, the findings of the study are positive, and reflect the extent to which existing policy is

promoting the empowerment of nursing students in clinical practice. However, more needs to be done to ensure that future generations of nurses are empowered, rather than disempowered.

Conclusion

A complex web of factors exerts multidirectional influence on students' empowerment, not least, nursing students themselves. Thus, strategies to promote this empowerment need to be multifaceted and targeted at the different spheres of influence. The findings have several recommendations for nursing practice, education and research. In terms of practice, nurses are the linchpin of student empowerment. It is crucial, therefore, that students are closely supervised in clinical practice by an appropriately prepared Registered Nurse. It is also important to recognize that nurses themselves need support in this role. Educational programmes that prepare them need to highlight the empowerment of nursing students, and Figure 1 could be used as a pedagogical tool to facilitate such discussion. Similarly, undergraduate nursing curricula should include the issue of empowerment to assist students in their own empowerment. In relation to research, replication studies could explore the phenomenon in different contexts.

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Conflict of interest

No conflict of interest has been declared by the authors.

Author contributions

CBJ, FI and SS were responsible for the study conception and design. CBJ performed the data collection. CBJ, FI and SS performed the data analysis. CBJ was responsible for the drafting of the manuscript. CBJ, FI and SS made critical revisions to the paper for important intellectual content. FI and SS supervised the study.

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