

Holt, Susan ORCID: <https://orcid.org/0000-0003-1911-8300> , Mason, Jenny, Farrell, Mary, Corrigan, Richard and Warman, Sheena ORCID: <https://orcid.org/0000-0003-0829-2039> (2024) Exploring the sociocultural experiences of student veterinary nurses in the clinical learning environment through the lens of situated learning theory. *Veterinary Record (VetRecord)*, 194 (11).

Downloaded from: <http://insight.cumbria.ac.uk/id/eprint/7578/>

Usage of any items from the University of Cumbria's institutional repository 'Insight' must conform to the following fair usage guidelines.

Any item and its associated metadata held in the University of Cumbria's institutional repository Insight (unless stated otherwise on the metadata record) may be copied, displayed or performed, and stored in line with the JISC fair dealing guidelines (available [here](#)) for educational and not-for-profit activities

provided that

- the authors, title and full bibliographic details of the item are cited clearly when any part of the work is referred to verbally or in the written form
 - a hyperlink/URL to the original Insight record of that item is included in any citations of the work
- the content is not changed in any way
- all files required for usage of the item are kept together with the main item file.

You may not

- sell any part of an item
- refer to any part of an item without citation
- amend any item or contextualise it in a way that will impugn the creator's reputation
- remove or alter the copyright statement on an item.

The full policy can be found [here](#).

Alternatively contact the University of Cumbria Repository Editor by emailing insight@cumbria.ac.uk.

ORIGINAL RESEARCH

Exploring the sociocultural experiences of student veterinary nurses in the clinical learning environment through the lens of situated learning theory

Susan L. Holt¹  | Jenny Mason¹ | Mary Farrell² | Richard H. Corrigan³ | Sheena Warman¹ 

¹Bristol Veterinary School, University of Bristol, Langford, UK

²Institute of Science, Natural Resources and Outdoor Studies, University of Cumbria, Carlisle, UK

³Institute of Health, University of Cumbria, Lancaster, UK

Correspondence

Susan L. Holt, Bristol Veterinary School, University of Bristol, Langford, UK.
Email: susan.holt@bristol.ac.uk

Abstract

Background: Student veterinary nurses (SVNs) complete significant time in clinical placements and this training can have a positive or negative impact on the development of professional skills and identity.

Methods: A cross-sectional design, using semi-structured interviews, explored 12 SVNs' experiences of clinical placements. Interpretative phenomenological analysis was used to explore each individual participant's experience, prior to the identification of themes across participants' experiences.

Results: Most students reported a sense of belonging within the practice team, which fostered engagement. Clinical supervisors were considered key role models and vital support for student progress. Students reported conflict between the demands of the practice and the requirements of their student status. Some poor interpersonal interactions led to reduced confidence.

Limitations: The results may not reflect experiences of the diversity of student demographics, such as those students with protected characteristics, as described in the Equality Act 2010, who may encounter specific workplace challenges.

Conclusion: To ensure parity and positive experiences, accredited educational institutes can plan regular engagement with student feedback and support of the training practice. Training practice teams can ensure they are meeting the student's needs and fostering a positive learning environment by adhering to the RCVS Framework for Veterinary Nurse Education and Training, which will, in turn, benefit the whole team. Clinical supervisors can play a convening role in increasing belonging and participation within the clinical learning environment.

KEYWORDS

clinical learning environment, communities of practice, situated learning theory, student veterinary nurse training

INTRODUCTION

It is widely accepted that the clinical learning environment (CLE) is a vital aspect of training for student human nurses to develop the appropriate skills and professional identity required for clinical practice.^{1–4} The CLE is essentially a workplace, with sociocultural complexities that can create challenges with man-

aging teaching and learning requirements alongside clinical demands.^{5,6} Research in human nursing education indicates that a positive student experience relies upon an environment that is open to the needs of students, with all staff interested and engaged in supervision and training.^{7–9} Poor support for students within the clinical setting can be a reason for attrition from human nursing education.¹⁰

This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial-NoDerivs](https://creativecommons.org/licenses/by-nc-nd/4.0/) License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2024 The Authors. *Veterinary Record* published by John Wiley & Sons Ltd on behalf of British Veterinary Association.

Evidence

There is substantial literature relating to the impact of the CLE on the training and experiences of student human nurses.^{5,11–18} However, research in the veterinary nursing field is limited.^{9,19} The two professions' practical training can be considered comparable, as evidenced by the RCVS Standards Framework for Veterinary Nurse Education and Training, which adopted the structure and format of the Nursing and Midwifery Council Standards of Proficiency for Registered Nurses.^{20,21}

In student human nurses, negative experiences in the CLE can lead to increased attrition, reduced learning opportunities, low confidence and poor wellbeing.^{22–24} Clinical learning requirements can create increased stress on nursing students when compared to students studying non-clinical programmes, and so a supportive environment is vital to develop a protective network that maintains psychological wellbeing.^{24,25} The supervisory relationship is one of the main factors linked to student human nurses' satisfaction, but the wider team, clinical organisation and standards of patient care will also have an impact.^{9,18,26,27} Uncivil behaviour from professional colleagues has been reported by student human nurses, which has included exclusion, hostility and dismissive actions.²⁸ Two reports have highlighted that within veterinary practice, there are reports of bullying and incivility within the team, but any subsequent impacts were not discussed in these reports.^{9,19}

Situated learning theory and SVN clinical training

Experiences in the CLE can be viewed through the conceptual lens of situated learning theory (SLT).²⁹ SLT frames learning as a fundamentally social process, which departed from the individually focused, cognitive education theories that were abundant in the 1980s.³⁰ Situated learning is unintentional rather than deliberate and is progressive in relation to the level of the learner's participation.³⁰ Situated learning occurs when the learner is integrated into everyday activity within a community of practice (hereinafter referred to as the 'community') through legitimate peripheral participation (LPP).^{29,30} This learning, while most transformative for the learner, can also impact masters through the process of learner–master collaboration, which will transform the community over time.²⁹ For professional programmes, such as veterinary nursing, a student will have multiple communities to navigate during their training, which overall make up a landscape of practice (hereinafter referred to as the 'landscape').³¹ A community is defined as:

'a persistent, sustaining social network of individuals who share and develop an overlapping knowledge base, set of beliefs,

values, history and experiences focused on a common practice and/or mutual enterprise'.³²

LPP relates to the student activity within the community as they engage with the everyday 'real-world' clinical experiences as they occur naturally, with gradually reduced levels of peripherality, moving centripetally as their skills develop.²⁹ SLT describes the student as an 'apprentice' (this is distinct from the term as used in veterinary nursing and would relate to all SVNs, whether on a degree programme or apprenticeship route), and the established qualified members of the community as the 'masters'. The landscape for an SVN will include the RCVS, clinical practice/s and their educational institute.³¹ An SVN will need to engage with the whole landscape to some degree, prior to professional registration. The SVN, according to SLT, needs to engage with all the requirements of their professional practice, be able to imagine their future in the profession and align the requirements within the wider context to ensure their practice has the desired effect for all stakeholders to achieve knowledgeability.^{31,33} Only when all three elements are satisfied will the SVN be able to successfully negotiate meaning through knowledgeability across the boundaries of the landscape.³¹ Negotiating boundaries within and between communities, such as transferring classroom learning to the clinical environment, can be a challenging prospect for students; however, this is where learning and identity development take place, which can be transformative for students, but where they will need the most support.³¹

Three essential elements of a community are mutual engagement, joint enterprise and shared repertoire.³³ Within a veterinary nursing context, it is essential for the SVN to engage in LPP within the veterinary team, facilitating the acquisition of the knowledge, skills and identity shared within this community.³⁴ Appropriate professional socialisation and role modelling within the community are linked to the development of professional identity, with an appreciation of the cultural norms and values that inform practice.^{35,36} A community is not inherently good or bad, it can be a powerful force and hold the key to transformation, with real impact on people's lives.³³ A sense of belonging is a fundamental foundation for appropriate LPP.⁴ Situated learning occurs best when the SVN is embedded within the community and all that it entails.²⁹ This could include working within the veterinary team through busy periods, coping with staff shortages and emergencies, which can add additional pressures to the whole team. The landscape must also be considered, as the SVN will also have additional learning requirements from the accredited educational institute they are connected to, which they must concurrently engage with alongside their clinical role.^{31,37} The training practice must adhere to the RCVS Framework for student veterinary nurse (SVN) education and training²¹ (hereinafter referred to as the 'framework') when supporting students, which

TABLE 1 Interview questioning within the interpretative phenomenological analysis framework

Contextual	Apprehending	Clarifying
How would you describe your relationship with your clinical supervisor?	How would you describe your clinical supervisor as a professional role model?	Are there any suggestions for the practice to improve the student experience in future?
How would you describe the practice as a learning environment?	What impact has your clinical supervisor had on your clinical progress?	
How would you describe your opportunities to engage in clinical discussions and team meetings in your practice?	Describe your interactions with the wider practice team.	
	How did your clinical learning experiences make you feel?	
	How did this impact on your confidence and professional development?	
	Can you summarise the impact these experiences have had on you personally?	
	Can you summarise the impact these experiences have had on you professionally?	

could be challenging for the practice to meet during busy periods.

Currently, the limited research available for SVN experiences in the clinical environment suggests that there are challenges relating to the students' ability to become contributing members of the community, which could limit their ability to engage fully in LPP.^{9,19}

Current study

The aim of the present study was to investigate SVNs' sociocultural experiences in the training veterinary practice and the impact this has on their professional development. The research objectives were to answer the following questions: How do SVNs experience the CLE during their training? What is the impact of these experiences on SVNs, personally and professionally?

METHODOLOGY

The research team consisted of a registered veterinary nurse and academic with 25 years of clinical experience, including clinical supervision and over 7 years of working in academia (primary researcher), and the second author is a veterinary surgeon who supported the data analysis phase, with three other academics with extensive experience of qualitative research in the field of veterinary education, psychology and animal science.

Study design

SLT was used as a theoretical lens to inform the design and analysis of this qualitative research, using semi-structured interviews to explore SVNs' experiences of the CLE.²⁹ Interpretative phenomenological analysis was used to enhance the focus of analysis on the perceptions and lived experiences of individual par-

ticipants, prior to the identification of themes across participant experiences.^{38,39}

Interview structure

The interview questions were based on the socio-cultural domains within the SVN CLE inventory, which have previously been validated and explored via online surveys.^{9,19} These domains encompass the clinical supervisor's support of learning, the pedagogical atmosphere of the practice and opportunities for engagement. The range of questions during the interview followed the interpretative phenomenological analysis guidance to include contextual, apprehending and clarifying questioning, as detailed in Table 1. No pilot study was conducted.⁴⁰ The limited demographic data collected were related only to the student training status to protect anonymity.

Sampling

Non-random convenience and snowball sampling of SVNs was achieved through Facebook sites specific to the veterinary nurse profession, such as 'SVNs', alongside email contact with RCVS-approved educational institutes across the UK from July 2022 to January 2023. Convenience sampling was used to ensure the appropriate sample size for robust research.⁴¹ Previous published research in student human nurses included 12 participants for interpretative phenomenological analysis, which was considered appropriate for the present qualitative study.³⁶ Inclusion criteria were for participants to be enrolled with the RCVS in the UK as an SVN, and to have been attending a training veterinary practice for at least 8 weeks. RCVS enrolment permits the UK SVN to train within an approved veterinary training practice and undertake tasks as defined in the Veterinary Surgeons Act 1966 (Schedule 3 amendment) Order 2002: 'veterinary surgeons may direct registered or SVNs who they employ to carry out limited veterinary surgery'.⁴²

TABLE 2 Superordinate and subordinate themes identified

Practice training culture	Legitimate peripheral participation	Clinical supervisor impact
Balancing workplace and student needs causes challenge and conflict	Belonging within the community of practice is important for participation	Clinical supervisor personal and professional attributes impact support
Interpersonal interactions can have positive and negative impacts	Engagement within the community of practice is valued	Clinical supervisor support impacts training and progress
Lack of parity perceived between practices	Exposure to clinical experiences is positive for student learning	The clinical supervisor is an important role model for students

Data collection

The first, third and fourth researchers conducted the interviews via online meetings using Zoom (Zoom.us) and Microsoft Teams (Microsoft Corporation) between July 2022 and February 2023. Only one interviewer and one interviewee were present in the online forum, there were no other persons present during the interviews. Online interviews, compared to in-person interviews, offer several advantages, such as low cost, accessing geographically disparate participants and remaining in a 'safe space' with personal boundaries, while maintaining comparable results.^{43,44} The meetings were video recorded using each platform's record function with automated transcript generation. Interviews lasted from 21 to 32 minutes. Following the interview, the transcripts were manually checked, and corrections were made by the interviewing author based on the video recording. The videos were then deleted, and the anonymised transcripts were stored on the primary author's password-protected computer. Route of training was noted, including small animal or equine pathway and further education via work-based apprenticeship or higher education via placement during a degree course.

Data analysis

Interpretative phenomenological analysis was conducted according to the guidance proposed by peer-reviewed studies.^{41,45–47} The analysis followed the six steps detailed by Finlay and later discussed by Miller et al. and Braun and Clarke.^{38,41,45} This required a flexible approach, with the six steps used as guidance rather than a methodological prescription.⁴⁸ Analysis of all transcripts was conducted by the lead author, and the second author randomly selected 25% ($n = 4$) to analyse in full to reduce primary author bias.

The first stage of analysis comprised of reading each transcript several times to ensure the researchers felt immersed in the individual experiences described by each participant. The second stage involved revisiting each transcript and making exploratory notes in the right-hand margin to include descriptive, linguistic and conceptual information to facilitate interpretation. Emergent key themes from each transcript were then noted in the left-hand margin. Next, the researcher reviewed all the transcripts to review key themes for similarities and differences. The two authors then completed a series of rigorous discussions using the lens of SLT,²⁹ until the final

superordinate and subthemes were agreed upon. Recurrence across participants was evident in all superordinate and subordinate themes, each representing at least one-third of the sample. Measures to maintain academic rigour and reduce bias also included ensuring the representation of each participant's experience and using direct quotations for clarity of meaning.³⁶ To ensure anonymity, while maintaining the value and status of the individual subjective experiences, all participants were assigned non-binary pseudonyms. Some quotes were partially redacted to remove specific details that could allude to the participant's identity.

RESULTS

The first, third and fourth authors interviewed 12 students. Eligibility criteria were confirmed at the start of each interview. There were 11 small animal pathway students (six on higher education programmes and four on further education programmes). There was one equine student on a further education programme. Three superordinate themes were identified from the transcripts, as detailed in Table 2. Quotes from a range of participants were used to provide validity for the reader. These quotes also communicate the individual nature of the experiences.

Practice training culture

Balancing workplace and student needs causes challenge and conflict

Participants expressed challenges with protecting their student status with the demands of the working day within the community. There was a feeling that the practice priorities would overtake their needs as a student, and this created conflict and challenge, for example:

'I can find that I struggle in being able to get the evidence that I need all the time, even with my supervisor, because we're just flat out all the time'. (Ashley)

'There was less of my NPL* focus and it was just about coming in, doing my job and going home'. (Blake)

*Nursing progress log—one of the online tools used by SVNs in the UK to log the completion of RCVS Day One Skills

'[...] a lot of pressure for me to work as an employed member of staff [...] exploited is a bit of a big word, but you know, something like that [...]'. (Taylor)

Being immersed in the busy working day was recognised as having some benefits, but this was still considered within the context of the challenges this poses:

'People don't have time to just stop and go explain things to you [...] You know, in some ways it's good because you do get thrown right in. But it depends on the situation. I think sometimes they do forget that you're a student'. (Riley)

'[...] I found the first one, because it was a very busy practice, it was good to see things. But I think from a learning perspective it was harder to get involved and to get hands on'. (Frankie)

More support from the senior members of the practice team was discussed in relation to balancing the needs of the practice and their student status. While some of the team members were often aware of training needs, management was cited as being less than understanding of student needs, for example:

'and, but yeah, I think all the staff management included could definitely do better at supporting their students [...]'. (Finlay)

'Unfortunately, it would sometimes be with management little things would happen which were difficult'. (Taylor)

Challenges were caused by too many students being recruited to work in the practice, which created limited access to learning opportunities:

'[...] there's a lot of students at my practice. So there's quite a lot of competition for different things'. (Adrian)

'[...] an issue when new students came in [...] there was a lot of competition for some areas [...]'. (Morgan)

'[...] one of my coaches, three students that she had. [...] it's quite hard to get, you know, enough support from her [...]'. (Finlay)

Interpersonal interactions can have positive and negative impacts

This theme was related to the social relationships that were experienced within the practice. Participants felt relationships were good in the team generally:

'[...] I personally get on well with everyone [...]'. (Finlay)

'I've not really had any issues with anybody. I've not had any sort of workplace conflicts or anything like that'. (Harper)

'They were very much into mentoring and took a really active role. So, I found even on days that were quieter the amount you learn and the experiences there, and just feeling supported and it's OK to make mistakes. Really helped my confidence and I think it made a huge difference'. (Frankie)

However, negative cultures were noted, and these had an impact on the students' perception of their future in the profession, for example:

'... there was just that tension between the team. I think it just made you feel that moment where you're like. At what place do you put career over day-to-day? Are you gonna like this in five years' time? Is it gonna be too much, stress?' (Frankie)

Conversely, a positive environment can have the opposite impact:

'Whereas I think in a place where they are very open and it was a completely different communication structure [...] I fell in love with it more than ever'. (Frankie)

There were also reports of uncivil behaviour from particular individuals in the practice, with this having a negative impact. The accounts given tend to excuse the behaviour and suggest that it is to be expected and coped with. In addition, students felt that they need to get through the training and then they can move on, for example:

'[...] I think it would be possible for people to speak a bit more short with you, or be rude or something. But they don't realise they're doing it because they're stressed'. (Chris)

'So I just had to remind myself, is that unfortunately those people that have a reputation, and I'm not the only one that has happened to, and I just wanted to keep reminding myself with that and just knowing I'm here for a reason I don't want to work here, and you know just do what I need to do here ...'. (Taylor)

'There's just a couple that even though it's been raised with them, it still happens. So, I don't like having to work with them to be honest, because it, it makes me feel

more anxious [...] They don't even see that they're doing it. It's definitely destroyed the confidence it definitely has [...] If someone is rude to you or if someone you know excludes you from the group you always think "oh I've done something". I had to do therapy'. (Rowan)

Lack of parity perceived between practices

Participants talked about feeling lucky or fortunate in their practice compared to the accounts their peers had related to them, giving the impression that having a good experience was not guaranteed. This led to a feeling that the educational institutes needed to ensure training requirements were met, for example:

'Quite a lot of the students that I went to college with wouldn't get that or they would be pulled off of it whereas that rarely happened to us. So, I think in our practice we were lucky'. (Chris)

'I know one friend had a terrible time [...]' (Morgan)

'And I feel like college is responsible to make sure that every student gets those hours, and every student has a clinical coach and somewhere to train and they're supported. And has to be a more thorough check'. (Rowan)

Legitimate peripheral participation

Belonging within the community of practice is important for participation

Participants that felt a good sense of belonging in the team were able to approach the team for advice and support, which developed confidence, described as follows:

'[...] It definitely made me confident that's for sure like I feel like I belong there like I have my own place over there [...]' (Sam)

'[...] it makes you feel like a part of a team and makes you feel like you're quite a valued part of the team because, you know, they want to have you involved [...]' (Harper)

'I love doing what I do because I love learning so being able to take part in all kinds of things. It's just, it's great. We're very close knit'. (Ashley)

Conversely, isolation and exclusion caused reduced participation:

'It almost feels if you're not in their group, then you can't communicate. They are very cliquy [...] I find myself better working with just the student ...'. (Rowan)

Engagement within the community of practice is valued

This theme represents the experiences of the participants when actively engaging in activities within the community. Undertaking daily tasks, alongside being involved in meetings and discussions, was considered positively. This included the team listening to students for their ideas and thoughts:

'[...] being involved in the meetings and sort of knowing what's going on [...]' (Finley)

'It really does give me a bit more confidence knowing that the team want to listen and hear what I wanna talk about and they're able to talk about it back to me and ask questions'. (Blake)

'We [...] had quite a lot of nurse meetings and everyone attends those like all the students and everyone, which is really nice and we're able to like raise concerns and they listen to us, which is great. Like one of the students has come up [...] and they accepted that, which was really nice'. (Adrian)

Participants recognised and valued the opportunity and support to get involved with cases and undertake clinical tasks:

'And I have been given the opportunity to lead [...] which was a little bit scary, but it was nice to sort of be offered the opportunity to have to give it a go'. (Harper)

'[...] it's also really good because they're really hands on and getting you involved ...'. (Ashley)

Exposure to clinical experiences is positive for student learning

Overall, the students' exposure to a range of clinical opportunities was experienced positively:

'[...] being in the practice and being able to see and do the different things really helped me to consolidate my learning [...]' (Morgan)

'I practice [...] and until I'm like okay I'm more or less confident in this'. (Sam)

'[...] it's been really good having like a wide variety of [...] experiences. So, I feel that's really impacted me well [...]' (Adrian)

'We're a very busy practice and we do see a lot of sort of unusual, interesting cases'. (Riley)

Clinical supervisor impact

The clinical supervisor role is mandatory in UK SVN training and is, therefore, an important consideration of the SVN CLE experience.

Clinical supervisor personal and professional attributes impact support

Participants appreciated the experience of their clinical supervisor and they respected this, alongside having time with their supervisor for tutorials and support. This was enhanced when the clinical supervisor was based in a predominantly clinical role:

'[...] but then having somebody [...] that is more clinically based [...] is more up to date on training makes a big difference'. (Frankie)

'She was passionate about being a vet nurse and she had been a clinical coach for a long time so had a lot of experience [...] taught me a lot that I did not know'. (Morgan)

There were also considerations of when less favourable attributes are exhibited:

'[...] need to be vetted more—anyone who wants to do it can get it and if they do badly [...]' (Morgan)

'The way that they teach is very close to how their personality like it is. It defines the way that they teach, though [...] So it's been a really interesting contrast to see sort of both sides of that. And so, where the benefits and like sort of seeing the negative sides of each and the positives of both sides'. (Ashley)

Clinical supervisor support impacts training and progress

It was clear that the clinical supervisor role was vital in terms of supporting the students' clinical training and RCVS Day One Skill progression, alongside translating classroom learning into clinical activity:

'Very, very good at keeping, like sort of close to target as well. So if there's any-

thing that I'm sort of like, oh, I'm not really so sure, you know, lots and lots of reassurance, lots of notifying. You're on target. We just need to hit this'. (Harper)

'we've really picked up our clinical progress together we are having a lot more meetings [...]' (Blake)

'[...] if I have any problem with a specific thing like that we learn in college, and then I don't understand it, I usually go to her, because she can like explain it to me [...]' (Sam)

'[...] she will spend time with you and if something doesn't make sense, she's pretty good at sort of unravelling it and explaining it'. (Riley)

Rowan, however, had a different experience, finding it hard to have time with and support from their clinical supervisor,

'[...] And I would have to ask constantly for help, which is very it's just not it's not really, it doesn't encourage you, it just puts you in a horrible mood. You don't wanna do anything. You don't wanna try and you are just you're fed up with asking people'.

The clinical supervisor is an important role model for students

The ability to observe the clinical supervisor in the working environment was valued as a learning opportunity and helped create a sense of professional identity, which developed students' ideas about what they wanted to achieve professionally and also behaviour they would not aspire to:

'[...] she went on, to do things in, [...] which is the two things I'm really interested in'. (Chris)

'[...] that's something probably stood out for me is that he was always really professional with the clients'. (Taylor)

'it's almost somebody to look up to [...] seeing her interact with clients and even things that you wouldn't necessarily associate directly with nursing is quite good'. (Frankie)

'... there's a lot of things that I've learned on how I want to be as a nurse. Uhm, equally, there was a lot of things that I've learned I don't want to be as a nurse'. (Rowan)

DISCUSSION

This study captured the lived experiences of 12 SVNs during their time in clinical veterinary practice to answer the study objectives. When the students experienced the CLE in a positive way, in relation to learning and opportunities to engage within the community, this impacted them by increasing their sense of belonging and their confidence, while fostering a positive development of professional identity. However, there were negative experiences related to the work–training balance, which caused frustration and reduced learning opportunities, and some poor social interactions, which reduced confidence and engagement opportunities, with a negative impact on professional identity.

Practice training culture

Many SVNs felt that the needs of the practice were overriding their needs as a student. In SLT, this is presented as part of the continuity-displacement contradiction,²⁹ described as the master's desire for labour and the apprentice's desire to learn. While it is important for the SVN to become embedded within the community, there does need to be a balance across the landscape for the SVN, which aligns to the expectations of the framework and the requirements of their academic work.^{31,33} Failure to provide students with structured time for learning has caused conflict for the students here between work and study, creating a feeling of exploitation for one student. There was also a perception among the students that the support they were afforded in practice was a matter of luck, with variation between training practices, despite the framework guidance for all practices.²¹ This demonstrates that there may be variations in interpretation of, adherence to and enforcement of the framework.

There were challenging social interactions between staff and students that fell below the expectations of the framework (Standard 3.13) to protect students from 'behaviour that undermines their confidence'. Riley and Rowan stated that this had negatively affected their confidence, this is particularly concerning as these types of experiences have led to reduced learning opportunities, poor mental health and increased attrition in student human nurses.^{12,22,23,49} Taylor and Rowan remained at the practice due to knowledgeability strengthening their desire to complete the course, despite poor experiences. Such persistence is a concerning phenomenon, if students feel they must endure inappropriately challenging environments to achieve their goals. To address the conflict and perceptions expressed, the accredited training institute can proactively monitor the support provided by the training practice. Regular contact with the SVN should help to identify and address concerns as they emerge and increase parity between training practices. The SVN CLE inventory could help support the gathering of student feedback, in line with the requirements of the framework.²⁰

Legitimate peripheral participation

Most participants felt a strong sense of belonging to the practice team, feeling comfortable talking to all members of the community for advice and support. Within the community, belonging has been discussed in student human nursing research as being central to the ability to become a legitimate member of the community.⁴ Student human nurses felt being noticed, being able to contribute and having social interaction beyond work-related discussion built their sense of belonging and increased their ability to participate.⁴ Belonging and workplace satisfaction have been linked in a previous study of SVNs.⁹ Broad access to the practice arena, with opportunities to observe how all the 'masters' work and interact with their colleagues and clients, supports the development of professional identity.³⁵ This identity development is not focused on a specific taught agenda but is inherent through being within the community. From a social theory perspective, SLT frames practice and identity as inextricably linked, identity is constantly negotiated, with the community as a site of enculturation.^{35,50} Learning is driven by the desire for increased participation, not the completion of a set of pedagogical goals.²⁹ Most of the participants appeared to appreciate a sense of belonging to the community, which enhanced their ability to engage in LPP. However, this was not the case for all; Rowan felt excluded from the group and so worked mostly with another SVN in the practice, limiting their access to the community and their ability to engage in LPP, in turn impacting the formation of their own professional identity.

Another aspect of the continuity-displacement contradiction within SLT lies between the master's power over professional boundaries and the apprentice's need to understand and participate within these boundaries while forging their own professional identity and informing future practice.²⁹ The standards required for competence give power to masters in setting appropriate boundaries. However, for the community to progress over time, the perspectives of the apprentices must be given a voice by masters.³³ Allowing students to cross professional boundaries with support is where innovation can take place.³³ Blake understood that learning could be a two-way process with them being able to communicate knowledge to the community, which really increased their confidence. For Adrian, seeing another SVN's idea being taken up by the team was also a very positive experience. Veterinary practices must strive to facilitate boundary crossing in this way, which will benefit the development of positive professional identity for SVNs and also the development of the whole community.

Peripherality in SLT relates to engaging in the daily practice of the community with lessened intensity, lessened risk, lessened pressures and lessened cost of error. Legitimacy should allow the 'stumblings' of the apprentice to become learning opportunities and not a cause for neglect, exclusion or dismissal.³⁵ Frankie identified this support, '... and just feeling

supported and it's OK to make mistakes. Really helped my confidence [...]'.

Students reported that their exposure to the clinical environment had helped them translate the boundaries of their classroom teaching to the clinical environment. Being exposed to all the activities within the community was experienced as highly beneficial and conveys the importance the training practice plays in developing the SVN's understanding of the profession. When attempting to navigate between both intra- and intercommunity boundaries, and develop professional identity, there lies potential for failure and intense emotions that can negatively impact the investment in professional identity. Boundaries across the landscape are where SVNs will need the most support, a need which is inherent to their journey and central to learning and professional identity development.³¹

Clinical supervisor impact

When relating to SLT, the clinical supervisors can act as a bridge into the community between the SVN and other masters and also broker boundaries as a convener between the accredited training institute, RCVS and veterinary practice.³¹ Participants highlighted that each individual clinical supervisor brings their own personality to the role, which can have positive or negative consequences. The students greatly valued the role of the clinical supervisor, for example, explaining how to apply classroom content to clinical activity. There was at times frustration when the clinical supervisor was supporting too many students, or they simply were not afforded time to spend with the students.

The clinical supervisor was considered a positive role model by most of the students interviewed. Witnessing the position of the clinical supervisor within the community and their engagement with the outside world, for example, with clients, really helped develop a sense of professional identity for the SVNs. In some cases, this was related to the SVN's understanding of how they would and would not like to develop their own identity, based on their observations. The community is not intrinsically beneficial or harmful; therefore, happiness and harmony are not guaranteed properties, and there can be multiple social tensions.³⁵ The clinical supervisor can play a convening role when managing how their own community fosters student learning, competence and identity.

LIMITATIONS

The small sample size was considered appropriate to the qualitative study design of interpretative phenomenological analysis, which aligned with a social constructivist epistemology, and as such, the results provide transferrable considerations rather than generalisable facts to other SVNs in the CLE.⁵¹ The results

may not reflect experiences of the diversity of student demographics, such as those students with protected characteristics, as described in the Equality Act 2010, who may encounter specific workplace challenges. While the methodology aimed to reduce bias, the authors accept that with qualitative interpretation, bias cannot be fully mitigated.

CONCLUSION

SLT proved a useful lens to interpret the data through and answer the research questions. In terms of LPP, most students felt a strong sense of belonging, engagement and exposure within the CLE. Students really appreciated the opportunity for learning as a two-way process, and being allowed to contribute their knowledge to the community was really positive for some of them and fostered confidence. All students appreciated the exposure to a range of clinical experiences to enhance their learning of classroom content and the development of clinical skills.

Culturally, the work-learning balance for SVNs needs to be consistently managed by the training practice and accredited education institute to ensure the student is protected from some of the clinical demands placed on qualified professionals. The student also needs time afforded within the working day for specific training, such as tutorials with the clinical supervisor. Some poor interpersonal interactions led to reduced confidence, reduced access to the professional practice community and one student seeking therapy. Every member of the training practice team has a professional responsibility towards the SVNs they are working alongside, which is covered in the framework and RCVS Codes of Professional Conduct for Veterinary Nurses and Veterinary Surgeons. Adherence to the framework and regular monitoring of student feedback should support positive experiences and greater parity for all SVNs and the practice team. The accredited education institute can also broker boundaries by close collaboration with the student and training practice, remaining vigilant when approving and monitoring training practices.

The clinical supervisor was clearly a vital role model and ally for the SVN to support engagement and professional development. The clinical supervisor can function as a convener to broker boundaries within and across communities. The clinical supervisor needs time in which to show a genuine willingness to support the student to foster a positive relationship and ensure their professional development.

AUTHOR CONTRIBUTIONS

Susan L. Holt conceived the project idea and design, conducted 10 of 12 interviews for data collection, full data analysis and write up, and selected situated learning theory as an appropriate lens. Jenny Mason analysed 25% of participant data and discussed interpretation with Susan L. Holt. Richard Corrigan and Mary Farrell supported with project concept and

design, each interviewed one student, and performed critical review at the end of the write-up stage, prior to submission. Sheena Warman, as a project supervisor, introduced the concept of using a theoretical framework to support data analysis and provided critical support throughout the project.

ACKNOWLEDGEMENTS

The authors hugely appreciated the time taken by the SVNs to participate in the interviews, especially with their busy schedules.

CONFLICT OF INTEREST STATEMENT

The authors declare they have no conflicts of interest.

FUNDING INFORMATION

The authors received no specific funding for this work.


DATA AVAILABILITY STATEMENT


Supporting data are available to bona fide researchers only, applying via a link on the dataset's record at: <https://data-bris.acrc.bris.ac.uk/deposits/wh23l8npz72u21tb3r2fj6ear>. The process for applying for this restricted dataset is available at: <https://www.bristol.ac.uk/staff/researchers/data/accessing-research-data/>. Requests for access will be directed to the Research Data team at the University of Bristol, who will assess the motives of potential data re-users before granting access to the data. No authentic request for access will be refused and re-users will not be charged for any part of this process.

ETHICS STATEMENT

Ethical approval was received from the University of Bristol Faculty of Health Sciences Research Ethics Committee (code 11471).

ORCID

Susan L. Holt  <https://orcid.org/0000-0003-1911-8300>

Sheena Warman  <https://orcid.org/0000-0003-0829-2039>

REFERENCES

- Jansson I, Ene KW. Nursing students' evaluation of quality indicators during learning in clinical practice. *Nurse Educ Pract.* 2016;20:17–22.
- Foster H, Ooms A, Marks-Maran D. Nursing students' expectations and experiences of mentorship. *Nurse Educ Today.* 2015;35(1):18–24.
- Jack K, Hamshire C, Chambers A. The influence of role models in undergraduate nurse education. *J Clin Nurs.* 2017;26(23–24):4707–15.
- Thrysoe L, Hounsgaard L, Dohn NB, Wagner L. Participating in a community of practice as a prerequisite for becoming a nurse—trajectories as final year nursing students. *Nurse Educ Pract.* 2010;10(6):361–66.
- Arkan B, Ordin Y, Yilmaz D. Undergraduate nursing students' experience related to their clinical learning environment and factors affecting their clinical learning process. *Nurse Educ Pract.* 2018;29:127–32.
- Ramsbotham J, Dinh HA, Truong H, Huong N, Dang T, Nguyen C, et al. Evaluating the learning environment of nursing students: a multisite cross-sectional study. *Nurse Educ Today.* 2019;79:80–85.
- Ekstedt M, Lindblad M, Löfmark A. Nursing students' perception of the clinical learning environment and supervision in relation to two different supervision models—a comparative cross-sectional study. *BMC Nurs.* 2019;18(1):49.
- Clarke J, van der Riet P, Bowen L. Nurses and undergraduate student nurses' experiences in collaborative clinical placement programs in acute hospitals: an integrative literature review. *Nurse Educ Today.* 2020;95:104578.
- Holt SL, Farrell M, Corrigan RH. Veterinary nursing students' experience in the clinical learning environment and factors affecting their perception. *J Vet Med Educ.* 2023:e20220133.
- Bakker EJM, Verhaegh KJ, Kox JHAM, van der Beek AJ, Boot CRL, Roelofs PDDM, et al. Late dropout from nursing education: an interview study of nursing students' experiences and reasons. *Nurse Educ Pract.* 2019;39:17–25.
- Bazrafkan L, Kalyani MN. Nursing students' experiences of clinical education: a qualitative study. *Investig Educ En Enferm.* 2018;36(3):e04.
- Jamshidi N, Molazem Z, Sharif F, Torabizadeh C, Najafi Kalyani M. The challenges of nursing students in the clinical learning environment: a qualitative study. *Sci World J.* 2016;2016:1846178.
- Papp I, Markkanen M, von Bonsdorff M. Clinical environment as a learning environment: student nurses' perceptions concerning clinical learning experiences. *Nurse Educ Today.* 2003;23(4):262–68.
- Nyoni C, Barnard A. Professional nurses' perception of their clinical teaching role at a rural hospital in Lesotho. *Afr J Health Prof Educ.* 2016;8(2):166–68.
- Parvan K, Hosseini FA, Bagherian S. The relationship between nursing instructors' clinical teaching behaviors and nursing students' learning in Tabriz University of Medical Sciences in 2016. *Educ Health.* 2018;31(1):32.
- Phillips KF, Mathew L, Aktan N, Catano B. Clinical education and student satisfaction: an integrative literature review. *Int J Nurs Sci.* 2017;4(2):205–13.
- He FX, Turnbull B, Kirshbaum MN, Phillips B, Klainin-Yobas P. Assessing stress, protective factors and psychological well-being among undergraduate nursing students. *Nurse Educ Today.* 2018;68:4–12.
- Sundler AJ, Björk M, Bisholt B, Ohlsson U, Engström AK, Gustafsson M. Student nurses' experiences of the clinical learning environment in relation to the organization of supervision: a questionnaire survey. *Nurse Educ Today.* 2014;34(4):661–66.
- Silverwood J. Bullying a serious problem in profession, say VN graduates [Internet]. *VetTimes Online: RCVS.* 2021 Sep [cited 2021 Sep 24]. Available from: <https://www.vettimes.co.uk/news/bullying-a-serious-problem-in-profession-say-vn-graduates/>
- Holt SL, Farrell M, Corrigan RH. Developing the SVN CLEI: a novel psychometric instrument for evaluating the clinical learning environment of student veterinary nurses in the UK. *J Vet Med Educ.* 2022;50(1):94–103.
- Royal College of Veterinary Surgeons. RCVS standards framework for veterinary nurse education and training [Internet]. 2021 [cited 2021 Jan 9]. Available from: <https://www.rcvs.org.uk/news-and-views/publications/vn-standards-framework/>
- Chuan OL, Barnett T. Student, tutor and staff nurse perceptions of the clinical learning environment. *Nurse Educ Pract.* 2012;12(4):192–97.
- Flott EA, Linden L. The clinical learning environment in nursing education: a concept analysis. *J Adv Nurs.* 2016;72(3):501–13.
- Admi H, Moshe-Eilon Y, Sharon D, Mann M. Nursing students' stress and satisfaction in clinical practice along different stages: a cross-sectional study. *Nurse Educ Today.* 2018;68:86–92.
- Turner K, McCarthy VL. Stress and anxiety among nursing students: a review of intervention strategies in literature between 2009 and 2015. *Nurse Educ Pract.* 2017;22:21–29.
- Papastavrou E, Dimitriadou M, Tsangari H, Andreou C. Nursing students' satisfaction of the clinical learning environment: a research study. *BMC Nurs.* 2016;15(1):1–10.
- D'Souza MS, Karkada SN, Parahoo K, Venkatesaperumal R. Perception of and satisfaction with the clinical learning

- environment among nursing students. *Nurse Educ Today*. 2015;35(6):833–40.
28. Anthony M, Yastik J. Nursing students' experiences with incivility in clinical education. *J Nurs Educ*. 2011;50(3):140–44.
 29. Lave J, Wenger E. *Situated learning: legitimate peripheral participation*. Cambridge University Press; 1991. p. 144.
 30. O'Brien BC, Battista A. Situated learning theory in health professions education research: a scoping review. *Adv Health Sci Educ Theory Pract*. 2020;25(2):483–509.
 31. Wenger-Trayner E, Fenton-O'Creedy M, Hutchinson S, Kubiak C, Wenger-Trayner B. *Learning in landscapes of practice: boundaries, identity, and knowledgeability in practice-based learning*. Routledge; 2014. p. 183.
 32. Barab SA, Barnett M, Squire K. Developing an empirical account of a community of practice: characterizing the essential tensions. *J Learn Sci*. 2002;11(4):489–542.
 33. Farnsworth V, Kleanthous I, Wenger-Trayner E. Communities of practice as a social theory of learning: a conversation with Etienne Wenger. *Br J Educ Stud*. 2016;64(2):139–60.
 34. Cruess RL, Cruess SR, Steinert Y. Medicine as a community of practice: implications for medical education. *Acad Med*. 2018;93(2):185–91.
 35. Wenger E. *Communities of practice: learning, meaning, and identity*. Cambridge University Press; 1998. p. 340.
 36. Felstead IS, Springett K. An exploration of role model influence on adult nursing students' professional development: a phenomenological research study. *Nurse Educ Today*. 2016;37:66–70.
 37. Omidvar O, Kislov R. The evolution of the communities of practice approach: toward knowledgeability in a landscape of practice—an interview with Etienne Wenger-Trayner. *J Manag Inq*. 2014;23(3):266–75.
 38. Braun V, Clarke V. Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Couns Psychother Res*. 2021;21(1):37–47.
 39. Clarke V, Braun V. *Successful qualitative research: a practical guide for beginners*. Sage; 2013. p. 402.
 40. Bevan MT. A method of phenomenological interviewing. *Qual Health Res*. 2014;24(1):136–44.
 41. Miller RM, Chan CD, Farmer LB. Interpretative phenomenological analysis: a contemporary qualitative approach. *Couns Educ Superv*. 2018;57(4):240–54.
 42. RCVS. Code of professional conduct for veterinary surgeons [Internet]. 18. Delegation to veterinary nurses. 2023 [cited 2023 Dec 20]. Available from: <https://www.rcvs.org.uk/setting-standards/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/supporting-guidance/delegation-to-veterinary-nurses/>
 43. Gray LM, Wong-Wylie G, Rempel GR, Cook K. Expanding qualitative research interviewing strategies: Zoom video communications. *Qual Rep*. 2020. p. 1292–301.
 44. Hanna P. Using internet technologies (such as Skype) as a research medium: a research note. *Qual Res*. 2012;12(2):239–42.
 45. Finlay L. *Phenomenology for therapists: researching the lived world*. John Wiley & Sons; 2011. p. 313.
 46. Eatough V, Smith JA, Shaw R. Women, anger, and aggression: an interpretative phenomenological analysis. *J Interpers Violence*. 2008;23(12):1767–99.
 47. Buser JK, Parkins RA, Salazar V. Understanding women's experiences of defending against eating disorder symptoms: an interpretive phenomenological analysis. *Adultspan J*. 2016;15(2):82–95.
 48. Kahlke RM. Generic qualitative approaches: pitfalls and benefits of methodological mixology. *Int J Qual Methods*. 2014;13(1):37–52.
 49. O'Mara L, McDonald J, Gillespie M, Brown H, Miles L. Challenging clinical learning environments: experiences of undergraduate nursing students. *Nurse Educ Pract*. 2014;14(2):208–13.
 50. Henderson M, Bradey S. Shaping online teaching practices: the influence of professional and academic identities. *Campus-Wide Inf Syst*. 2008;25(2):85–92.
 51. Gioia D. A systematic methodology for doing qualitative research. *J Appl Behav Sci*. 2021;57(1):20–29.

How to cite this article: Holt SL, Mason J, Farrell M, Corrigan RH, Warman S. Exploring the sociocultural experiences of student veterinary nurses in the clinical learning environment through the lens of situated learning theory. *Vet Rec*. 2024;e3956. <https://doi.org/10.1002/vetr.3956>