

Expanding student nurse placement activity in Welsh care homes: An evaluation study

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Abstract

Aim: Expanding and sustaining student nurse placements outside of the acute sector is a universal challenge. This paper aims to evaluate the Care Home Education Facilitator Role introduced in one area of Wales, United Kingdom, and to report on the outcomes achieved from this novel role.

Methods: Semi-structured interviews were undertaken with key stakeholders including the Care Home Education Facilitator postholder leading the pilot, care home managers, higher education institutions' placement managers/coordinators, student nurses and national health service staff.

Results: Five key areas were identified, which included timing of introducing the post and establishing a clear rationale and understanding of the intention of the role. The benefits, challenges and suggested improvements to the Care Home Education Facilitator initiative are provided.

Conclusion: Introducing the role of the Care Home Education Facilitator to work closely with key stakeholders resulted in increased placements for student nurses, but investing time in developing relationships with these stakeholders was critical to the success of the role.

KEYWORDS

community care, education, health and social care, nursing, placements, students

Summary statement

What is already known about this topic?

- There is a universal shortage of clinical placements for nursing students, particularly within a care home setting.
- The number of studies exploring how we might grow the number of nurses needed in this setting is limited.

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What this paper adds?

- This study evaluated a novel initiative introduced in South Wales, United Kingdom, that focuses on the development of nursing placements in the care home setting.
- Engaging with stakeholders involved in the development and implementation of the Care Home Education Facilitator initiative, a roadmap was provided to illustrate the stepped approach required to support an active care home placement including key governance arrangements.

The implications of this paper:

- For those involved in identifying and developing student placements, this study provides valuable insight to a role that can help increase student numbers in a care setting often overlooked.
- It identifies viable career options for nurses at the point of registration.
- The role assists with widening networks for the care homes across health and social care sectors.

1 | INTRODUCTION

In the United Kingdom (UK), care homes are the location where most long-term care is provided for people who require extra support with their daily lives. Care homes are also known as residential homes, nursing homes, long-term care homes or residential aged care facilities and can be run by private companies (for profit), voluntary or charity organizations (not for profit) or by local councils (NHS UK, 2023). Facilities provided include accommodation, personal care and, in some cases, social activities. Care homes have become increasingly important community settings for clinical placements for nursing students in many countries (Bjørk et al., 2014; Brynildsen et al., 2014; Carlson, 2015; Grealish et al., 2010; Lane & Hirst, 2012; Watson et al., 2020). Learning in a clinical setting is essential to the education of student nurses (Dalsmo et al., 2023). Nurse education is obliged to meet the needs of future healthcare providers, including recruitment for the community healthcare sector (Stewart, 2021).

Several studies show that clinical experiences have an impact on preferences regarding future workplaces including in care homes (Hunt et al., 2020). Edwards et al. (2004) found that students often return to practise in a location where they experienced a positive learning environment. The complexity inherent in the medical, palliative and basic care needs of residents make nursing homes both interesting and demanding places for learning (Carlson et al., 2014). Student nurses encounter many challenging learning situations in nursing homes, but limited access to qualified supervision and support may prevent them from fully utilizing the learning potential (Meeley, 2021).

Negative experiences during clinical placements are considered one of the reasons why nursing students hesitate to engage in care of the aged. However, efforts to enhance the learning environment during clinical placements in nursing homes may positively affect nursing students' attitudes and their future choice of employment (Grealish

et al., 2010; McKenna et al., 2010). Despite being reported as a challenging learning environment, clinical placements in care homes provide many opportunities for student nurses to acquire both fundamental and more specialized nursing skills (Carlson et al., 2014; Keeping-Burke et al., 2020). Such opportunities include manual handling and infection control, nutrition monitoring, physical assessment, medication administration, interpersonal and communication skills, and case management. Providing social activities, relating to residents' family and friends, end of life care and assessing residents' needs as frailty increases are core skills that students can gain experience of during a placement within a care home setting (Carlson & Bengtsson, 2014).

The experience can have more positive than negative elements (Brynildsen et al., 2014), and a recent literature review suggested that well-organized clinical placements in older adult care settings can prepare nursing students to provide care for the growing population and could well influence career choices (Splitgerber et al., 2021). The purpose of this review was to identify strategies for creating effective clinical learning experiences for pre-registration nursing students in residential and nursing homes. The majority of the 23 papers included in the review were undertaken in Australia and the United States (US), with only two papers involving situated in the UK. The strategies identified were those of creating strong partnerships between academia and the care home, providing comprehensive student orientation, promoting a positive supervision experience and supporting facility staff in their educational role. Previous studies have also shown that a positive clinical learning experience consists of several interacting factors, especially a successful mentor/supervisory relationship, a safe learning environment and student motivation (Bos et al., 2015; Husebø et al., 2018). 'Mentor' is a term previously used to refer to a staff member based within the care home who coordinates, supervises and assesses the students' learning during the placement. These staff are now referred to as practice supervisors (PSs) and practice

assessors (PAs). Both PS and PA require specific training around their role requirements. A recent review by Keeping-Burke et al. (2020) highlighted the importance of preparation prior to the placement period, clearly articulated learning outcomes and appropriate role models to support student nurses' professional growth.

While few papers have addressed this topic, Tiplady et al. (2018) reported on a collaborative placement model between a UK university, care homes and the National Health Service (NHS). The study found the interorganisational working and learning beneficial to both the students and mentors. The experience enhanced students' understanding of holistic care and widened their views on what defines quality nursing care. The study also recognized the challenges of implementing the placement model, citing issues such as a shortage of care home mentors and placement tariffs not covering the cost of supporting students.

Pilot implementation of placement activity designed to support student nurse learning and experience in care home settings in South Wales is reported in this study. Placements included but were not limited to aged care. The initiative required the development of a new supervisory role—the Care Home Education Facilitator (CHEF)—and this formed a significant element of the pilot evaluation.

A literature search revealed very few published academic papers relating directly to the CHEF role. NHS Education for Scotland (2015) described the role as an alternative to that of the practice education facilitator (PEF) role in nursing and midwifery. NHS Scotland (2013) refers to PEFs and CHEFs in their 'Setting the Direction for Nursing and Midwifery Education in Scotland'. They emphasize the need to build on and extend these structures beyond the NHS and care home practice learning settings to ensure improvement and innovation in practice learning. Reviewing the limited studies associated with the PEF role, it appears this role emerged largely from a study of mentors although there are some differences in the way the role and title are implemented. Generally, the PEF role is described as including practice-based teaching and supporting practice learning, along with some university-based work. PEFs also organize group discussion sessions for student reflection and peer support (Gopee, 2015). McIntosh et al.'s (2014) mixed-methods study of mentors' perceptions and experiences of supporting student nurses in practice reported that PEFs were the main source of support for student nurses. The study also highlighted the multifaceted nature of student learning in practice and that the areas students reported as needing most support were clinical skills, adjustment to the placement and integrating into the clinical team.

1.1 | The CHEF initiative in Wales

Health Education and Improvement Wales (HEIW) commissions healthcare education in Wales and funds PEF roles across Welsh Health Boards. HEIW has oversight of the equity of PEF and CHEF establishments across organizations and influences the overall vision of these roles. Locally, PEF and CHEF roles are managerially and professionally accountable to Health Board Organisation Education

Leads. The pilot CHEF role was managed by the local Health Board Assistant Director of Nursing & Midwifery (Nursing Practice), responsible for managing staff within the nurse education service. The main aim of the role is to lead specific initiatives to enable care homes to be designated practice learning environments for nursing students. Figure 1 shows the pre-registration student programme and potential for CHEF involvement in the facilitated care home placement experience. Since the introduction of the role, five specific objectives have been developed (see Table 1).

2 | METHODS

2.1 | Study aim, objectives and design

The aim of this study was to report the findings of an evaluation of a new initiative to support the expansion of student nurse placement activity in care homes in a Health Board in South Wales. This pilot initiative involved the creation of a new support role known as a CHEF. The objective of this study was to inform the regional and national development of the CHEF initiative.

This evaluation study takes a qualitative approach and was designed to assess the value of the CHEF role in enabling student placements in care homes within one Local Authority area. The study was undertaken with one University Health Board in South Wales, UK.

2.2 | Sample/participants

Stakeholders included the CHEF postholder and senior representatives from HEIW and the health board involved in the design and development of the role. These stakeholders were invited to participate in the study. Along with care home managers, placement officers (at higher education institutions [HEIs]) and student nurses who had recently undertaken a placement in a care home were invited to take part in the interviews.

2.3 | Data collection

Data collection was undertaken in June–September 2021 in one Health Board in Wales using online semi-structured interviews. The interview questions were designed to align with an evaluation framework first proposed by Stake (2010), which draws attention to the significance of the rationale for the initiative and the intentions of commissioners and other stakeholders about what was intended to happen. Stake's model allows the assessment of evidence from varied perspectives, for example: the perceptions that stakeholders had about the initiative, which might explain varying views about its success; the intention of the introduction of the CHEF role before the initiative started, what really happened and the gaps between intention and action. Consideration was given to what was planned to happen during the initiative and the extent to which these intentions were fulfilled.

Hwylusydd Addysg Cartref Gofal

Care Home Education Facilitator

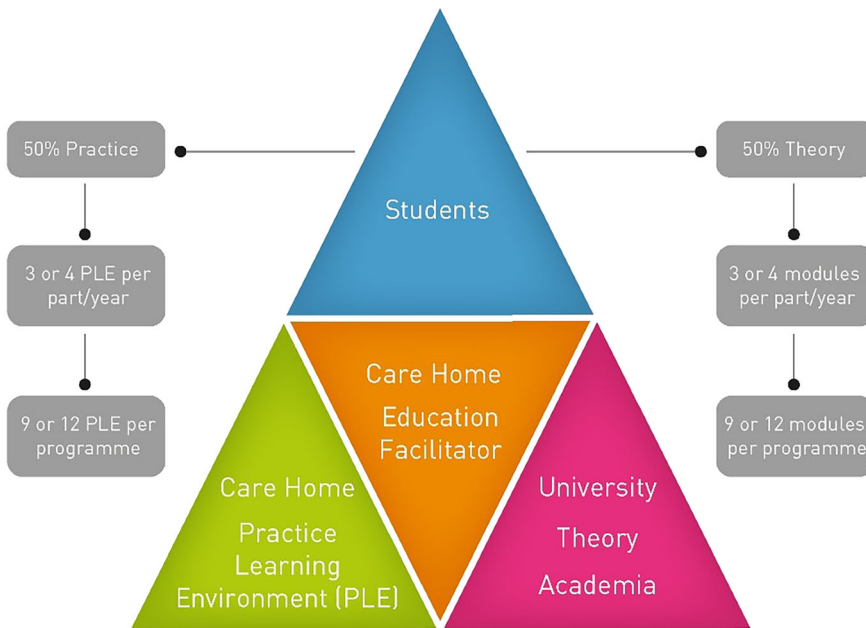


FIGURE 1 Pre-registration student programme and the potential for the CHEF initiative in Wales.

TABLE 1 Objectives of the pilot CHEF role.

Scope care home sector placement potential for nursing students within the local CHEF pilot boundary area.

Compare the acuity of healthcare provision in individual care home settings with the appropriateness of student placement allocations mapped to programme planners.

Linking with HEIs and other stakeholders, produce data on existing utilization of care home placements, educational audit and placement capacity information, and consider further work required for active placement status

Review training needs for practice supervisor and practice assessors within care homes identified in the pilot geography

Establish effective CHEF working relationships with individual care homes to facilitate sustainable student placements.

Interview questions were specifically designed to evaluate and explore the feasibility of care home placements as learning environments, as well as the significance of the CHEF role in supporting this.

Typically, the duration of the online interviews was between 30 and 60 min.

2.4 | Ethical considerations

As this was a service evaluation, formal ethical review and approval were not required; however, the evaluation was registered with the

participating Health Board. Verbal consent was recorded from all interviewees, and the opportunity to withdraw from the study at any point was available (but no participants did so). Participants were guaranteed confidentiality and are identified by an interviewee ('int') code number only.

2.5 | Data analysis

Interviews were digitally recorded and transcribed. The data were thematically analysed manually using Braun and Clarke's (2006) six-stage framework. This deductive analysis used the pre-determined categories of the framework—rationale, intentions, benefits, challenges and areas of development (see Figure 2). The coding and analysis of the transcripts were undertaken by two members of the evaluation team, and the final interpretation of the results as presented here was discussed and agreed by all members of the team.

Outcomes of the pilot stage of the initiative were intended to facilitate further expansion.

3 | RESULTS

Fifteen participants agreed to take part in the study (see Table 2). Five key themes were identified.

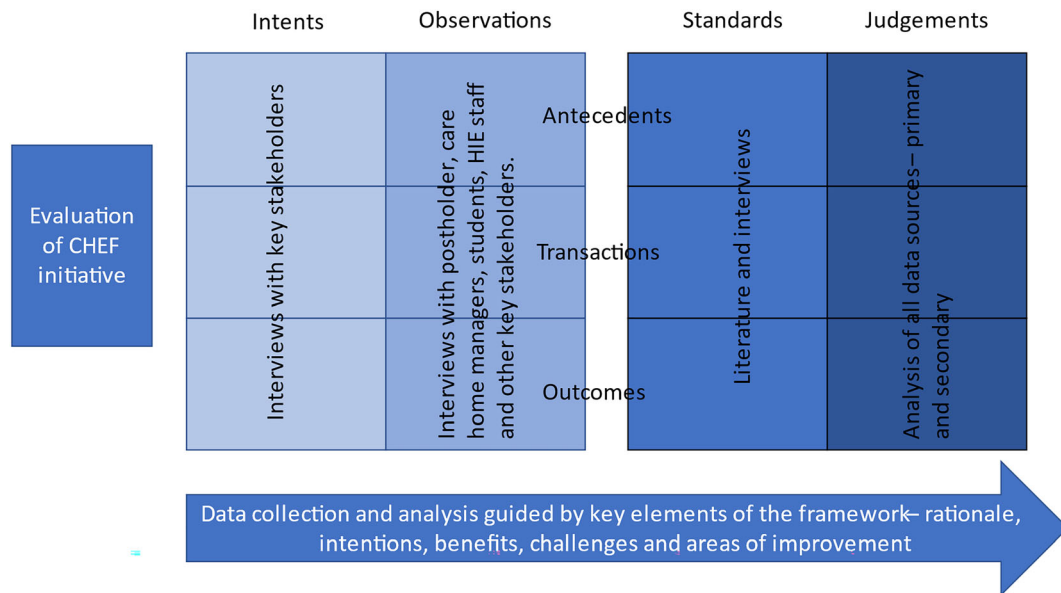


FIGURE 2 Stakes's evaluation framework employed for deductive analysis of data.

TABLE 2 Details of participants.

Participants	Number
CHEF post holder	1
Sponsors including senior health board and local authority managers	3
Care home managers	3
Placement managers/coordinators – Higher education institutions	4
Student nurses	2
NHS/health board staff	2

3.1 | Timing and rationale of the CHEF initiative

The main rationale for introducing the CHEF initiative given by interviewees was to increase the options available to student nurses in Wales, with the intention of increasing the desire to widen the scope for nurses to recognize care home nursing as a valid career option. At the same time, there was a belief from some interviewees that work was needed, to promote greater collaboration between the acute and the care home sectors. It was believed that the lived experience of graduate and student nurses working in care homes would encourage and increase this understanding. One interviewee explained that there were 120 care homes in one South Wales administrative area alone, including residential facilities for children and those with learning disabilities and mental health needs. They varied widely in size, focus and operational sophistication. This interviewee went on to explain that arriving at a shared understanding about policy and practice with such a diverse group, coupled with widely differing traditions and operational practices in the acute sector may prove challenging.

3.2 | Intentions of the CHEF initiative

Interviewees believed the CHEF pilot activity was intended to find possible sites, engage and enthuse staff at those sites, support the development of suitable educational experiences and place a first tranche of student nurses, thus judging the potential for ongoing placements. In line with the Stake (2010) framework, which draws attention to the fact that stakeholders may hold differing views regarding what is intended to happen before during and after the pilot, interviewees demonstrated variability in the emphasis they placed on elements of the pilot, depending upon what position they occupied in relation to the initiative. Broadly, interviewees were clear that the pilot phase of CHEF was intended to establish a case for expanding placement activity; to arrive at an estimate of the possible number of opportunities; to understand the training needs of potential PSs and PAs working in care homes; and to begin to build strong working relationships with all stakeholders across the sector. In addition, interviewees suggested focus was required on the following:

- Safeguarding and enhancing the quality of pre-registration practice learning.
- Improving communications and changing perceptions through relationship building.
- Supporting the alignment of Nursing & Midwifery Council UK (NMC, 2018) education standards and the delivery of pre-registration nurse education.
- Signposting educational resources and continuing professional development (CPD).
- Enhancing safe effective person-centred nursing practice.

Stake (2010) also flags the central importance of ensuring strong relationships and good communication routes for all involved, and building relationships was also a key theme. Many of the interviewees reported it was intended that the CHEF would focus on raising awareness and assessing the potential for placements across the region and beyond. One interviewee noted:

Early engagement with key people in the Health Board and beyond has been key to establishing this role.

(Int. 1, NHS staff member)

3.3 | Benefits associated with the CHEF initiative and care home placements

The analysis of the data determined benefits from various perspectives. First stakeholder and HEI interviewees were asked to identify any organizational benefits that the CHEF role may have brought. Several spoke of the connections made with the care homes and the opportunity to develop good relationships and a better understanding of the challenges they face.

The connection with the care homes and developing of these relationships has been really beneficial. There is very little infrastructure for our care homes, and it is a good opportunity to see how we can develop these and give us a better understanding of their challenges.

(Int. 5, NHS staff member)

Others referred to the improved infrastructure now in place to support care home placements.

We've had placements in care homes for a while but it is much better organized and structured now.

(Int. 8, NHS staff member)

We have seen clear benefits right from the beginning about an area that has been challenging for many, many years so it is a really important role.

(Int. 3, NHS staff member)

Second, interviews with HEI staff (e.g., link lecturers and programme leads) involved in student placements were overwhelming positive about the role. There was a commonly expressed feeling that the CHEF role filled a very important gap in identifying and managing student placements in care homes and provided a key brokering role between the various stakeholders:

The CHEF is critical in networking with the Health Boards and the Universities.

(Int. 10, higher education staff member)

The benefits are increased liaison with stakeholders and again because of who is in the role, good awareness and understanding of the links with students, with educators, with Health Boards, with HEIW, so it is really comprehensive. Certainly, again and again we must come back to the benefit in terms of increasing student placements.

(Int. 4, higher education staff member)

Third, students interviewed were generally positively disposed to their placement, after some initial reluctance to be placed in a care home setting, as noted by one interviewee.

... when I saw that I had a care home at first because I have worked in a care home I was a bit disappointed but then again it is what you make of it.

(Int. 14, student nurse)

One student interviewee noted the importance of proactively looking for learning opportunities.

It can sometimes feel like I wouldn't say boring is the right word because they get lulls in the day anywhere but sometimes it can be a bit right okay, but you have got to take on the responsibility for looking for something else to do. I have been about with the occupational therapist (OT) and that was really interesting. So, it is like looking for the opportunities and go to different units and just seeing everything about the home to be honest.

(Int. 15, student nurse)

When asked about the benefits of their placement, responses suggested that they recognized that a care home placement is very different from one in the acute sector, with more time available for spending quality time with residents. Indeed, the terminology used displays a change of perception about the patient/resident relationship.

The benefit is like getting experience with dementia and not like knowing how to deal with it when you come across it. Knowing how it works, obviously it is different for every person with dementia but obviously when you come across it you can assess and see what you can do. It has been really helpful.

(Int. 15, student nurse)

When asked whether they would recommend to their student peers to undertake a placement in a care home, responses were positive:

It is a lovely care home I've gone to. It is such a beautiful place and I think any student that goes there will be

made to feel so welcome. I would highly recommend for anyone to go there ... It's such a brilliant place and it is run so well.

(Int. 14, student nurse)

Care home managers also spoke of the opportunities that the new CHEF role has created, for example:

Its opening up new opportunities for us [care home] ... I've always felt there was a need for it [the CHEF role], all the time I've been here [care home] I think it is so beneficial to have students in because we are sharing, they know what care homes are like.

(Int. 12, Care home manager)

3.4 | Challenges associated with the CHEF initiative and care home placements

When the stakeholder and HEI interviewees were asked about challenges associated with the CHEF role, many of these were associated with the nature of the placements themselves and students' perceptions and expectations of care home placements. For example:

There is some reticence from students particularly those coming towards the end of their second year and third year students. Often placements in care homes are seen as being focused on the fundamentals of care and not worthy of a placement.

(Int 10, higher education staff member).

From the perspective of the student interviewees, there were some structural challenges mentioned that related to access to Information Technology (IT) systems and patient records within the care homes.

I think with the electronics [systems] for the paperwork it would really help because when I was like changing some of the residents, so like feeding them or giving them a drink, I would have to report back to the carers, but it would have been just easier for me to put it down myself.

(Int. 14, student nurse)

A 9-week placement at a care home was seen as being overly long by some, with one student who had previously worked in a care home prior to her nurse training believing that nursing home placements were better suited to bespoke or short placements.

3.5 | Suggested areas of development for the CHEF initiative

Stakeholder interviewees were asked how the role might be developed or improved. Overwhelming there was full agreement from all interviewees that the CHEF role needs to be extended to other administrative areas in the Health Board and other regions in Wales.

How I would like to see it developed is that we have more CHEFs available across Wales so that people clearly know who to contact and how things are being organized that way we should surely be able to get a greater number of care homes and nursing homes independent and may be other providers on board.

(Int 3, higher education staff member)

The expansion of placements was seen as critical moving forward not only to fulfil education needs but also to expand employment opportunities.

With the curriculum 2020 just starting, with the great selection of nursing programmes not just at XXXX but across Wales the placements are essential, and the CHEF role has enabled that to expand and it has felt like a very natural progression in terms of what was already happening and I guess it also widens the students minds about the potential for employment as well.

(Int. 8, NHS staff member)

4 | DISCUSSION

Although there has long been a desire to establish more placement opportunities for student nurses universally (Meeley, 2021) and specifically for this study in the Welsh care home sector, the timing of this initiative builds on a growing need to consolidate and work together across all health care providers. Prior to the introduction of the CHEF role the identification and development of student placements within care homes was opportunistic and an extremely lengthy and unstructured process.

In the acute sector, the role of PEF matches many of the activities listed in the job description for the CHEF, and it is tempting to assume that the Educational Facilitator roles are the same, which is essentially that of supporting many student nurse placements. This primarily involves acting as a brokerage, by building relationships with senior staff engaged on site in care homes as well as those involved in the HE aspect of nurse education; managing and evaluating the delivery of the service; advising on governance; and developing PSs and PAs. Expansion of placement sites to care home settings has not happened

before in Wales. There were reports of a few care home placements before the pandemic and this initiative, but they were small, generally organized on an ad hoc basis, and met with varying levels of success. Not infrequently there were accountability issues whereby problems were difficult to escalate because of unclear pathways. But the vision of these early enthusiasts for care home placement, often PEFs and/or link lecturers, has not been lost. Until the recent pandemic, there was a dichotomy between health and social care; although in Wales these areas were purportedly governed seamlessly, in practical terms, they were not viewed as equal and continuous. Moves to introduce the concept of care home nursing as a valid career option can only help to narrow this divide and help the care home sector to build and improve on the quality of care that they provide (Brynildsen et al., 2014; Dalsmo et al., 2023).

Drawing on the literature and findings from the interviews several key findings emerged. First was the focus on the student experience

and differences with those in the acute sector. Although there was some reticence from student participants, it was also recognized that placements in care facilities provide opportunities for growth and professional development (Brynildsen et al., 2014; Keeping-Burke et al., 2020; Meeley, 2021). Second, it is well versed that care home settings are an important but often challenging learning environment for students (Henderson & Tyler, 2011; Keeping-Burke et al., 2020). However, this study shows the CHEF role supports the development of good governance structures, provides students with a clear understanding of the setting and roles along with other preparatory information and guidance that is needed to support a learning environment, which can also help to inform the nursing curriculum. The geography covered by the CHEF role presented the challenges of managing and developing placements over a large area. A collaborative approach with all key stakeholders was paramount to the success of the role.

The Care Home Education Facilitator (CHEF) Stepped Approach to Becoming a Practice Learning Environment (PLE)

Steps 1-5

Average time from initial discussion to student allocation is 4-6 months

* All care homes will require an individualised educational audit.

** Only one Local Level Agreement is required per care home provider



FIGURE 3 The CHEF stepped approach to becoming an active care home placement.

Decades of division cannot be altered rapidly, but the CHEF role will in principle speed progress towards a seamless service and make a helpful contribution to the numbers of high-quality placements available for student nurses across Wales, which the care sector can offer. The assurance provided by having a dedicated trouble shooter and core relationship manager cannot be overlooked. The huge variation in the size, scope and location of care homes may be a barrier to the speed at which expansion of placements can be achieved, as a one-size-fits-all solution is not likely to be feasible given these variable conditions. Logistical issues cannot easily be circumvented.

Time spent developing relationships with care home providers cannot be short circuited (Meeley, 2021), and the pilot phase of CHEF was inevitably spent mapping and approaching possible sites for placements. From the literature, it appears that intermediary roles such as CHEFs frequently find themselves not just advising about governance protocols, but in many cases, performing the work needed to assure standards. The proportion of time needed to be spent in support at ground level cannot be overlooked. There is a need for qualified supervisors to recognize the requirement for adequate backup staff to guard against turnover and retention issues, which could impact the continuity and quality of placements (Bos et al., 2015; Brynildsen et al., 2014; Husebø et al., 2018). Such matters need careful discussion with all stakeholder groups.

At the close of the pilot, there had been a small number of placements, but those student nurses involved were overwhelmingly positive about their experience (Meeley, 2021). After some initial scepticism, they reported a conviction that they were learning well and broadening their understanding of the patient journey and related care pathways.

Figure 3 shows the stepped approach to becoming an active care home placement including key governance arrangements. Bespoke work between the CHEF and care home will allow varying times for the full stepped approach to be realized.

4.1 | Study limitations

The focus of this evaluation study is largely limited to the activity of one Health Board in Wales, although a road map is provided to guide the rollout of the initiative to other Health Boards in Wales. Semi-interviews were conducted with key stakeholders, which included the student voice, but numbers were limited. As further CHEF roles are introduced, data will be collected from all stakeholders to ensure the benefits of the role are fully realized and any challenges addressed.

5 | CONCLUSION

This evaluation study demonstrates that time spent building relationships cannot be truncated and benefits the development of the CHEF role and the related placement activity if allowed to develop organically. The CHEF role is pivotal in working with all deliverers in the

'health and social care system' as well as those in associated sectors such as higher education institutes and government agencies. This aspect of the role is likely to be challenging and should be adequately recognized and supported.

The CHEF roles in Wales will continue to build solid communication networks across all stakeholders, and work towards building trust and understanding to encourage care homes to open their doors to student placements. Working with all partners to ensure they are comfortable with their responsibilities and that 'handover' points are adequately understood and there are opportunities for networking and sharing of experiences.

Although this study has been conducted in one area of the UK, the lessons from the evaluation are universal as many education and healthcare organizations struggle with locating and managing student placement activity, especially within care homes. This study highlights that the introduction of CHEF roles will develop these placement opportunities. CHEFs can add value to care home staffs' understanding of supporting student nurses to develop skills and experience, while improving access of continued professional development for their staff. Building relationships and influencing people is crucial to ensure confidence in placement provision.

AUTHORSHIP STATEMENT

Sharon Williams and Lynne Caley designed the evaluation and collected/analysed the data. Sarah Kingdom-Mills and Simon Cassidy designed and produced the figures. All authors prepared the manuscript and approved the final version for submission.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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