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Lynda Hughes
Griffith University

Danny Sidwell
University of Tasmania

Valda Frommolt
Griffith University

Jacqui Byrne
Griffith University

Judith Needham
Griffith University

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**Education Staff and Students' Understanding and Expectations of the Role and Qualities
of the Undergraduate Nursing Clinical Facilitator**

Lynda Hughes,* Danny Sidwell,† Valda Frommolt,* Jacqui Byrne,* Judith Needham*

* School of Nursing and Midwifery, Griffith University
† School of Nursing, University of Tasmania

Abstract

Workplace integration of undergraduate student nurses through clinical placement remains an integral part of nurse education. The role of clinical facilitators who support this integration is complex and shaped by the expectations of various key stakeholders. These multiple expectations often resulting in the role being blurred and lacking clarity. The research aim is to identify the roles and expectations of clinical facilitators from the perspectives of academics/educators and students and to explore qualities that allow clinical facilitators to conduct their role effectively. A cross-sectional survey was utilised. Exploratory factor analysis, free text data and comparative analysis were used. Findings suggest a discordance in understanding of the clinical facilitator role by educators and students. Students tended to focus on skills and knowledge without consideration of the broader nursing profession. The clinical facilitator's ability to role model and influence is seen as a "hidden curriculum" that students are largely unaware of. The clinical facilitator role is complex, with education critical in supporting this role and thus the success of students. Illumination of the hidden nursing curriculum would enable better understanding of the clinical facilitator role in engaging students with the varying requirements of the nursing profession.

I INTRODUCTION

The integration of undergraduate student nurses into workplaces through clinical placement, remains an integral part of nurse education programs to support the link of theoretical and practical components of nursing. Registered nurses (RNs) who supervise students during the vital practice component are afforded differing titles both nationally and internationally (Ryan & McAllister, 2020a), including preceptor, buddy RN, supervising ward nurse, mentor, clinical educator, clinical teacher, clinical supervisor and clinical facilitator (Cooper et al, 2015; Cusack et al., 2020). Whilst these roles vary slightly depending on the title and the context, they are generally responsible for supporting students to learn in the practice environment where there is a cycle of observation, evaluation and feedback (Falender & Shafranske, 2017). The title, clinical facilitator (CF) will be used for the remainder of this paper. The CF is traditionally referred to as an experienced registered nurse who supervises a group of six to eight nursing students (Grealish et al, 2018; Needham et al., 2016). However, there has been an emergence of numerous models used in professional experience placements throughout Australia and internationally. Preceptorship models, Mentorship and Link Lecturers models, Dedicated Education Units (DEU), Collaborative Clusters Education Model (CCEM) and the traditional clinical facilitator model are all ways in which students may be supervised with differing expectations of the supervisor's role.

The role of the CF is complex with the expectations from students, education providers and tertiary providers often blurred and not clearly understood. Within the above models, CFs are often employed by one organisation (education providers) but undertake their role or are managed in another (clinical facility). Traversing two organisations with different focuses is difficult for CFs and students alike as there are expectations from both the clinical area and the education provider. Therefore, the role of the CF becomes further challenging in that there are expectations from multiple key stakeholders including the student, the health care facility, and the education provider who pay to have the CF supervise the students. Sometimes, the CF may struggle with the challenges of expectations of all stakeholders (Ryan & McAllister, 2020b) and how to accommodate all parties. Within the United Kingdom, mentors and link lecturers have identified that they often do not feel supported by either the workplace or affiliated universities and are pulled in opposite directions due to the constraints of the healthcare organisation and the education provider's expectation of their roles in supervising students (Harrison-White & Owens, 2018). Doyle et al. (2016) suggests that, while students often evaluate their placements as a whole, there is limited research to identify the role and characteristics of the CFs. Moreover, with the increasing costs and expectations placed on the CFs, increased ratios and alternate models, particularly in CCEM or near-peer models (Henderson et al., 2020), the role and characteristics of the CF and the accompanying expectations warrant investigation.

II METHODS

A *Aim*

The current research is phase one of a larger project, with the aim being twofold: firstly, to identify the roles and expectations of nursing clinical facilitators from the perspectives of relevant key stakeholders which include academic and healthcare educators, clinical facilitators (CFs), and students. Secondly, the research will seek to explore the qualities that enhance clinical facilitators' ability to effectively conduct their roles.

B *Research Questions*

1. What are the expected roles of a nursing clinical facilitator as identified by the relevant key stakeholders?
2. What are the perceptions of the qualities of clinical facilitators that enhance their ability to enact the role as identified by the relevant key stakeholders?

C *Study Design, Setting, and Sample*

This study was a cross-sectional survey conducted amongst key stakeholders relevant to clinical supervision of student clinical practicum. To obtain a broad perspective of the CF role, the study population constituted four sub-groups representing the key stakeholders, with a convenience sample from each of these sub-groups invited to participate.

D *Survey Development*

Following a review of the literature, it was apparent that a validated tool addressing the role of clinical supervisors was lacking. While the "Capabilities of the Nurse Educator (CONE)" questionnaire was developed as a tool to measure the components of the educator role (healthcare and academic educators), it was not identified as applicable for these study participants, Clinical Facilitators (McAllister & Flynn, 2016). Likewise, a study by Sweet and Broadbent (2017) identified 19 qualities of clinical supervisors that nursing students perceived as enhancing their learning. However, this tool was not validated, and it was decided that it did not meet all requirements in order to answer the two research questions. Therefore, a staged model of instrument development, as suggested by DeVellis and Thorpe (2021), was utilised for this study. The initial stage (stage 1) in generating an item pool required establishing a clear understanding of what is to be measured, based on, and informed by existing theory and research (Worthington & Whittaker, 2006; DeVellis & Thorpe, 2021). This stage involved defining the research question to be examined: what are the expected roles of nursing clinical supervisors? Drawing on Sweet and Broadbent's (2017) work, their 19 qualities coupled with the literature and organisational role descriptions subsequently formed the basis of the piloted survey. Therefore, as a first stage of survey development, a comparison was made between the literature, 25 key accountabilities as described in the organisational role description and the 19 qualities described by Sweet and Broadbent (2017). During the mapping exercise (stage 2), any key accountabilities that were matched directly to Sweet and Broadbent (2017) were added to the draft survey. Of the 16 key accountabilities that did not match directly, these were discussed by the research team and a decision was made regarding inclusion. This mapping ensured that all identified concepts underpinning the CF role were included. Following this mapping process, the response options for the instrument were selected (stage 3). A five-point Likert response scale of "Strongly Agree" to "Strongly disagree" was used. One open-ended question preceded the survey to ask participants' beliefs about the role of the Clinical Facilitator and what qualities make a good CF. Draft items were reviewed by two experienced nursing academics to ensure the items reflected the aim of the instrument. Stage four included the review of the draft list of accountabilities and qualities by an expert panel consisting of four experienced nurse educators. Discussion as to the suitability of each item based on clarity of idea, focus on the research question, readability, and

similarity to other items resulted in several items being removed as they did not contribute to the research aim. Once items for inclusion were agreed on by the team, these were developed into a final survey (stage 6) which was then piloted for question interpretation and readability (stage 7) and optimisation of scale length (Stage 8).

E Ethical Considerations

Ethical approval from the University Human Research Ethics Committee (Approval number 2020/791) was obtained. Consent was inferred when participants clicked and completed the survey. Personal identifiers were not collected to ensure the anonymity of data.

F Data Collection

Data were collected between November 2020-January 2021. The survey was distributed via an email link to an online platform (Google Forms). Participant information was sent along with the survey link via the participants' email addresses provided to the university. The participants invited to complete the survey were: Bachelor of Nursing (BN) students at one South-East Queensland multi-campus university (N = 1,994), clinical facilitators employed by the university (N = 64), university academics (N = 18), and hospital educators/student placement educators across the geographical region (N = 22). The demographic items were tailored to best match the individual key participants. In addition to demographic questioning, each survey consisted of one qualitative question "*What do you believe the role of the clinical facilitator is and what do you feel are the key qualities that would make a clinical facilitator effective in their role?*" This question was placed on the first page of the survey to enable participants to have clear views rather than be influenced by the items constituting the rest of the survey. The rest of the survey consisted of 20 items on a five-point Likert scale.

G Data Analysis

Based on smaller sample sizes from the three staff groups (CF's, academics and hospital educators) compared to the sample size of the student group, these staff groups were pooled together for comparisons, allowing for statistical analyses to be completed on educational staff versus student responses. Quantitative data analysis was performed using SPSS 25.0 for Windows Statistical Software Package (IBM Corp., 2020). All responses provided by the participants were included in the analysis. An exploratory factor analysis was conducted to evaluate the construct validity of the instrument and for data reduction (Pallant, 2020). Cronbach's alpha coefficient was also computed to examine the reliability of the developed instrument. The free text item was analysed using Leximancer software (www.leximancer.com), which is an automated text mining software that visually displays analysed information in the form of a conceptual map. This map shows the concepts within the qualitative data and how they relate to one another (Leximancer, 2021). The qualitative datasets were analysed separately for students and staff, with a comparison of concepts then made between the participant groups. Matching concepts were then checked by two researchers by reviewing data excerpts within each concept to ensure the similarity of ideas. Concepts were finally reviewed in relation to the survey item responses. Leximancer as a technology aid was used within this project to assist in ensuring the credibility of the findings (Lemon & Hayes, 2020), as well as creating rigour through the reduction of preconception bias toward the data during its collection (Harwood et al, 2015).

Frequencies and summary statistics were used to describe the sample in terms of demographic characteristics and participant responses. The distribution of some of the data was skewed and, therefore, non-parametric statistical analyses were selected. Responses to survey items were compared between the participant groups using Fisher's Exact Test, an alternative to the Chi-Square Test of Independence, due to differences in sample size. Fisher's Exact Test was used to identify any significant association between the two categorical variables, to see whether there was a relationship between group membership (staff or student) and response to each of the items (Qu 1-20). Fishers Exact Test is typically used as an alternative to the Chi-Square Test

of Independence (Kim, 2017), when one or more of the cell counts in a 2x2 contingency table is less than 5, thus making it appropriate to compare student responses to staff responses on items, as staff sample sizes were often small.

III RESULTS

A total of 168 participants completed the online survey. Of the 168 participants, 78.7% (n = 133) were BN students; 14.2% (n = 24) were CF's; 5.3% (n = 9) were academics; and 1.8% (n=3) were hospital educators. Students across all year levels were represented, including students that were yet to attend placement and were not experienced with the role of the CF. The demographic characteristics of participants are summarised in Table 1.

Table 1
Demographic Characteristics of Participants

Characteristic	Category	Staff (total n = 36)* [%] CC (n=9) CF (n = 24) Facility (n = 3)	Student (total n = 132)
Age	18-25	1 [2.8]	70 [52.6]
	26-35	3 [8.3]	39 [29.3]
	36-45	6 [16.7]	16 [12.0]
	46-55	11 [30.6]	7 [5.3]
	Over 55	15 [41.7]	1 [0.8]
Gender	Female	32 [88.9]	118 [88.7]
	Male	4 [11.1]	15 [11.3]
Campus	1	8 [22.2]	31[23.3]
	2	11 [30.6]	25 [18.8]
	3	15 [41.7]	46 [34.6]
Year of study	1 st no placement	NA	10 [7.5]
	1 st placement completed		17 [12.8]
	2 nd		55 [41.4]
	3 rd		51 [38.3]
Enrolment status	Full time	NA	119 [70.4]
	Part time		13[7.7]
Number of CFs engaged with	0	NA	17 [10.1]
	1		13 [7.7]
	2		13 [7.7]
	3		26 15.4]
	4		10 [5.9]
	5+		53 [31.4]
Main year level supervised	1 st yr	11	NA
	2 nd yr	9	
	3 rd yr	19	
Years in role	1-2	7 [4.1]	NA
	3-4	3 [1.8]	
	5-6	5 [3]	
	7-8	0 [0]	
	9-10	2 [1.2]	
	11+	19 [11.2]	

Whilst there is no consensus on the minimum desired sample size for factor analysis (McNeish, 2017; Worthington & Whittaker, 2006), Tabachnick and Fidell (2013) advocate that whilst 300 would be ideal, smaller sample sizes of around 150 cases can be sufficient. Results from the Kaiser-Meyer-Olkin and Bartlett's tests demonstrate that the sample met the underlying assumptions for factor analysis. The Kaiser-Meyer-Olkin measure of sampling adequacy was

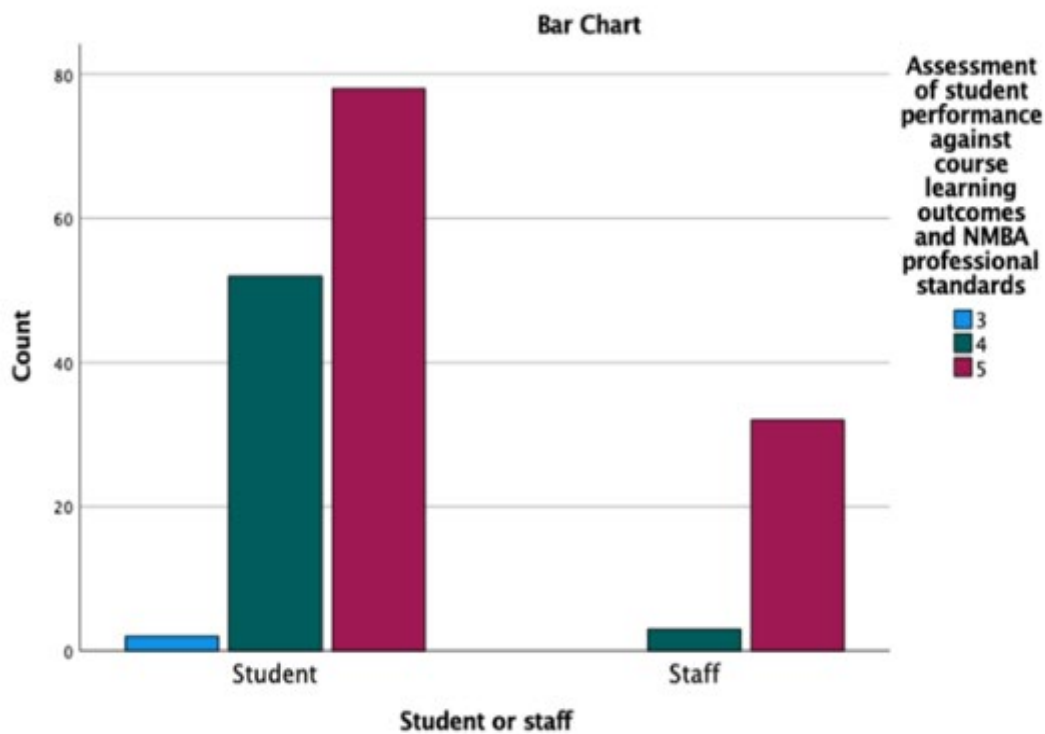
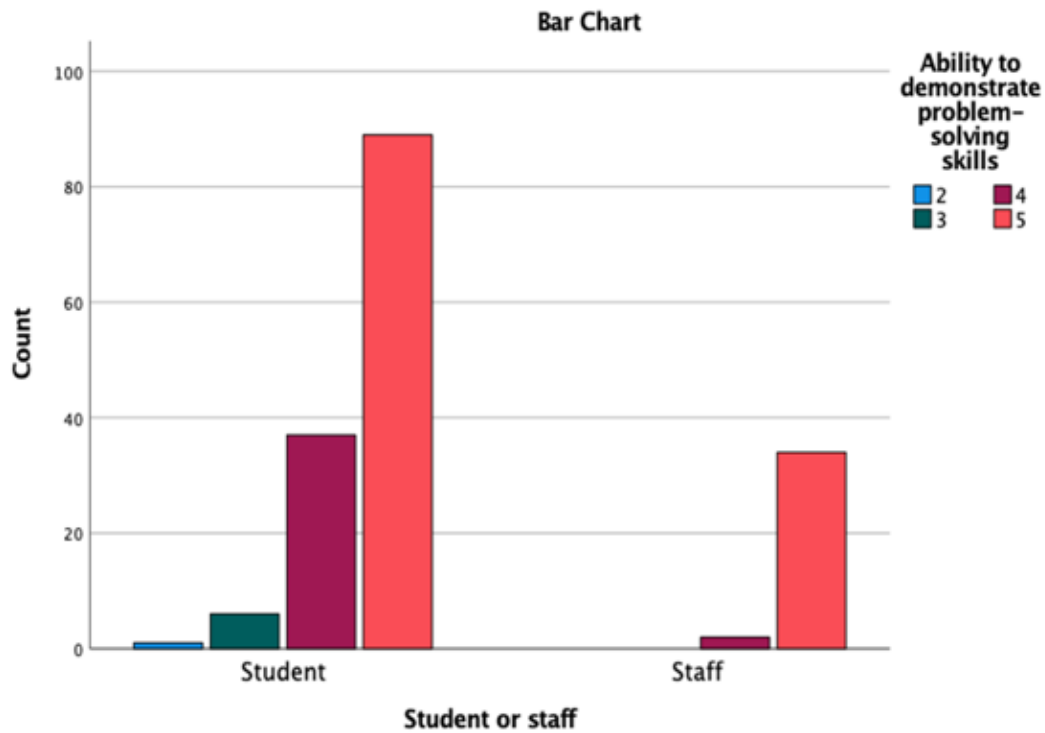
0.912, indicating sufficient covariance to perform factor analysis (Pallant, 2016). In addition, Bartlett's test of sphericity was statistically significant at 0.000, enabling factorability of the correlation matrix. An inspection of the correlation matrix was performed to assess the feasibility of factor analysis (i.e. screening for coefficients of 0.3 or above). The exploratory factor analysis (EFA) was performed using the 20 items. The criterion for factor extraction was an eigenvalue > 1 and item factor loading of > 0.30 (DeVellis & Thorpe, 2021; Pallant, 2016). A total of 2 factors had an eigenvalue of > 1, accounting for 63.17% of the total variance, with the two-factor solution supported by the scree plot (Pallant, 2016). The overall reliability coefficient for all questions (using all data: student and staff) was high. The high internal consistency was demonstrated by Cronbach's alpha, 0.948.

Table 2
Two Factor Representation of EFA

Enhancing Student Success	Engagement with Professional Standards
Ability to demonstrate support of students learning	Knowledge of Nursing and Midwifery Board of Australia (NMBA) professional standards in order to help students link nursing theory to practice
Ability to help students develop critical thinking skills	Assessment of student performance against course learning outcomes and NMBA professional standards
Ability to be a student advocate	Uses evidence-based practice when demonstrating clinical skills
Ability to provide the student with regular and timely feedback about performance	Ability to help students comply with legislation, common law, policies and guidelines whilst on placement
Ability to motivate students on clinical placement	Knowledge of University curriculum in order to help students link nursing theory to practice
Rapport and working relationship with the health care facility and members of the healthcare team	Ability to keep accurate and detailed documentation
Ability to effectively communicate with students	Ability to demonstrate problem-solving skills
Availability to students	Demonstration of professional role modelling
Enthusiasm for student learning	Focused on the duty of care for students and clients within the clinical environment
Negotiation skills to optimise student learning opportunities	Ability to help students develop self-evaluation and reflective practice skills

Staff and student respondents tended to strongly agree with the statements regarding CF qualities. The spread of data from the students was often wider than staff responses, meaning some students answered '3 = neutral' or '2 = disagree' to some items, whereas staff preferentially scored '5 = strongly agree' to most items, as demonstrated in the graphs below. When statistical tests were completed, items with the largest difference between staff and student responses, were often significantly different (see Figure 1 below).

Figure 1
Illustration of Spread of Data



There were some significant differences between student and staff responses on different items, and these are presented in Table 3.

Table 3
Statistically Significant Differences in Student to Staff Responses

Question	Group	Number/[%] of responses			p value
		D & SD	N	A & SA	
Knowledge of NMBA professional standards	Student	1 [0.8]	8 [6.2]	123 [92.6]	0.006
	Staff	0 [0]	1 [2.8]	35 [97.2]	
Rapport and working relationships with the health care facility	Student	2 [1.5]	11 [8.3]	120 [90.2]	0.001
	Staff	0 [0]	0[0]	36 [100]	
Ability to help students develop critical thinking skills	Student	1 [0.8]	5 [3.8]	127 [95.5]	0.002
	Staff	0 [0]	0 [0]	36 [100]	
Ability to keep accurate and detailed documentation	Student	0 [0]	7 [5.3]	126 [94.7]	0.03
	Staff	0 [0]	1 [2.8]	35 [97.2]	
Assessment of student performance against learning outcomes and NMBA	Student	0 [0]	2 [1.5]	131 [98.5]	<0.001
	Staff	0 [0]	0 [0]	35^ [100]	
Availability to students	Student	0 [0]	13 [9.8]	120 [90.2]	0.023
	Staff	0 [0]	0 [0]	36 [100]	
Ability to demonstrate problem solving skills	Student	1 [0.8]	6 [4.5]	126 [94.7]	0.005
	Staff	0 [0]	0 [0]	36 [100]	

Note. D = Disagree; SD = Strongly Disagree; SA = Strongly Agree; N = Neutral; A = Agree; D = Disagree; SD = Strongly Disagree. p value < 0.XXX displays significance. ^ one participant did not respond to this question

The Fishers Exact Test explored the relationship between categorical variables and compared observed to expected values. For several items, significant differences were evident, which relates to respondent answers being different to the predicted (or expected) values. Ceiling effects were seen on most questions, however, the proportion of staff-to-student responses in the highest category (strongly agree) sometimes differed, yielding a significant Fishers Exact Test outcome. Within these items (Table 3), most staff rated these items as “strongly agree,” which was higher than the expected value as predicted by the Fisher’s Exact Test. On these questions, student responses often ranged from “disagree” to “strongly agree.” The Fishers Exact Test predicted that responses would be lower on these items, however, the true count was higher, and on “strongly agree”, few students selected these responses compared to what was predicted. This differential spread in the data resulted in a statically significant difference in the two groups.

One qualitative question was asked at the outset of the survey: “*What do you believe the role of the clinical facilitator is and what do you feel are the key qualities that would make a clinical facilitator effective in their role?*” From the data collected, concept maps were generated using Leximancer for both the student and staff participant groups, with 24 concepts discovered for students and 25 for staff. Of these concepts, 13 were matched across both groups and can be seen in Table 4.

Table 4
Matched Concepts

Matched Concepts
Student
Facilitator
Placement
Support
Role
Learning
Knowledge
Skills
Qualities
Approachable
** Nurse
** Able
** Environment

** Indicates common words that were used to provide context rather than independent concepts.

From the matched 13 concepts, three were removed: nurse; able; and environment. Although these concepts contained similar discussions by both students and staff, they had been used to provide context to the discussion rather than to provide understanding or insight into the role of the CF or the qualities that would make them effective in their role. The remaining matched concepts, while focused on the same idea, were often weighted differently depending on the focus of the participant. An example of this can be seen within the “students” concept, as despite a similar discussion of student-centredness being provided by both groups, students often commented on what the CF could do to help them be successful whilst the CF’s discussed what *they* could do to ensure student success.

The remaining 10 matched concepts were then reviewed considering the two factors present in EFA within the survey, enhancing student success and engagement with professional standards. For the vast majority, the concepts and matching data excerpts were focused on enhancing student success, suggesting that this was the dominant opinion of both student and staff regarding the role of the CF. It was, however, noted that two mentions of engagement with professional standards were seen in the data, with these being identified in the “learning” concept and the “knowledge” concept:

Learning concept example:

Staff 31. The role is to support students and facilitate their learning... Also they should have a clear understanding of the NMBA (Nursing and Midwifery Board of Australia) standards, code of conduct and code of ethics.

Knowledge concept example:

Student 68. Key qualities would be ... up-to-date with knowledge and protocols.

IV DISCUSSION

The research question for this study focused on identifying the roles and expectations of nursing clinical facilitators from the perspectives of academic and healthcare educators, clinical facilitators (CFs), and students and explored the qualities that might enhance CFs’ ability to effectively conduct their role. Ryan and McAllister’s (2020a) highlight the capabilities of CFs in supporting and assessing nursing students’ clinical learning from the perspective of CFs. Their study confirmed that the CONE has two functions – to be used to evaluate the impact of learning interventions and be a self-assessment device for the CFs (Ryan & McAllister (2020a). Our study builds on this paper by examining the role from two perspectives (students and staff members),

and although there were some matching concepts in relation to these qualities, the perspective differed depending on whether it was from a student or from a staff member. This finding was not unexpected as one would assume that students would perceive the CF role differently and would focus on what the CF offers them around support and being approachable. This is supported by Cant et al. (2021) who suggest that supportive instructors, close supervision and belonging were all perceived as positive elements conducive to nursing students' development. However, how the CF interacts with the facility staff or the CFs' knowledge of the Nurse and Midwifery Board of Australia (NMBA) professional standards were not identified as important to students, although are considered fundamental to the role of the clinical facilitator. Two themes identified from this study: enhancing student success and engagement with professional standards, are discussed further.

A Enhancing Student Success

The role of the CF has been evaluated as essential for nursing students learning during placement (Jayeskara et al., 2018). Similarly, in the current study, the ability to support student success and enable the development of critical thinking skills was highly regarded by all participants. It is suggested by Thurling et al. (2017) that students need support and supervision in the clinical environment to help increase students' confidence, reduce confusion, and to act as a guide in the transition of theoretical knowledge to real-life situations. This nurturing component acknowledges students' challenges with the demands of clinical placement, study and work commitments and family life (Ryan & McAllister, 2019). However, the role of nurturer and support person often conflicts when it is time for the CF to shift their role to "assessor", which may influence some CFs to not undertake their role as assessor appropriately, potentially leading to failure to fail (Hughes et al., 2016). While being approachable and supportive are key attributes identified by both the students and staff, learning how to do this is a skilled behaviour. Sweet and Broadbent (2017) highlighted that approachability and disposition were qualities that influenced student learning but could be seen as enhancers or inhibitors of learning depending on the enactment of them. These attributes are identified as part of effective interpersonal skills for nurses generally, but how they are utilised by the CF will affect student learning and the relationship that can be built (Levett-Jones et al, 2007).

To enhance the development of clinical learning for students, all CFs identified that they were required to build "*Rapport and working relationship with the health care facility and members of the healthcare team*" in order to negotiate learning opportunities. This appears to be a silent or invisible role as not all students saw a working relationship and liaison as influencing their clinical outcomes, despite the suggestion that the liaison role is vital for student success in clinical placement (Cranley, et al., 2017; Needham et al., 2016). When examining student responses to the question of the CFs' role in building rapport and working relationships, it appears that some neutrality and disagreement were seen to the statement; however, a working relationship and thus the culture of the clinical workplace has been suggested as contributing to student success on placement by assisting with both skill acquisition and knowledge translation (Doyle et al., 2016; Ebert et al., 2019). It is suggested that students who feel they belong in the clinical setting are more likely to succeed (Harrison-White & Owens, 2018; Levett-Jones et al., 2015); thus, positive working relationships with the healthcare team are a crucial aspect of the CFs' role. Moreover, Anderson et al. (2018) support the notion that in order for nursing students to become safe practitioners, they need to rely on registered nurses (RNs) to provide support and clinical teaching. It is also noted that in Australia, the RN standards for practice (standard three) state that "*RNs are responsible for their professional development and contribute to the development of others*" (NMBA, 2016). This demonstrates that a variety of participants are responsible for student success in placement, and the CF has a clear role in facilitating this.

B Engagement with Professional Standards

In Australia, professional standards are developed by the Nursing and Midwifery Board of Australia (NMBA, 2016) to define the practice and behaviour of nurses and include codes of

conduct, standards for practice and codes of ethics. The RN standards for practice (NMBA, 2016) are introduced early in most curriculums and are suggested as a framework that is used to assess practice during clinical placement. While students may agree that CFs should engage with the nursing professional standards, this study highlighted that students are not aware of what that actually means in practice. Poorchangizi et al. (2019) also identified that whilst professional values are positively perceived by nursing students, they are not able to identify how closely the standards support linking nursing theory to practice and, therefore, closely links to their clinical performance and assessment. The notion that engagement with professional standards is not as highly regarded by students and, to some extent, by our educators in this study is of concern. Factors identified included knowledge of the NMBA standards; assessment against these standards; and ability to help students comply with legislation, common law, policies, and guidelines whilst on placement which suggest a lack of recognition of these key elements in professional practice. Hunter and Cook (2018) describe a “hidden curriculum” in nursing in which role models such as CFs help to influence professional behaviour and culture, with the understanding that this “hidden curriculum” is just as important as that formally taught at university. It could therefore be argued that if students are unaware of a “hidden curriculum”, they are unlikely to fully appreciate the importance of professional practice and the role of the CF within this. This could be attributed to the fact that the focus of students is on their individual success rather than on the broader perspective of the nursing profession. Lovrić et al. (2017) also suggest that students in their study had a high expectation of clinical educators to assist them in acquiring new knowledge and skills rather than engagement with professional standards.

The role of the CF is multi-faceted and complex. This study highlighted the areas where there was discordance in an understanding of the vital role of the CF by both educators and students alike. While the nursing profession requires RNs to have clinical knowledge and skills to maintain their role as registered nurses, there is limited formal education for the RN to become a CF who supervises student nurses (Doyle et al., 2016). Often, registered nurses are seconded from clinical areas to supervise students in the role of the clinical facilitator and require support themselves as they often have no formal teaching experience and limited preparation for the role (Oprescu et al., 2017). Our findings suggest that education for CFs is critical in supporting their role and the success of the students. The CFs’ ability to have knowledge of learning theories, knowledge of contemporary nursing practices, familiarity with university curricula and a student’s scope of practice are all important facets of the role (Ryan & McAllister, 2020a). Despite it being reported that CFs were committed to life-long learning (Katsikitis et al, 2013), professional development opportunities remain limited (Ryan & McAllister, 2020b). Likewise, students also need to be made cognisant of the importance of the CF in supporting their understanding and development of professional standards. Students tended to focus on skills and knowledge without consideration of their role in the broader nursing profession. McAllister et al. (2016) also suggest that students tend to want to do the tasks without thinking about the tasks they are doing. A recommendation for future practice would be to clearly scaffold the development of professional behaviour and culture throughout the three years of the curriculum to make it more visible to students and enable them to have a greater understanding of the importance of the RN standards for Practice (NMBA, 2016). The CF's role in supporting this aspect of student development can then be more explicitly identified during clinical practice. However, CFs require education and development in all aspects of their role to enable them to fully reach their potential.

1 *Limitations*

There are a number of limitations that apply to the results which need to be considered. Initially, this study sought to identify if there were differences in the perspective of the key educational stakeholders of clinical facilitators, academics, and industry educators, however, due to the small numbers in the latter two categories, analysis required these to be grouped together as one group (staff members). Therefore, whilst we could examine the differences between students and staff, we were not able to differentiate between the differing perspectives of the educators. Although psychometric testing indicated that the sample size, validity, and reliability were adequate,

replication of the study with a full cohort of all key stakeholders is recommended to further validate the instrument.

V CONCLUSIONS

This study has identified that the roles and expectations of CFs from the perspectives of relevant key stakeholders which include academic and healthcare educators, clinical facilitators (CFs), and students, differ. The qualities that enhance the CF's ability to effectively conduct their role also differ depending on whether the perspective is from the educators or from the students. Two main themes were identified from this study – enhancing student success and engagement with professional standards, which illuminates the multi-faceted role that CFs undertake. The nursing CF role is complex, education is critical in supporting this role and, thus, the success of students. Illumination of the hidden nursing curriculum would enable a better understanding of the clinical facilitator's role in engaging students with the varying requirements of the nursing profession. Likewise, clearer scaffolding of professional behaviour and culture throughout the undergraduate nursing curricula would allow students a greater understanding of the importance of the RN practice standards.

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