National College of Ireland

Project Submission Sheet

Student Name:	Laura Keyes		
Student ID:	23100117		
Programme	MAEP	**Year:**	2
Module:	Dissertation		
Lecturer:	Dr. Ita Kennelly		
Submission Due Date:	4th August 2025		
Project Title:	Dissertation: Beyond Ticking Boxes: A Narrative Exploration of the Placement Experiences of Veterinary Nurses and their Transition to Professional Practice		
Word Count:	21,488		

I hereby certify that the information contained in this (my submission) is information pertaining to research I conducted for this project. All information other than my own contribution will be fully referenced and listed in the relevant bibliography section at the rear of the project.

<u>**ALL**</u> **internet material must be referenced in the references section. Students are encouraged to use the Harvard Referencing Standard supplied by the Library. To use other author's written or electronic work is illegal (plagiarism) and may result in disciplinary action. Students may be required to undergo a viva (oral examination) if there is suspicion about the validity of their submitted work.**

Signature:	L. Keyes
Date:	30/07/2025

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AI Acknowledgement Supplement

Dissertation

Beyond Ticking Boxes: A Narrative Exploration of the Placement Experiences of Veterinary Nurses and their Transition to Professional Practice

Your Name/Student Number	Course	Date
23100117	MAEP	30/07/2025

This section is a supplement to the main assignment, to be used if AI was used in any capacity in the creation of your assignment; if you have queries about how to do this, please contact your lecturer. For an example of how to fill these sections out, please click here.

AI Acknowledgment

This section acknowledges the AI tools that were utilized in the process of completing this assignment.

Tool Name	Brief Description	Link to tool
Chat GPT	Chat GPT was used occasionally to find articles on specific topics (see screenshots below) where those articles could not be found through the NCI library, or via Google Scholar.	https://chatgpt.com/

Description of AI Usage

This section provides a more detailed description of how the AI tools were used in the assignment. It includes information about the prompts given to the AI tool, the responses received, and how these responses were utilized or modified in the assignment. **One table should be used for each tool used**.

Chat GPT
Where appropriate articles could not be sourced, Chat GPT was used twice to help find such articles. The topics searched were emergency medicine scenarios and clinical placement. Where Chat GPT provided references, those references were examined and assessed for any falsification.
It was also used to format some references, which ultimately were checked against NCI APA 7th ed. Formatting.

Evidence of AI Usage

Screenshots of Chat GPT when prompted to search for articles relating to student veterinary nurses' desire for more emergency-based training. Chat GPT provided some references, but ultimately they did not meet the exact criteria I had hoped for. This reference was for a small point I had hoped to discuss however, due to the limited studies available, I decided it best to discard this idea.

> Relating to veterinary nursing students, are there any peer-reviewed journal articles that discuss the want for more emergency-based scenarios training?

Here are several **peer-reviewed articles** that discuss veterinary nursing (or nursing-tech) students training in **emergency and high-stress scenarios**, or call for more such training:

🧑 1. **Immersive veterinary emergency simulation training** (2024)

A recent study assessed veterinary students' cognitive load and emotional responses during a **high-stakes immersive simulation**, specifically geared toward replicating emergency scenarios. It found the approach heightened awareness and stress response—suggesting it's a useful model for emergency-focused training

ResearchGate +6   Lippincott Journals .

2. Simulation-based training for anesthesia skills (2023)

This paper focused on **pre-graduate veterinary students** acquiring anesthetic skills via simulation. Students showed significant skill improvement through simulation-based learning—even those without prior experience—demonstrating that simulation effectively bolsters clinical competencies in contexts that can mirror emergency care Frontiers .

3. Virtual veterinary emergency room software (2004 thesis)

While more dated, this thesis developed an **AI-driven virtual emergency room module**, offering interactive emergency scenarios for veterinary students. It was recognized as a valuable tool to bridge textbook learning with real-life emergency decision-making ai.uga.edu +10 .

4. Calls for more disaster/emergency preparedness training

- A 2009/2019 series from North Carolina State University reviewed veterinary and human disaster-training literature and argued a clear lack of core competencies in veterinary curricula. Their remedy was the **Veterinary Credential Responder** two-week course—comprehensive, including lecture, scenario-based group exercises and credentialing preparation PubMed +2 .

5. Veterinary nursing student competence studies

While not emergency-specific, broader competence research in veterinary nursing frequently highlights gaps in experiential readiness—a strong case for improved scenario-based and emergency-focused training frameworks BioMed Central +8 .

Summary & Takeaways

✅ **The literature supports:**

- 🚨 The efficacy of **high-fidelity simulations** in enhancing skills and confidence among vet nursing/tech students.
- 🌐 Integration of **emergency/disaster preparedness modules** into curricula offers significant benefits.
- 👥 Emotional and cognitive pressures induced by simulation are actually valuable—mimicking real emergency response and training resilience.

📌 **Main limitations:**

- Direct studies focusing *specifically* on veterinary-nursing student preparedness in **emergency-based scenarios are still quite limited**.
- Most research addresses veterinary students broadly, or is extrapolated from medical/nursing education.

Where to go from here?

- 🕐 **Curriculum developers** could adapt medical simulation frameworks (e.g., Advanced Life Support) to veterinary nursing.

- 📊 **Further research** could evaluate targeted emergency-based simulation modules specifically for veterinary nursing students to fill the current evidence gap.

Would you like the **full citations** or **access links** to any of these papers? Or perhaps help finding more recent or niche studies focusing on emergency technical training for veterinary nursing?

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Ask anything

+ ⇄ Tools 🎤 ⏺

ChatGPT can make mistakes. Check important info. See Cookie Preferences.

Additional Evidence:

Screenshots prompting Chat GPT to generate APA 7ᵗʰ edition references for two articles. As shown, the tool largely successfully generated references, however, they were double-checked against NCI APA 7ᵗʰ referencing guidelines.

can you create a reference for this page in apa 7th edition? https://eprints.whiterose.ac.uk/id/eprint/89572/3/LedgerDeveloping%20understandingofclinicalplacement.pdf

Here is the APA 7th edition reference for the ePrint you provided:

Ledger, A., & Kilminster, S. (2015). Developing understandings of clinical placement learning in three professions: Work that is critical to care. *Medical Teacher, 37*(4), 360–365. https://eprints.whiterose.ac.uk/id/eprint/89572/

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and this? https://www.kent.edu/community/what-experiential-learning-and-why-it-important

Here's the APA 7th edition reference for that Kent State University webpage:

Kent State University. (n.d.). *What is experiential learning and why is it important?* Community Engaged Learning. Retrieved July 6, 2025, from https://www.kent.edu/community/what-experiential-learning-and-why-it-important kent.edu +6

Beyond Ticking Boxes: A Narrative Exploration of the Placement Experiences of Veterinary Nurses and their Transition to Professional Practice

Laura Keyes

23100117

Centre for Education and Lifelong Learning

Master of Arts in Educational Practice

2025

National College of Ireland

Submission of Thesis and Dissertation

**National College of Ireland
Research Students Declaration Form
*(Thesis/Author Declaration Form)***

Name: Laura Keyes

Student Number: 23100117

Degree for which thesis is submitted: Master of Arts in Educational Practice

Title of Thesis: *Beyond Ticking Boxes: A Narrative Exploration of the Placement Experiences of Veterinary Nurses and their Transition to Professional Practice*

Date: 30/07/2025

Material submitted for award

A.I declare that this work submitted has been composed by myself.   X

B.I declare that all verbatim extracts contained in the thesis have been distinguished by quotation marks and the sources of information specifically acknowledged.   X

C.I agree to my thesis being deposited in the NCI Library online open access repository NORMA.   X

D. I declare that the following material contained in the thesis formed part of a submission for the award of Master of Arts in Educational Practice:
Some elements from Chapter 2 and Chapter 3 Modules:
Contextual Studies: CA2
Research Methods: CA 3   *X*

Signature of research student: *Laura Keyes*

Date:

Acknowledgements

I would like to take this opportunity to thank everyone who made this research study possible. First and foremost, I want to express sincere thanks to the participants who so generously gave their time and shared their experiences. Their honesty, patience and vulnerability were central to this research, and I'm deeply grateful for their contributions.

I also wish to thank my supervisor, Dr. Conor Mellon, for his guidance and patience – particularly after reading my earlier drafts and still choosing not to make a run for it. His support kept me grounded and helped me to keep moving forward. I would also like to express my gratitude to my lecturers for generously sharing their knowledge and advice. I would not be the teacher I am today without them.

To my family and friends, especially my partner and my dad - thank you for your constant encouragement and for talking me down when I was feeling overwhelmed. A special mention goes to my dog, Mícheál, whose inability to sit still for more than five minutes gave me the perfect excuse to step away from writing and clear my head with a walk.

I'm also grateful to my employer for the flexibility and understanding shown while I completed this dissertation.

Finally, I want to acknowledge my late mam. Her belief and pride in me meant more than she ever knew and continues to carry further than she probably realised.

Abstract

As part of their education, veterinary nursing students are required to undertake clinical placement as directed by the Veterinary Council of Ireland (2025). Placement involves applying theoretical knowledge to real-life situations, guided by the completion of veterinary nursing competencies. These competencies aim to prepare student veterinary nurses (SVNs) in developing the necessary skills required to perform their role in practice. Upon exploration of the literature, there appears to be a significant gap in research surrounding these experiences, particularly within an Irish context. Wider healthcare research reports a range of insights associated with placement, including emotional challenges, notions of preparedness and transitioning into professional roles. The aim of this study was therefore to explore the lived experiences of Irish veterinary nurses during clinical placements, and how these experiences impact the transition into professional practice upon graduation. This study took a Narrative Inquiry approach to gain depth and understanding of the topic. Following in-depth interviews of five participants, six major themes emerged – professional identity formation and transitions, experiential learning and competency development, emotional wellbeing, support networks and interpersonal dynamics, barriers in education and placement settings and lastly, reflections and advice for future student veterinary nurses. These expansive themes reveal the wealth of opportunities that effective placement offers, but also the challenges faced by student veterinary nurses surrounding placement experiences and transitions into practice. Despite these challenges, their honest accounts displayed a noteworthy sense of resilience, illustrating their ability to adapt to various situations. The study's recommendations outline multiple suggestions to improve these experiences, building on their strength, resilience and ultimate commitment to the profession.

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List of Abbreviations

VN	Veterinary Nurses
SVN	Student Veterinary Nurse
RVN	Registered Veterinary Nurse
VCI	Veterinary Council of Ireland
ACOVENE	Accreditation Committee for Veterinary Nurse Education
OSCE	Objective Structured Clinical Examination

Chapter 1: Introduction

1.1 Introduction

This chapter introduces the research study, briefly outlining the key elements which inspired it. Firstly, the background and rationale of this study are discussed, influenced by both my professional and personal experiences and interests. The next section explores the purpose and outcomes of the study where it is hoped that this analysis will inspire a discussion around educational and placement design, putting student wellbeing and resilience at the forefront of education. To briefly outline the methodological approach, the following section discusses the use of Narrative Inquiry in exploring the lived experiences of student veterinary nurses (SVNs) during clinical placement, and how these experiences have impacted their levels of preparedness for real-life practice as registered veterinary nurses (RVNs). Lastly, the structure of the dissertation is outlined, giving a brief overview of each chapter.

1.2 Background and Rationale

The motivation for this study initially began with a particular interest in veterinary nursing education, focusing on emotional wellbeing and mental health. This was primarily due to my experiences as an educator, practicing registered veterinary nurse (RVN) and former student veterinary nurse (SVN). As an educator, I encountered many students who expressed fears, anxieties and stress surrounding placement; how they would achieve their learning outcomes, complete assigned hours and notably, how it was impacting their emotional wellbeing. As a practicing RVN and former SVN, I could empathise with these students as I too had similar experiences during my own placements. These encounters provoked a sense of self-reflection and exploration of such issues, leading to this dissertation topic.

There are many course providers in Ireland offering veterinary nursing, with programmes ranging from a Level 6 to a Level 8. Each course is accredited by the Accreditation Committee of Veterinary Nurse Education (ACOVENE), and the Veterinary Council of Ireland (VCI), who both require a minimum number of clinical placement hours; ACOVENE (2023, p. 24) require a minimum of 500

hours, while the VCI (2025, p. 7) require at least 800 hours or preferably 1,000. From this information, it is vividly clear that clinical placement plays a fundamental role in the education and professional development of veterinary nurses (VNs). Clinical placements bridge the gap between theoretical knowledge and real-world practical skills (McLeod, 2024) and aim to produce competence, reflective and adaptable VNs who are ready to meet the demands of the industry of veterinary medicine (Royal College of Veterinary Surgeons, 2020). While placements are foundationally significant, they are often described as challenging, stressful and intense (Reynolds & Reynolds-Golding, 2023; Holt et al., 2024; Philippa et al., 2024). In particular, there appears to be a significant level of anxiety associated with these 'competencies' (Dunne et al., 2020), raising questions around preparedness and emotional wellbeing.

While the importance of clinical placement is widely recognised, the concept of preparedness is not clearly defined in the literature. As preparedness can hold different meanings for each individual (Barradell, 2022), it is difficult to standardise. Moreover, this lack of clarity complicates educational assessment and curriculum design (Caballero et al., 2011). While some studies have attempted to define (Aggar et al., 2018) or measure (Woods et al., 2015; McGarity et al., 2023), they highlight that perceptions of preparedness can vary from person to person. Acknowledging the ambiguity around definitions, this study seeks to explore how participants define and view their own levels of preparedness, both for placement and professional practice.

On initial exploration of literature relating to notions of preparedness, the topic of professional identity (PI) emerged as a key factor influencing nurses' levels of preparedness for clinical practice (Qin et al., 2024; Jiang et al., 2024). PI is closely linked to confidence and competence, beginning to form during education (Merlo et al., 2021). It is shaped significantly by factors such as mentorship (Mbalinda, 2023) and can determine the effectiveness and experiences of clinical placement (Yuan et al., 2025). Several frameworks have been developed to assess PI in nursing

students (Tchouaket et al., 2019) however, this topic deserved further exploration in this study, particularly in the context of veterinary nurses.

In exploring preparedness and PI, the topic of transitions also arose. The transition from student to professional registered veterinary nurse is complex and often an emotionally challenging time (Kreedi et al., 2022; Opoku et al., 2021). Periods of transition are often marked by feelings of anxiety and inadequacy (Graf et al., 2020), highlighted by experiences of transition shock which brings another set of mental challenges for students. Factors increasing the risk of transition shock include lack of preparedness and a perceived lack of knowledge (Ko & Kim, 2022; Kramer et al., 2013), leading into a cycle of intertwining themes. There is a significant gap in research relating to transitions and transition shock in student veterinary nurses, something that this study hopes to address.

At the forefront of these challenges and themes, emotional wellbeing emerges as a major component. In recent years, the mental health of Veterinary Industry Professionals has been openly discussed and explored (Pohl et al. 2022; O'Brien et al., 2022; Laura et al., 2024) with the consensus that mental health difficulties are prevalent in the population. Literature from the 'human nursing' world strongly suggests that professional preparedness begins during work experience (Milstein et al., 2023) and that self-confidence has a major role to play (Shahsavari et al., 2020).

Given how crucial clinical placements are to VNs' career progression and mental wellbeing, it is essential to explore their experiences and the transition to professional life. Although scarce, literature surrounding VN clinical placements does exist (Holt et al., 2024; Reynolds & Reynolds-Golding, 2023). However, not in Ireland. Literature based in the wider healthcare professions, such as nursing (Phillipa et al., 2024) and Veterinary Medicine (Dilly et al., 2016) may be applied, but again, literature based on placement experiences within these professions in Ireland does not seem to exist. This project therefore aims to bridge the gap between VNs and placement experiences within an Irish context, while also attempting to account for the complexity of these experiences and variables.

1.3 Aim and Research Questions

Throughout this study, I aim to develop a comprehensive and deep insight into the experiences of student veterinary nurses (SVNs) during their clinical placements, and how those experiences have impacted them for the future. The research question at the core of this study is as follows: How do clinical placement experiences impact the preparedness of student veterinary nurses for real-life practice? To answer this broad question, four sub-questions have been developed:

1. What challenges do VNs experience on clinical placement and how do they address these?

2. What opportunities for learning and development does clinical placement offer VNs?

3. What is the experience of VNs transitioning from third level education to professional practice?

4. For VNs, how does clinical placement specifically prepare them for professional practice?

By exploring these heavily interconnected areas, this study hopes to explore and discuss current veterinary nursing education with an emphasis on placement, providing insights that may inform future placement and educational design.

1.3.1 Purpose and significance

From a personal stance, my hope for this study is to challenge my own assumptions about placement and educational experiences. This study has been influenced by experiences garnered from my own story of studying to become a VN combined with my experiences as a VN educator. As a former student VN, I can vividly recall an all-consuming anxiety before placement, followed by a rather persistent sense of fear and self-doubt that accompanied me through my earlier placements. My worries centred around 'being in the way', not getting enough opportunities to complete tasks, and most importantly, not becoming competent fast enough. Although I experienced these negative emotions, I also felt an incredible sense of excitement and pride, nurtured by some noteworthy supportive teams of vets and nurses. From frequent interactions with peers, I soon realised that not everybody was getting the same placement experience. Some witnessed interpersonal conflict while

others struggled with their mental health or gaining opportunities to complete pre-assigned tasks. Overall, I had always assumed that every SVN experienced the same intense anxiety I did, and highly varied clinical placement experiences that we, as a class group, did.

At an institutional and professional level, the study aspires to illuminate the experiences of SVNs within the context of education. Working as a VN educator has highlighted some challenges faced by SVNs around placements and transitions into professional roles. During my time as an educator, I was often approached by students concerned about the pressures and anxieties related to both, such as achieving competencies and accessing support. This was echoed in my interactions with SVNs in practice where I was in a mentor role. There was always a heavy emphasis on mental health, which was heavily intertwined with placement experiences. Veterinary nursing is a difficult career, often marked by physical, mental and financial struggles (O'Brien et al., 2022). As a VN, I have had my own share of these struggles, as have most of my colleagues and close friends. While this may point to a wider issue rooted in how the profession is perceived and the culture of the industry, I believe institutions should focus more on mental wellbeing and resilience development. Introducing this from the very beginning could give students the tools to cope with these challenges later, helping keep VNs in a profession where they are so utterly vital. If this study introduces the concept of one small change in this sense, it could contribute towards a bigger initiation in solving some of these challenges.

1.4 Methodology

Aiming to explore such a deeply subjective topic, this study employs a Narrative Inquiry methodological approach, underpinned by an interpretivist paradigm. This paradigm looks at how individuals make sense of, or co-construct knowledge based on their experiences and interactions with the world around them (Riessman, 2008). Due to this perspective, an interpretivist stance was determined best for exploring the lived experiences of veterinary nurses during placement and their transition.

Similarly, Narrative Inquiry roots itself in the idea that people make sense of their experiences through storytelling (Clandanin & Connelly, 2000). This methodological approach was chosen for many reasons, including its ability to provide rich, meaningful data and also for its flexibility (Riessman, 2008). Ultimately, Narrative Inquiry was chosen as it facilitated a deep exploration of the experiences of the participants in this study, allowing me to delve into the multiple dimensions of clinical placement and transition periods.

To obtain such rich data, semi-structured interviews were carried out as they offer flexibility which facilitates in such (Riessman, 2008). Questions, mostly open-ended and including some probing questions, were developed from various elements identified in the literature, including challenges, professional identity and transition stages. In keeping with the methodological approach, a thematic narrative analysis is used to analyse the data, using a framework combining both Braun & Clarke's (2006) and Riessman's (2008) approaches. Riessman's (2008) approach was chosen as it emphasises how stories are told by highlighting the participants' underlying tones, emotions and other subjective contexts.

To address the trustworthiness of the study, several strategies were employed, as recommended by Abbasi et al. (2024). This involved member checking to validate interpretations (Birt et al., 2016), an audit trail to ensure dependability (Lincoln & Guba, 1982), reflexive journalling to catch any biases that arose, and the use of a literature review to address the transferability of the study (Drisko, 2025).

1.5 Structure of the Dissertation

This dissertation is divided into five chapters. Following this introductory chapter is the literature review. This second chapter explores and critically examines a range of literature in the form of research papers, policy documents and other relevant materials. This literature review explores concepts related to clinical placement, preparedness and transition theories. It also looks at key educational standards and factors affecting placement in emotional, educational and

environmental contexts. This chapter highlights gaps in the literature, drawing from wider healthcare professions such as nursing and radiography. Additionally, it highlights gaps in research relating to Irish veterinary nursing education. Chapter Three presents an in-depth exploration of Narrative Inquiry, the chosen methodological approach for this study. As discussed earlier, the rationale for this choice is outlined, along with key ethical considerations, participant selection strategy, semi-structured interview process and limitations. Chapter Four presents the findings, organised into six major themes using a combined framework from Braun & Clarke (2006) and Riessman (2008). Within each theme and topic, the findings are discussed in light of the relevant literature. The final chapter, Chapter Five draws a conclusion to the study, with the research questions addressed individually. The main findings are summarised and implications for education, my own practice and the profession of veterinary nursing outlined. It also discusses my own story, giving the study a deeper context and a reflective tone.

1.6 Conclusion

This chapter has provided an introduction to the research study to explore the lived experiences of student veterinary nurses on placement and the impact of these experiences on their readiness for practice. It has outlined why this topic was chosen, discussing the background to the research including the researchers' own story. It outlined its' hopes for the study and briefly described its' methodological approach. Lastly, it provides a brief outline of the chapters and layout of this dissertation to inform the reader of what follows. The following chapter explores and critically evaluates literature relating to the study.

Chapter 2: Literature Review

2.1 Introduction

This chapter explores the existing literature relevant to the experiences of student veterinary nurses (SVNs) on clinical placement. As veterinary nursing (VN) education continues to evolve, clinical placements continue to serve as a bridge between theoretical and practical learning. Beginning by contextualising clinical placement, the historical and theoretical foundations of veterinary nursing and placement are explored, drawing on key theories by Kolb, Dewey and Vygotsky. Following this, concepts such as preparedness and transition are discussed, along with the notion of professional identity. The impact of these ideas on SVNs' experiences are explored, both during placement and during the transition to qualified, or registered veterinary nurse (RVN). Key standards of veterinary education-both national and international- are reviewed to give a concise, yet comprehensive overview of the existing frameworks within VN education must operate. Lastly, this chapter describes the many factors that impact experiences of placement, including educational, environmental and emotional elements. The literature explored in this chapter aims to contextualise this study, giving light to how the methodological approach is shaped, particularly in designing interview questions.

2.2 Contextualising Clinical Placement in Veterinary Nursing

This section gives a background on Veterinary Nursing as a profession, along with the theoretical foundations on which the concept of clinical placement is built. It discusses the origins of the profession and how it has developed over time.

2.2.1 Historical and Theoretical Foundations

Veterinary nursing developed from an assistive role to the Veterinarian in the form of an 'Animal Nursing Auxillary' (RCVS Knowledge, n.d.), becoming a recognised profession and protected title in Ireland in 2008 (VCI, 2021). The Veterinary Council of Ireland (VCI) is an independent statutory body developed under the Veterinary Practice Act (VPA) 2005 who regulates both Veterinarian and Veterinary Nurse (VN) professions (VCI, 2025).

Clinical placements are an important part of veterinary nursing training and are designed to combine both theoretical knowledge with practical skills in 'real-world' settings. Before clinical placement, veterinary nurses typically completed their training via apprenticeships, which still exist in some countries (CAW, n.d.). This then developed into structured clinical placements within educational institutions to standardise competencies. This shift was shaped by theorists such as Dewey, Kolb and Vygotsky. Dewey theorised that experiential learning fosters deeper understanding through engagement with real-world contexts and social interaction (Beard, 2018). Vygotsky's sociocultural theory further highlights the role of guided learning within the 'zone of proximal development', where mentorship facilitates students in bridging the gap between theory and practice (McLeod, 2024). Kolb's experiential learning theory conceptualises learning as a cyclical process, foundational to placement. Aspects of this cycle are essential to progressing and include active experimentation, concrete experience, abstract conceptualisation and reflection, which serves as a critical component throughout (McLeod, 2024). The literature suggests that the reflective learning process is considered highly valuable in healthcare professions and is widely used throughout ones' career span to improve both competencies and personal growth (Toktam et al., 2023). Clinical placements continue to be a major component of veterinary nursing education, producing competent, reflective, and adaptable professionals ready to meet the dynamic demands of veterinary practice (Royal College of Veterinary Surgeons, 2020). The experiential learning cycle is determined to be of significant influence within this study, providing a solid foundation on which interview questions are built on.

2.3 Preparing Students for Placement and Practice

This section explores the existing theories around preparedness and transition as it applies to student veterinary nurses moving into clinical placement and subsequently, into practice as new graduates. It also examines how professional identity is intertwined through students' journeys.

2.3.1 Preparedness and Work Readiness

The transition from student to professional veterinary nurse is a critical phase that requires thorough preparation. In the literature, the terms 'preparedness' and 'work readiness' appear to be used interchangeably, yet there is no fixed or transferable definition of preparedness. Barradell (2022) highlights that this ambiguity 'creates misunderstanding' as preparedness can hold different meanings for each individual. Preparedness can also change over time, depending on personal experiences, learning opportunities and support structures. The term 'work readiness' seems to be more commonly used in the context of graduate hiring, human resources and the business industry. Similarly, there appears to be no set definition, lacking clear and inconsistent indicators (Caballero et al., 2011). This lack of clarity presents a challenge to educational design and assessments, making it difficult to develop a sense of reliability in student outcomes (Caballero et al., 2011).

Some studies have attempted to clarify the notion of preparedness within healthcare education. For example, Aggar et al (2018) defined 'clinical preparedness' as the ability of nursing students to prioritise and deliver safe, high-quality care, but could not give a clear definition for professional preparedness. Other studies by-passed definition-seeking and aimed to assess self-reported levels of preparedness within the nursing profession. A study by Woods et al. (2015) employed a quantitative survey method to determine self-reported levels of preparedness in student nurses, while McGarity et al. (2023) took a qualitative approach to the same parameters in new graduate nurses. Both studies found that levels of preparedness can vary, depending on factors like practical experience, competence, emotional intelligence and even age. Each perspective opposes each other from a methodological stance (one being quantitative and the other, subjective),

further complicating attempts in defining and measuring preparedness. Keeping both perspectives in mind, this study aims to understand participants' self-perceived levels of preparedness (for both placement and practice), while also exploring their personal definitions of such.

### 2.3.2 The Role of Professional Identity in Preparedness

Professional Identity has been established as a significant factor influencing the preparedness of nurses for clinical practice (Qin et al., 2024; Jiang et al., 2024). Professional Identity (PI) is defined in nursing as a "sense of oneself...influenced by...values of the nursing discipline, resulting in an individual thinking, acting and feeling like a nurse" (Mbalinda et al., 2023). The wider literature highlights a strong correlation between PI and preparedness (Merlo et al., 2021; Qin et al., 2024), with those reporting a strong sense of PI also demonstrating confidence in their 'perceived professional readiness' (Qin et al., 2024). Factors common to both PI and preparedness centre around confidence and competence. Of course, self-confidence impacts ones' sense of competence (Dunne et al., 2020) and thus, a multi-factorial cycle is created.

PI development begins during education (Merlo et al., 2021), a time where PI development is highly influential (Secil et al., 2021). This is particularly true in relation to clinical placement. A study by Mbalinda et al. (2023) found that nursing students felt that their PI was negatively affected by inadequate clinical mentorships, bringing the concept of support and interprofessional relationships into question. Another author (Yuan et al., 2025) found that PI had an influence on the experience and effectiveness of clinical learning environments.

PI frameworks do exist within nursing literature and are being updated continuously, such as the Professional Identity in Nursing Scale (PINS) (Landis et al., 2024). Another framework in the form of a questionnaire was developed by Tchouaket et al (2019). This questionnaire was developed from a theoretical framework (fig. 1) to measure nursing students' sense of professional identity.

Figure 1

Professional Identity Theoretical Framework (Tchouaket et al., 2019)
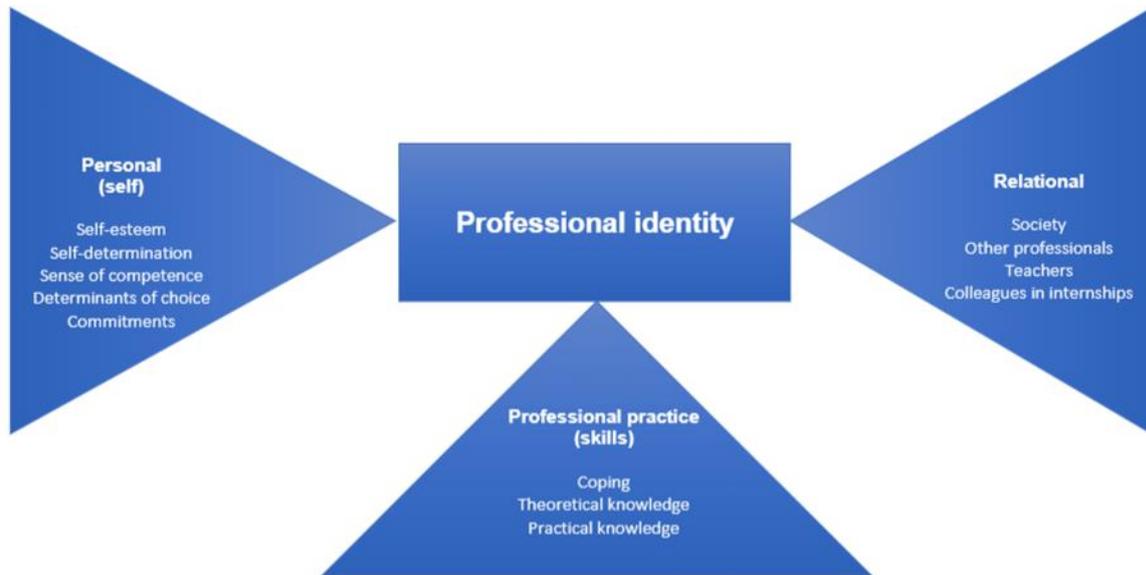
The authors conceptualise professional identity as having three key components; personal identity, relational identity and professional practice. The personal component consists of questions relating to self-esteem, determination, sense of competence and commitment. The relational identity component looks at the participants relationships with society, other health professionals, teachers and colleagues throughout their education. Finally, the professional practice component aims to determine the coping skills of participants along with theoretical and practical knowledge mastery. As a framework, one can appreciate the broad range it covers, and although it was developed for nursing students in Quebec, it can arguably be easily applied to VNs. Using this framework as a guide, this study hopes to shed some light on the topic of PI within a veterinary nursing context.

2.4 Conceptualising Transition

This section examines the concept of 'transitions' in the context of student VNs. Transition is defined by Collins' Dictionary (HarperCollins Publishers, n.d.) as "the process in which something changes from one state to another." In a professional context, it is the process of changing identities,

roles and levels of knowledge within a new setting or environment (Fenwick, 2013). The wider healthcare literature discusses many factors that affect the transition from student to professional, such as confidence and competency levels, and are deeply characterised by periods of stress and anxiety (Kreedi et al., 2022; Opoku et al., 2021). To understand transition periods, this section will first discuss theories of such and transition shock, applying each to the context of student VNs.

2.4.1 Transition Theories

Transition theories explore how individuals adapt to changes in their personal and professional lives (Schlossberg, 1981). For student VNs, the shift from academic learning to clinical placements - and eventually to professional practice - represents a significant transition. There are many theoretical models that illustrate this transition, with each one offering a different perspective on the process. The most cited transition theories are those produced by Benner (1984), Bridges (1991), Schlossberg (1981) and Duchscher (2008).

Based off Dreyfus' skills acquisition model (1980), Benner's (1984) 'Novice to Expert' model describes the developmental stages of clinical competence over time. While originally produced with human nursing students in mind, it is highly relevant to student VNs due to its emphasis on the gradual competency development and confidence, among others. However, as veterinary nursing is a short-term profession for many (lasting 2-5 years) (IVNA, 2023), this model may not be universally applicable.

Another useful framework is Bridges' (1991) Transition Model, which describes transition as a linear process, much like Benner's (Graf et al., 2020). It adds a more psychological and emotional perspective, somewhat linking the stages of grief (Leybourne, 2016) within its' three phases: Ending, Losing and Letting Go, The Neutral Zone and The New Beginning. This approach may not be detailed enough to capture the levels of competence and other non-psychological factors at play. However, it

does highlight the importance of gradual exposure, emotional safety and identity development within transitioning, something that is highly relevant to student VNs.

Notably, Schlossberg (1981) created one of the most widely recognized frameworks for understanding transitions, focusing on ways to understanding and navigating change in adult life. This model identifies three key aspects of a transition: the type (anticipated, unanticipated, or non-event), the context (personal or environmental factors), and the impact on an individual's life (Schlossberg, 2011). From this, Schlossberg (2011) introduces four factors influencing how well an individual copes with transition labelled the '4 S's'; Situation, Self, Support and Strategies. For student VNs, factors such as available support (Phillippa et al., 2024; Dilly et al., 2016), resilience (Holt et al., 2024; Reynolds & Reynolds-Golding, 2023) and reflective practice (Berglund et al., 2022) all align closely with the '4 S's'. By applying this model, educational institutions can tailor support systems to address students' specific needs, helping them build resilience and confidence in clinical placements. It can also impact the way placement providers engage with students.

Duchscher (2008) developed a model titled 'Process of Becoming' which describes the transition of nursing students into a professional role. While this is focused on nursing, it is significantly applicable to student VNs in a similar sense. Duchscher's model outlines three stages of 'Doing', 'Being' and 'Knowing' (fig. 2).

Figure 2

Duchscher's Stages of Transition (Murray et al., 2019)
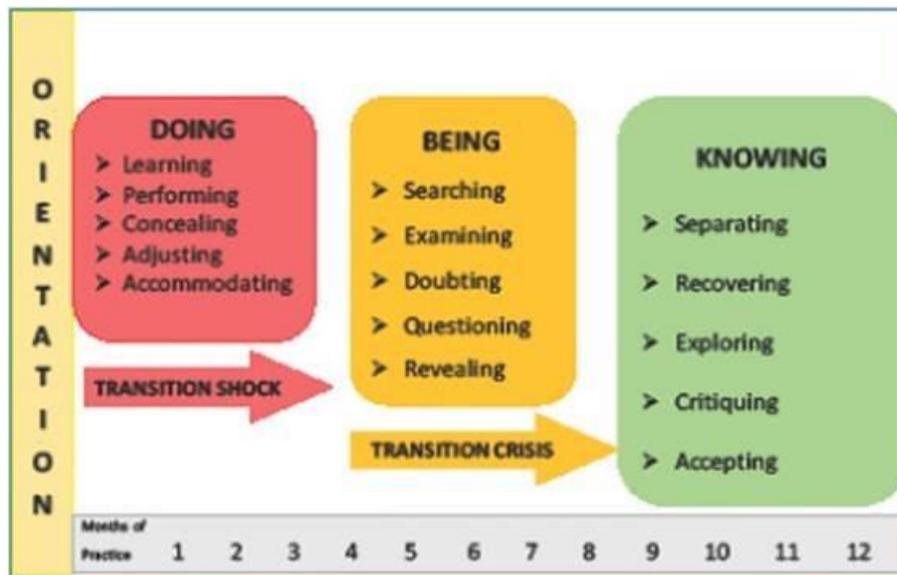
The first stage (lasting 1-4 months), 'Doing', incorporates 'transition shock' (discussed in a future section), learning and adjusting. Student VNs often experience overwhelm in the transition period and this has been seen in new graduate nurses, along with an altered sense of expectations and the concept of 'sink or swim' (Phillippa et al., 2024). New graduates also commonly struggle with confidence in this phase and are typically tunnel-focused on their skillset and abilities (Graf et al., 2020).

The second stage (4-8 months), 'Being', sees the new graduate begin to develop a sense of identity through gaining independence and understanding their role within the team (Murray et al., 2019). During this phase, new graduates begin to feel more at ease, showing independence and comfort in asking questions (Duchscher, 2008). This is the stage when new graduates can begin focusing on their personal lives again, as their life is no longer consumed by the initial stage (Duchscher, 2008; Graf et al., 2020).

The final stage (8+ months), 'Knowing' is when the new graduate has a better understanding of the environment they are working in, and no longer possesses feelings of inadequacy (Graf et al.,

2020). Confidence is continuing to build however, new graduates may develop a dislike towards elements of their work, such as shift work (Graf et al., 2020).

Duchscher's model highlights the cognitive and emotional shifts new graduate nurses experience during their transition to clinical practice. While these stages are all-encompassing and illustrate the transition well, the timeline for each has the potential to vary and is not a one-size-fits-all. Keeping this in mind, one can take certain elements from this model and apply to student VNs such as transition shock and building confidence.

Overall, the transition models discussed offer valuable insights into the process and experience of transitions for student veterinary nurses to new graduates and beyond. While each framework provides a unique perspective, this study aims to use Duchscher's (2008) model as a point of reference in examining the transition of student VNs to qualified VNs due to its' holistic and all-encompassing perspective.

2.4.2 Transition Shock

The theory of 'transition shock' (Duchscher, 2008) or 'environmental reality shock' has been well documented in healthcare (Ko & Kim, 2022; Kramer et al., 2013). It essentially explains the emotional shock students feel upon leaving education and entering the professional workplace and appears to be an almost 'normal' experience that every nurse must go through (Atta et al., 2024). A major theme relating to transition shock is the lack of feeling prepared and a perceived lack of knowledge (Ko & Kim, 2022; Kramer et al., 2013).

Kramer (1974) introduced the term "reality shock" and developed a transition shock model in the context of new graduate nurses entering the workforce. Kramer's model essentially highlights the stress and anxiety that can arise when expectations do not align with reality (Kramer, 1974; Sparacino, 2016). There are 4 phases of transition shock:

- **Honeymoon:** new graduates enter the honeymoon phase and are optimistic about their chosen career. They get a sense of euphoria and have idealistic expectations (Sparacino, 2016). This phase ends abruptly, leading into shock.

- **Shock:** new graduates lose their sense of familiarity and realise that reality looks different to what they expected, resulting in doubt, shock, rejection, anxiety and even anger (Sparacino, 2016).

- **Recovery:** this phase sees nurses begin to adjust to their environment and develop coping mechanisms (Kramer, 1974).

- **Resolution:** nurses fully adjust to their reality and adapt to their roles. This can result in becoming committed to, or leaving the profession (Kramer, 1974).

Because of its' simplicity and linear structure, Kramer's transition shock model is highly applicable to VNs and may help support systems such as mentors and supervisors understand and mitigate this shock. In the context of this study, it serves as a reference point in developing questions for participants and validates the need for not just a competency-focused study, but one that incorporates an emotional element also.

Exploring the direct impact of transition shock on new graduates is essential to determine the potential mitigation factors. The most substantial impact of transition shock on a new graduate nurse is emotional distress. This may be in the form of anxiety, stress, feelings of inadequacy and insecurity (Duchscher, 2009). Because of this, new graduates are likely to make errors, change jobs or leave their profession, resulting in a spiral of self-doubt and low confidence (Sparacino, 2016). To mitigate this, some suggestions have been made from researchers. Duchscher (2009) discussed the need for preparation of students by their education provider, incorporating a theory-based curricula around preparation and integration into an ever-changing profession. To explore this in my study, I anticipate the development of questions around preparation and support provided by education providers before and during transition phases.

'System thinking' is a problem-solving strategy involving "understanding the intricate interconnectedness and mutual influences within a broader framework" (Esteron et al., 2025). In simple terms, it encourages one to think about the 'problem' in a wider context and consider other factors at play. In nursing, it encourages one to approach the nursing process and treat each patient in a holistic and comprehensive way, rather than isolating various factors or components of their care (Esteron et al., 2025). Atta et al. (2024) found that system thinking had a positive association with competence in nurses and helped to "buffer" transition shock. From this, they suggested that this method be emphasised in nurse education and should be given more attention. Again, this study hopes to be mindful of this strategy when interviewing participants, potentially incorporating probing questions to explore this further.

To summarise, transition shock is a common experience for new graduate nurses, often leading to emotional distress and even career abandonment. Integrating structured support systems, such as thorough preparation and system thinking, into nursing education and practice may help mitigate its effects and improve both nurse retention and patient care. There appears to be a lack of literature surrounding transition shock in VN students although again, these points can be applied effectively to their situation and suggest a requirement for more research in this area.

2.5 Key Standards in Veterinary Clinical Education

This section explores the key standards in VN education, delving into the policies, procedures and requirements of such with a particular focus on clinical placement. To give some background context, the standards for clinical placement within VN programmes in Ireland are set out by both the Veterinary Council of Ireland (VCI) and the Accreditation Committee for Veterinary Nurse Education (ACOVENE). Under the Veterinary Practice Act 2005, the VCI is responsible for accrediting further and higher education programmes in veterinary medicine and nursing in Ireland and reviewing these programmes on a regular basis to ensure high educational standards (VCI, n.d.; Veterinary Practice Act, 2005). These standards are designed to align with both national and European requirements, in the case of veterinary nursing education. Not only does this enhance

standards of veterinary care and education across Ireland, but also internationally. It also gives VNs opportunities to travel and work abroad if they wish.

2.5.1 Competency Requirements

The Veterinary Council of Ireland (VCI) (2025) adopt competency requirements from the Accreditation Committee for Veterinary Nurse Education (ACOVENE) (2021). The ACOVENE's 'Accreditation Policies and Procedures' (2021) document outlines the required standards for veterinary nursing education to ensure high quality education and effective assessment of student competencies. ACOVENE regularly update this document and have recently integrated evidence-based practice and inclusivity, among others (ACOVENE, 2021). Previously, a traditional 'skills list' was employed by ACOVENE which has now been updated and shifted towards outcome-based competencies. This policy, or document is known as the 'Dossier of Competencies' (ACOVENE, 2021). There are currently 13 'European Competencies', all of which must be achieved (ACOVENE, 2023, p.24). To evaluate these competencies effectively, ACOVENE (2023, p. 27) requires that "at least one summative assessment must be in the form of an Objective Structured Clinical Examination (OSCE)".

A competency is a complex concept and not just a 'technical proficiency'. ACOVENE (2021, p. 3) describes it as the ability to effectively apply "knowledge with confidence and adaptability in diverse contexts and unforeseen scenarios". These competencies, also known as 'Day One' competencies, are expected to be achieved by veterinary nurses, resulting in a "capability and confidence to independently practice...at a primary care level" and ability to "judge when it is appropriate to seek assistance from more experienced colleagues" (ACOVENE, 2021, p. 3). The 'Dossier of Competencies' by ACOVENE (2021) lists 13 core competencies, ranging from health and safety standards and performing tasks such as laboratory tests and anaesthesia monitoring, to developing working relationships.

2.5.2 Clinical Placement Requirements

Clinical placement requirements are also outlined in ACOVENEs accreditation policies and procedures document to compliment competence requirements; however, the number of hours

required differ to that required by the VCI. ACOVENE require a minimum of 500 hours of "supervised practical experience in veterinary practice" (ACOVENE, 2023, p.24) with records and evidence of assessments and feedback. Comparatively, the VCI (2025) require "at least 800 hours but preferably 1000" (Veterinary Council of Ireland, 2025, p.7).

From course information pages, one can gauge how many hours in total are required for placement needs. In University College Dublin (UCD), students are expected to gain a total of over 1,000 hours on placement over four years (UCD, n.d.). It is important to note however, that UCD have an on-campus referral teaching veterinary hospital in which students are placed for various rotations. Contrary to this, Cork College of FET (CCFET) require one day per week and four block weeks of "experience" in first year, and two days per week and three block weeks in second year (Cork College of FET, Douglas Street Campus, n.d.). One can estimate that these hours total to significantly less than those achieved in UCD however, it must be noted that this course in CCFET is a two-year intensive course. Other courses placement hour requirements are as follows:

- Dundalk Institute of Technology (DKIT): 1000 hours over three years (DKIT, n.d.)

- Technological University of the Shannon (TUS): 30 weeks over three years (TUS, n.d.)

- Atlantic Technological University (ATU): unspecified hours, over three years (ATU, n.d.)

- Munster Technological University (MTU): unspecified hours, over second and third year (MTU, n.d.).

Of course, Universities are also required to incorporate placement hours and assessments of such into their own curricula to align with awarding bodies such as Quality and Qualifications Ireland (QQI).

2.5.3 Standards in other countries

Training requirements in countries such as the UK and the USA differ from Ireland. The UK are renowned for their progression within veterinary medicine and have reflected this within their training. The Royal College of Veterinary Surgeons (RCVS), who are responsible for accrediting and

regulating the veterinary profession in the UK, mandates a minimum of 1,800 hours of clinical placement for VN students, over three times more than in Ireland (RCVS, n.d.).

In contrast, the USA has 'veterinary technicians', whose education is overseen by the American Veterinary Medical Association (AVMA). AVMA-accredited programmes usually require a two-year associate degree, which includes a minimum of 240 hours of clinical experience in various veterinary settings (AVMA, 2024). The emphasis in the USA is more on academic coursework, with clinical hours being significantly fewer than in the UK and Ireland.

To summarise, clinical placements play a pivotal role in veterinary nursing education in Ireland, building on frameworks such as Kolb's Experiential Learning Theory. The VCI and ACOVENE establish and uphold rigorous standards for clinical education, ensuring graduates possess the competencies necessary for effective, adaptable practice in diverse settings. This study aims to explore these competencies in light of this literature, centring some questions around the topics of task lists and relating these back to feelings of preparedness.

2.6 Clinical Placement Experiences and Factors Affecting

While the broader topic of veterinary nursing education is important foundationally, delving into these experiences is essential in addressing the research question. To provide a comprehensive overview of these experiences, the factors affecting such are explored. Clinical placement experiences are often described as both challenging and transformative by students across wider healthcare disciplines, including nursing (Costa et al., 2023), veterinary medicine (Dilly et al., 2016) and radiography (Chinene, 2023). While clinical placements provide opportunities for skill development, they are also associated with high levels of anxiety, stress, uncertainty and general emotional strain (Reynolds & Reynolds-Golding, 2023; Holt et al., 2024; Philippa et al., 2024). From analysis of the literature, there are many variables that affect clinical placement experiences and evidently impact the transition to professional practice. This section will discuss those variables, educational and environmental, followed by emotional factors. It is important to keep in mind the core competencies, as they are intertwined with clinical placement tasks and aims.

2.6.1 Educational Factors

Educational factors of course vary from one institute to another with each having a profound impact on clinical placement experiences. Essentially, educational factors come down to the idea of the 'preparedness' of students for clinical placement. A strong foundation starts with curriculum design rooted in theory, as both are an important starting point for VN students. This is because they can encourage a growth mindset from the beginning (Armitage-Chan, 2019). It is essential for each course to structure the curriculum in such a way that brings together theory and practical (competency) components. However, issues such as engagement can surface within classes due to numbers of students or content. To tackle these, some course providers have created various tactics. For example, Dunne (2015) employed the use of customised video clips to aid in teaching methods and found them to be a valuable tool. Teaching methods are one factor to be considered.

Additionally, Vivian et al. (2023) found that levels of preparedness in VNs differed between various training routes and qualification levels. Degree respondents felt more prepared 'on the whole' as opposed to diploma students. This is likely due to the duration of the training (degree being longer than diploma) and other potential educational factors, such as available support. As this study was conducted in the UK, it is not reflective of Irish veterinary nurses. However, it would be of interest to gauge the difference in results, should this study be completed in Ireland.

Other factors include assessment strategies. Most courses take a similar approach in their assessment techniques such as Objective Subjective Clinical Examinations (OSCEs) as discussed in the previous section. However, OSCEs are not typically completed until the final one to two years of training in Ireland (CCFET, n.d., UCD, n.d., TUS, n.d., DKIT, n.d., ATU, n.d.). Other 'low-stakes' assessments throughout earlier phases of training are likely to encourage a strong foundation of theoretical knowledge, provide student progress information and prepare students for future assessments (Thomas et al., 2018).

Access to resources prior to clinical placement such as equipment, well-equipped labs and instructional materials all are effective in supporting learning. The concept of a 'clinical skills lab (CSL)' or 'centre' is becoming more popular as it facilitates and caters for simulation-based training, self-directed learning (under supervision of course) and encourages familiarity with equipment. While there appears to be a lack of literature discussing CSLs withing vet nursing, their advantages are highly regarded within wider healthcare professions. In veterinary medicine training, CSLs have been shown to deepen understanding and positively impact students (Celik et a., 2023) however, in a study involving human medicine students, some issues emerged. Abraham & Singaram (2024) discuss the benefits of CSLs but also the challenges such as time allocation for each student, supervision and fostering trust between students and faculty. Most training courses possess a clinical simulation environment set up in Ireland with UCDs being most popular. Titled the 'Clinical Skills Centre', UCD have set up this 'lab' separate from classrooms to cater for practical classes, individual and group practice sessions and self-directed learning (UCD, n.d.). Notably, UCD also have an online portal for students to access instructional videos on how to complete various tasks. Similarly, DKIT's Dr. Karen Dunne (Lecturer in Veterinary Nursing & Programme Director) has created an online platform for VN students with quality instructional videos (Vet Nursing Online, n.d.). Unfortunately, other course providers within Ireland do not advertise CSL facilities however, that is not to say that they do not exist.

Many other educational factors impact students' clinical placement experiences and are not limited to the above. The variation and diversity in educational factors provoke this study to explore such topics with participants, encouraging open dialogue to determine other emerging factors.

2.6.2 Placement Setting Factors

Placement settings are unique and differ for each student. A supportive clinical learning environment (CLE) is crucial for building practical and professional skills. In human healthcare, placements are typically carried out within HSE hospitals and practices, giving the opportunity for standardisation in protocols. Unfortunately, this is not always the case within veterinary nursing. As the veterinary sector is a private one, students usually choose their own placement settings which must be pre-approved based on facilities and staff availability. Many factors can affect the students' experience. Firstly, a sense of belonging and organisational membership is an important starting point for VNs to feel included and accepted, which appears to be the consensus for students as studied by Holt et al. (2024). This study also showed that most student VNs were happy with the level of 'inventory' supplied during CLE. This included supervisor support, engagement and a strong pedagogical atmosphere. However, it is important to note that this study was completed in the UK and country differences vary greatly. For example, a study by Costa et al. (2023) looking at the experiences of student nurses on ICU placement in Saudi Arabia found that students felt an overall negative experience due to lack of support and opportunities.

In nursing, Finlayson et al (2015) also reiterated the point of belonging, but also the importance of interpersonal professional relationships. Students require quality supervision, effective mentorship and exposure to a variety of clinical situations to enhance their experiences of placement. These will have a positive effect on the development of clinical reasoning skills along with the ability to apply knowledge, as demonstrated in veterinary medicine students (Routh et al., 2023). Finally, an all-importance and obvious factor to consider in placement settings is financial constraints for students. This has been a topic of controversy in recent years for human nursing students, with the Irish Nurses and Midwives Organisation (INMO) introducing allowances for students on unpaid placements (INMO, n.d.). This is an area that has not been researched thoroughly in VN students though one can apply the similarities. Lea & Cruickshank (2015) discussed

issues student nurses often face, particularly within the ever-increasing cost of living. Of course, financial burden would have a profound impact on unpaid placement experiences, especially for those with financial and employment obligations outside studies (Lea & Cruickshank, 2015). Addressing these factors is essential for optimizing the clinical education of veterinary nursing students and will be explored in this study through open questions and emerging themes.

2.6.3 Psychological & Emotional Factors

Unfortunately, mental health issues are prevalent among those who choose to work in the veterinary industry. A survey conducted on behalf of the VCI by O'Brien et al. (2022) found that Irish VNs reported feeling stressed more often than veterinary surgeons. It highlighted issues affecting mental health such as salary, working hours and conditions. In light of this study by O'Brien et al. (2022), it is difficult to disregard this topic, which aims to be addressed through this section and within this study.

Firstly, it is important to look at the personal attributes and skills possessed by VN students separately from emotional factors. The study previously mentioned by Holt et al. (2024) surveyed 171 VN students on multiple factors to assess satisfaction of CLE. Various models to assess skills were employed, such as self-reported personality traits, resilience scales, and Depression Anxiety Stress Scale (DASS). From this, the most reported personality trait was 'conscientiousness' and most respondents scored 56% in the resilience scale, indicating a 'normal' level. As discussed by Dunne et al. (2017), motivation and intrinsic desire are major attributes in Irish VN students that start out strong but can unfortunately be negatively impacted by poor pay and working conditions.

Adaptability is a critical skill for VN students on placement, as it enables them to manage diverse scenarios, integrate into different team dynamics, and respond effectively to unexpected challenges. Adaptable students are better equipped to apply theoretical knowledge to real-world settings, enhancing their learning and professional competence (Holt et al., 2024). Developing this

skill also prepares them for the dynamic and fast-paced nature of veterinary practice (Routh et al., 2023).

Emotional and psychological factors including stress, burnout and confidence all impact VN students CLE. Reynolds and Reynolds-Golding (2023) found that VN students experienced many positive emotions before and during placement, such as happiness and excitement. However, the top three negative emotions experienced were sadness, anxiety and stress. Students reported feeling unprepared for the emotional impact placement would have on them and that interventions to counteract these impacts helped to significantly increase satisfaction of CLE. Dilly et al. (2016) discovered multiple themes when surveying veterinary students on placement. Burnout and stress levels were high, with students showing desire for more support within placement. Students also highlighted the link between competencies and confidence, citing that feeling more competent would help improve confidence and overall experience.

In summary, the psychological, emotional, and personal factors impacting VN students on placement are intricately connected, emphasizing the need for targeted support systems to foster resilience, adaptability, and confidence within the clinical learning environment. These factors and more that may emerge will be explored in this study.

2.7 Conclusion

This chapter explored the literature that reveals clinical placement as a formative and significantly influential experience in a veterinary nurse's educational journey. It is deeply intertwined with preparedness, emotional wellbeing and professional identity development. While frameworks and key standards ensure foundational knowledge and skills, each student's experience can vary greatly due to educational, environmental and emotional factors. Theories of transition and experiential learning offer insights into how students not only learn during placement and practice, but also how they adapt and navigate the transition from student to registered veterinary nurse. This literature review has highlighted a gap in the research specific to Irish student veterinary nurses

and their experiences around placement and transitions. The literature explored in this chapter

inform the study design and methodological approach, which are presented in the following chapter.

Chapter 3: Methodology

3.1 Introduction

The purpose of this chapter is to outline and explore the design, rationale and relevant research methods used in this study, which focuses on the experiences of veterinary nurses during their clinical placements and subsequent transitions into professional practice. Beginning with the research paradigm, this chapter details the philosophical underpinnings of the study, including its interpretivist stance. It covers how narrative inquiry aligns with this, covering both the ontological and epistemological stances. Following this, the research strategy is discussed, along with participant recruitment, data collection and analysis frameworks. This chapter also addresses the key ethical considerations and strategies to ensure quality and validity of data and findings. Some limitation factors are explored, acknowledging that qualitative research methods bring their own set of challenges. Overall, this chapter aims to explain how the research was conducted, from study design to data analysis.

3.2 Research Paradigm & Philosophical Underpinning

A research paradigm is an intertwined network of ideas and concepts, "made up of the general theoretical assumptions and laws" which guide the researcher (Chalmers, 1982 cited by Shah & Al-Bargi, 2013, p. 253). This study focuses on the experiences of veterinary nurses (VNs) on placement and their transition into professional practice. Given the complex and varied nature of these experiences, an interpretivist paradigm was considered appropriate This paradigm is grounded in the belief that individuals make sense, or co-construct knowledge based on their experiences and interactions with the world around them (Riessman, 2008). As a philosophical approach, Interpretivism emphasizes the importance of understanding the world from the perspectives of those experiencing it. It essentially is anti-positivist, in that it rejects the idea that reality is objective. Instead, it proposes that reality is a subjective and socially constructed idea, varying greatly in context and between individuals (Wei, 2023).

The ontological stance within interpretivism is often referred to as 'relativism' and essentially looks at how reality is constructed by individuals themselves, depending on the context (Crotty, 1998; cited by Scotland, 2012). In the context of this study, each participant's experience of clinical placement and transition into professional practice is unique and shaped by many varying factors. These realities are accessed through narratives, or stories, which are both the phenomenon and the method of inquiry.

While ontology is the study of 'being', epistemology is concerned with how knowledge is "created, acquired and communicated, in other words what it means to know" (Scotland, 2012, p. 9). In an interpretivist context, knowledge is co-created through dynamic interactions between researcher and participant. This approach emphasises the understanding that is developed through a collaborative process, where meaning is made through shared reflections and interpretations of answered subjective questions (Shah & Al-Bargi, 2013). In this study, the narratives of veterinary nurses are not just reports of events, but are active co-constructions of meaning, shaped through dialogue between both the interviewer and participant. This approach understands the importance of context and that meaning is context-dependent which aligns well with the complex and varying nature of experiences of this profession and professional transition (Clandinin & Connelly, 2000).

In conducting this research, my own positionality as a veterinary nurse, teacher and previous placement supervisor played a crucial role. My prior experiences allowed me to engage more deeply with participants' and their stories, providing a unique perspective in which I could interpret their narratives. Because of my background, I was able to connect with participants on a professional level, which created a more open and trusting dialogue and interview process. To manage the potential for bias – which will be discussed in a later section – I maintained a reflexive diary throughout the process. This diary captured my thoughts, assumptions and emotional responses as they came up. This reflexivity not only added another perspective, but it also enriched the data.

In summary, the choice of an interpretivist paradigm and narrative approach reflects a commitment to capturing and telling the stories - or subjective realities- of veterinary nurses, while also recognising the complexities of their professional experiences.

3.3 Research strategy

Initially, an Interpretive Phenomenological Analysis (IPA) approach was considered suitable for this research as it looks at the perception of one's interpretation of an event and offers rich data (Ungvarsky, 2024). This approach is commonly employed within clinical education research, such as medicine, nursing and other healthcare-related disciplines Ko & Kim, 2022; Costa et al., 2023). However, as this study sought to explore stories and narratives rather than clinical placement as a singular event, a narrative approach was chosen. On further reading and consideration, Narrative Inquiry appeared to be the most fitting methodological approach, as it provides rich, meaningful data through storytelling (Riessman, 2008). This approach aligns closely with the interpretivist paradigm, emphasizing the importance of understanding lived experiences.

Narrative Inquiry is rooted in the idea that people give meaning to and make sense of their experiences or lives through storytelling. As Clandanin and Connelly (2000) highlight, people live 'storied lives' and narrate their lives in a way that makes sense to them, which in turn, helps them to make sense of those experiences. This is particularly relevant in the context of veterinary nursing students, where individuals often face significant professional and personal challenges during experiential learning phases such as clinical placements. These experiences are not just simple, technical learning opportunities. They are complex, deeply personal journeys that involve an incredible amount of emotional growth, adaptation and professional development.

Given this complexity, traditional forms of data collection methods such as surveys or structured interviews would not be entirely suitable. This is largely due to the inability of these methods to fully capture the deeper layers of these experiences. By contrast, Narrative Inquiry allows for a richer exploration of multiple layers and aspects of these experiences, while also

acknowledging the unique and multifaceted nature of each participants' journey. There are three

key dimensions of Narrative Inquiry identified by Clandinin and Connelly (2000; cited by Wei, 2023):

- Temporality: the idea that life is ongoing while narrative inquiry is only temporary in this

  context. This can also be reference in the context of transition periods, where the

  participant can discuss different times (past, present and future).

- Sociality: the personal and cultural contexts in which experiences occur, such as

  relationships with supervisors or mentors, peers and family.

- Place: the specific settings –physical and social - in which these experiences occur, such as

  veterinary clinics and the classroom.

From this framework of dimensions, it is evident that there are many layers to experiences

and their narratives. These dimensions allow for a more comprehensive understanding and

exploration of the lived experiences of veterinary nurses, capturing the complexities of their

personal and professional development. Narrative Inquiry also brings a focus to how these

experiences are recalled, communicated and interpreted. By adopting this approach, not only are

the voices of veterinary nurses heard in a supportive way, but it also allows and encourages them to

reflect on these experiences, bringing awareness to challenges and growth experienced (Riessman,

2008, p137).

While Clandinin and Connelly (2000) are influential figures in the field of narrative research,

this study also draws on the work of Catherine Riessman (2008), whose approach places particular

emphasis on participants' voices and agency within narrative inquiry. She also encourages a deep

engagement with stories told, ensuring that they are not merely 'collected' but are truly understood

within their relative contexts. Riessman (2008) also emphasizes the importance of supporting these

voices, agency and context, giving power and autonomy over stories told. Her approach includes

four methods of analysis, including narrative thematic analysis, which will be further discussed in the

data analysis section.

3.4 Participant recruitment

As this study was qualitative in its' approach, the sampling process was initially intended to be purposive in nature. This sampling method is commonly used in narrative research as it ensures that participants are selected based on criteria that the researcher seeks (Dahal et al., 2024). I created an advertisement with my inclusion criteria (fig.1) and posted this to a closed Facebook page that catered for Irish-based veterinary nurses in which there were c. 1,900 active members at the time (early March, 2025). After one week, I reposted the same advertisement as I had received interest from just two potential participants. After this, I contacted some lecturers (via email) from various VN course providers around the country who kindly agreed to share and circulate this information.

Figure 3

Advertisement Post

Following a low response rate from potential participants in this group, I decided to contact potential participants from my past roles as both an educator on VN programmes and in my own VN role in practice. This resulted in combining sampling methods; purposive and snowball. This strategy is also known as a 'convenience' sampling technique (Parker et al., 2019). I contacted three other veterinary nurses (via email again) who I knew from my own professional practice. These veterinary nurses met my inclusion criteria and two responded to my email agreeing to take part in the study.

In total, four participants were recruited. The ideal number of participants in a narrative inquiry study varies depending on many factors. Staller (2021) reviewed narrative studies and participant numbers. Citing Guetterman (2015), she found that there was a mean sample size of 18 participants. However, she also noted that Creswell (2018) recommended 1-2 participants for this methodology. She concludes that sample size should be determined by the purpose of the study, resources available and the depth of analysis required. Riessman (2008) does not prescribe an idealistic number of participants for a narrative study. Instead, throughout her book, she discusses the importance of quality over quantity, and advocates for a focus on richness and complexity of individual narratives rather than large sample sizes. To conclude, it is essential to align the sample size with the study's goals and explore depth over breadth. I decided that from this, four participants would be sufficient. From here, I emailed copies of both the participant information sheet (Appendix i) and the consent form (Appendix ii) to each of the participants and aimed to receive consent forms within two weeks to begin scheduling interviews. Upon completing my interviews, I was satisfied that I had gathered enough data to fully explore the depth of experiences of veterinary nurses on placement.

During a discussion with my supervisor, the topic of 'portraits' emerged. Researching this topic proved difficult, as Riessman (2008) does not specifically discuss this concept; however, she does mention 'portraits' throughout her book. Portraits are commonly used in healthcare longitudinal studies (Sheard & Marsh, 2019) and offer a holistic overview of the participants and

their experiences, giving the reader a more thorough understanding of these. I decided to employ this concept as it would enrich the data I collected. To give a sense of each participant, I created a short biographical portrait (See Table 1). This allows the reader to gain a better sense of who they are.

Table 1

Participant Portraits

Participant (pseudonym)	Background
Pilot Participant *Maria*	Maria initially studied Equine Science and worked in the Equine industry for a number of years before returning to college as a mature student to become a veterinary nurse. She completed her clinical placement in four separate settings, including equine and companion animal practice. Maria graduated within the past six years and once qualified, she moved abroad to work in a highly specialised equine hospital where she has worked since.
Mary	Mary graduated as a veterinary nurse just over two years ago, following a previous qualification in Animal Science. After completing placements in three different clinical settings, she took up a position in a rural practice in Ireland, working mostly with companion animals.
Louise	Louise qualified within the past year, after working in wildlife rehabilitation for a number of years. She initially achieved a zoology degree and worked abroad before returning home to study veterinary nursing. Louise completed placement in two different settings, one of which she now works within as a referral veterinary nurse.

Aoife	Aoife is a recent graduate, qualifying just under a year ago. She made a career change to veterinary nursing after working in hospitality for a number of years. She completed her placements in two companion animal clinics and now works in one of these.
Aisling	After an initial qualification in Animal Science and working as an Animal Care Assistant, Aisling pursued a career in veterinary nursing. She graduated within the past year and completed her placements in two different clinics, 100% focused on companion animals. Aisling now works in a referral hospital in Ireland.

3.5 Data collection

Narrative Inquiry is dedicated to providing in-depth, rich data and therefore requires the appropriate method of collection. Usually, this is via interviews. However, interviews must ensure the generation of "detailed accounts rather than brief answers or general statements" (Riessman, 2008, p. 23). To achieve this, semi-structured interviews were undertaken in this study. Semi-structured interviews allow for this in-depth data collection in many ways, one being the use of open-ended questions. This allows for flexibility in that they encourage the interviewee to discuss topics in more detail while also allowing the interviewer to use prompts (Barclay, 2018). In the context of this study, prompts were used to help clarify questions and further probe participants to share more aspects of their experiences and stories. These prompts also helped participants to demonstrate a level of reflection in their answers, which is another beneficial factor of this interviewing style (Barclay, 2018).

The 'rules' of semi-structured interviews – as briefly outlined by Riessman (2008, p. 23) - such as turn-taking and most importantly, active listening, were applied to this study. This was an effort to make the participants feel safe in their discussion and to encourage further discourse. To develop my interview guide (Appendix iii), I consulted my literature review and overarching research

questions, and outlined the areas I wished to explore, such as clinical placement experiences, preparedness and transition. The interview was divided into sections that covered a range of topics, including experiences of placement, support networks and the transition into practice. After some reflection, editing and discussions with my supervisor, I refined these questions and proceeded with a pilot interview.

A pilot interview essentially is a test drive of an interview process as is used to refine questions, assess feasibility and prepare the interviewer (Majid et al., 2017). As I only recruited four participants and wished to 'save' them for the real interviews, I asked another colleague to participate in the pilot interview. This participant met all inclusion criteria, with the exception of the date of graduation, which was slightly beyond the three-year period. However, I felt given her experience, she would still be suitable as she could offer insights on her own placement experiences and transition into practice. The pilot interview gave plenty of rich data, but highlighted the need for some minor revisions, such as phrasing and probing questions. Due to the low uptake in participants, I decided to include this participants' data in my analysis and findings.

Following the pilot interview and refinement of questions, I conducted interviews with the four participants. These semi-structured interviews took place over Microsoft Teams. Some participants spoke very openly about their experiences while others required some encouragement and probing. Interviews ranged in length from 29 minutes to 1 hour 11 minutes, with the majority averaging around one hour. After each interview, I made some initial notes in my reflexive journal which I returned to later during the analysis period.

Interviews were recorded and automatically transcribed to assist in facilitating analysis and maintaining confidentiality. The MS Teams transcription tool however came with some issues; one being the inability to detect various accents and ultimately interpreting the wrong words. As a result, I revised the recorded interviews and corrected the transcript manually to mitigate this. Once the transcriptions were created and corrected, the recordings were destroyed. Transcripts (See

Appendix iv for Samples) are currently securely stored in an NCI OneDrive folder and will be destroyed after 5 years (in accordance with NCI policy). Participants have been informed of these measures in the consent form. Overall, this approach to data collection ensured that interviews provided rich, meaningful data while also maintaining high standards.

3.6 Data Analysis

There are many types of analysis when it comes to qualitative research. As this study was narrative in nature, narrative thematic analysis was used. This method of data analysis employs a systematic identification of themes within narratives to understand how participants' make meaning of their experiences (Naeem et al., 2023).

Narrative analysis offers an 'in-depth' look at the data and does not follow a set of rules. Riessman (2008) emphasizes the importance of the structure and context of narratives, focusing on how stories are told and the meanings that they hold. Riessman (2008) outlines four main types of narrative analysis, including Thematic Analysis (TA). This study employs the use of TA to explore the experiences of student veterinary nurses. Drawing on Riessman's (2008) narrative approach, it recognises that meaning is constructed not only by what is said, but how it is said. This is through the participant's underlying emotions, tone, narrative structure and context.

As Riessman's (2008) approach does not offer structure, frameworks were explored to help identify emerging themes. The most commonly used and recognised framework for thematic analysis was created by Braun and Clarke (2006), who outline a six-step process (table 2) from familiarising oneself with the data to defining and naming themes and producing a report. Not only has this framework been designed to be comprehensive and 'simple' to follow, but it also encourages reflexivity from the researcher while engaging with the data.

Table 2

Phases of Thematic Analysis (Braun & Clarke, 2006)

Phase	Description of the Process
1. Familiarizing yourself with your data	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2. Generating initial codes	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.
5. Defining and naming themes	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

Combining both Riessmans' (2008) narrative thematic analysis and Braun and Clarke's (2006) thematic analysis was decided to be the best choice for analysing the data in this research. This is primarily due to the flexible nature of both methods, allowing the researcher to identify patterns of meaning within narratives, while also considering the context and structure of the stories. While Riessman (2008) highlights the importance of preserving the holistic sense of a participants' story,

Braun and Clarke's (2006) approach searches for elements from such stories and offers structure.

Combining both approaches results in a solid framework, while also allowing for some flexibility. This

essentially means that themes are not obviously emergent in the data but are constructed through

interpretive work by the researcher. I applied Braun and Clarke's (2006) tangible framework and

adapted this in light of of Riessman's (2008) approach (table 3).

Table 3

Thematic Narrative Analysis Framework, Combining Braun & Clarke (2006) and Riessman (2008)

Phase	Description of the process
Familiarisation with the data	• Transcribe data, read and re-read, paying close attention to what is shared, and the language used. • Consider context; physical and emotional situations • Reflexive diary: make notes not only about potential patterns, but also any bias or assumptions that appear for me.
Generating initial codes	• Identify repeated patterns and ideas relating to competences, experiences, professional growth and transition. • Consider Riessman's approach in generating these codes; how do VNs tell their stories, are there any emerging patterns of growth or change?
Search for themes	• Group codes into potential themes • Include emotional themes as well as experiential
Review Themes	• Check if themes work and refine
Define & name themes	• Continue reviewing and refining themes • Ensure themes include specifics and overall story

| Report	• Write report in a way that tells the story of these VNs in a holistic sense
	• Include reflexivity

The first step of this process was to familiarise myself with the data. This of course began with listening to recordings and correcting transcription errors. However, I noted that beginning the formal process of thematic narrative analysis should ideally be delayed for a period of time after which the data was collected. This is to ensure the validity (rigor and trustworthiness) and depth of the findings (Inayat et al., 2024). 2-3 weeks after I had collected all data and transcribed the interviews, I began this process. This approach allowed me to fully immerse myself in the data before proceeding, which allowed me to create a more holistic view of the data and begin to identify potential patterns (Braun and Clarke, 2006). Beginning analysis prematurely without this deep familiarisation can lead to "thin description with loaded participant quotes, presenting conventional concepts as themes, and using topic summaries as themes" (Inayat et al., 2024). Premature analysis can also result in 'premature closure'. This essentially means that the researcher can potentially settle on initial themes without fully immersing themselves in the data. To mitigate this, Inayat et al. (2024) suggest taking a period of reflection after the initial familiarisation before continuing on to the coding and theme development stage. I decided to adopt this approach and have included my reflections in my reflexive diary (Appendix v) along with points of interest. This will be discussed in a later section.

After this phase of deep familiarisation, my next step was to generate initial codes. By following Braun and Clarke's (2006) framework, I was able to organise keywords and phrases into groups. Throughout this stage, I was conscious of Riessman's (2008) approach and took note of participants' emotions and contexts. Combining the two resulted in a more in-depth look at the data (fig. 4). Once the transcripts were coded, I began to search for and group these codes into themes. Not only do these themes include recurring elements, but they also link the patterned meanings

back to the research question (Naeem et al., 2023). In turn, my research questions guided me in this thematic analysis, paired with the stages of transition (Schlossberg, 1982 & Duchscher, 2008) and professional identity frameworks (Tchouaket et al., 2019). These aspects of my research helped me in reviewing and refining my themes, with some being discarded. Finally, the refined themes were reported on in the findings and discussion chapter of this dissertation.

Figure 4

Initial Coding and Theme Development Stages
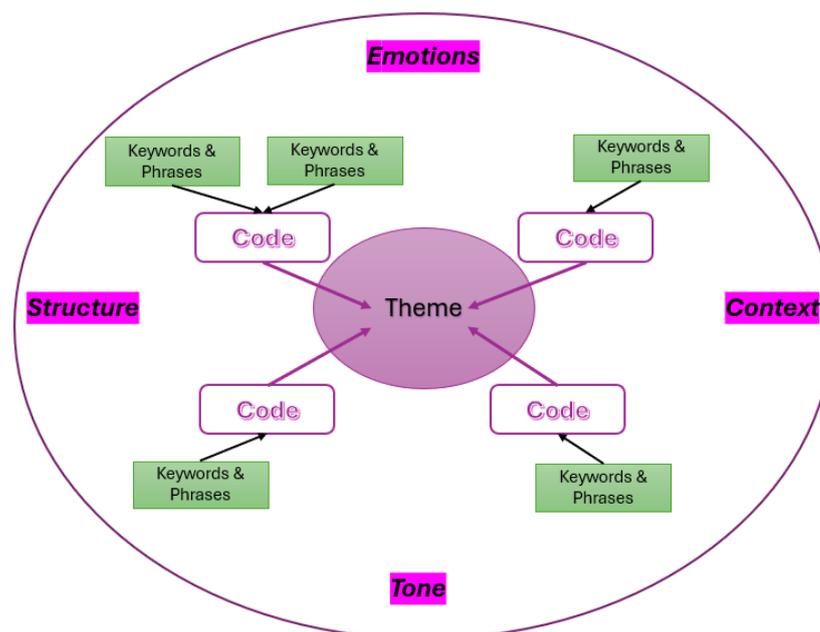
Combining Braun and Clarke's (2006) thematic analysis with Riessman's (2008) narrative analysis offers a comprehensive approach to the study. However, this hybrid methodological approach presents some limitations that were considered. Because narrative research is highly subjective, subjectivity bias can be an issue. While embracing the inevitably subjective nature of such work, I attempted to remain reflexive of the inevitable bias I would bring to the process. I ensured to balance this while upholding the values of Riessman (2008) and used a reflexive journal to help with this. Other limitations of this study will be outlined further in the 'limitations' section of this chapter.

3.7 Ethical Considerations

Ethical considerations are essential to qualitative research, ensuring that the voices of participants are heard and respected while also ensuring their rights, dignity and well-being throughout the research process (Laryeafio & Ogbewe, 2023). For this study, several key ethical issues were addressed. Firstly, participants' rights such as anonymity, confidentiality, options to opt out and voluntary participation were an obvious starting point. Once addressed, these areas are key to making participants feel safe (Laryeafio & Ogbewe, 2023). The 'opt out' option and voluntary participation were mitigated by use of signed consent forms and participant information sheets distributed prior to the interview process. Anonymity and confidentiality were achieved by de-identifying participant data and replacing names with pseudonyms. Interview recordings were destroyed once transcripts were created and were only accessible by the researcher. Transcripts and consent forms are stored securely in an NCI OneDrive folder and will be destroyed after 5 years, in accordance with NCI policy. This was outlined in the consent forms sent to participants.

During the data collection phase, I recognised a potential risk to participant anonymity. I realised that by including details on college courses, levels and general locations of such, I could reveal identities. To address this, I decided to omit these details to prioritise confidentiality and privacy.

3.7.1 Positionality

My positionality was key to this research as I had pre-existing knowledge and insights into placement. This was largely due to my role as a VN and teacher of Veterinary Nursing. While positionality helped me to identify and attempt to mitigate potential biases (Goundar, 2025). I did this by using both reflexive journalling and peer debriefing with my supervisor, along with including some of my own experiences. Reflexive journalling enabled me to critically examine potential biases through reflecting on assumptions and interpretations throughout the research process (Lincoln & Guba, 1982). Peer debriefing allowed me to challenge my analyses and receive feedback from my

supervisor, enhancing the trustworthiness of the study (McLeod, 2024). Overall, the main ethical considerations in this study were centred around bias and participant wellbeing. I addressed these as suggested by the literature, my supervisor and lecturers.

3.8 Trustworthiness

To ensure the trustworthiness of a study and its' findings, one must use several strategies (Abbasi et al., 2024). The notion of 'validity' in a qualitative context essentially dismisses the objective aspect of results and in the case of Riessman (2008), introduces a more nuanced approach. This involves establishing an aspect of 'internal' validity over external, meaning that the data is not necessarily verifiable by external parties or methods. This approach aligns with narrative research methodology in the understanding that the data collected is not objectively factual but is subjective and unique to individuals. Keeping this in mind, I addressed other areas of quality and trustworthiness.

Credibility was prioritised through in-depth engagement with participants and using direct speech and questioning, which "builds credibility and pulls the listener into the narrated moment" (Riessman, 2008, p.192). Additionally, member checking was used to validate interpretations. This was done by sharing initial interpretations and findings with participants to ensure that their experiences were accurately represented (Birt et al., 2016; Riessman, 2008). I achieved this by emailing each participant a copy of the initial raw analysis of their data and asking for their feedback; whether they wanted to change wording, add or withdraw any data from the study. A template of this email is included in Appendix vi.

Dependability was addressed using an audit trail, adopted from Lincoln and Guba (1982). To produce an audit trail, I have included copies of documents to include code grouping, notes and reflexive journalling (See Appendix vii). Reflexive journalling aided in capturing thoughts, opinions and any biases that arose throughout this process, while also supporting the notion of confirmability (Lincoln and Guba, 1982).

Transferability, in a narrative context, is the ability of the findings to be applied to other contexts (Drisko, 2025). This was achieved largely by use of the literature review to guide the research questions. Many papers also demonstrated transferability, which proved incredibly helpful in constructing this research, as I was able to draw parallels between study's findings and the findings of this study.

3.9 Limitations

There are some limitations of narrative research which apply to this study. As discussed previously, bias is an area of concern. However, it is important to note that bias will always be present to some extent within this methodology and one must attempt to minimise it as much as possible (Riessman, 2008).

The number of participants was another limitation. Even though the ideal number of participants in narrative studies varies greatly according to the literature (Staller, 2021; Creswell, 2018), the quality and depth of the data should be prioritised (Riessman, 2008). Keeping this in mind, four participants is not sufficient to represent the entire population of veterinary nurses in Ireland and should not be treated as such. Despite this, the small number of participants does allow for a deeper analysis and understanding, as is natural for narrative inquiry to prioritise quality over quantity (Riessman, 2008).

As narrative research is highly time-consuming (Clandanin and Connelly, 2000) and given the timeline for this dissertation write-up, I anticipated the potential oversimplification of the data collected. I have attempted to mitigate this as best as I could by giving time to familiarising myself with the data and by use of my reflexive journal also. It is important to keep these limitation factors in mind while reading through the findings and discussion chapter, and to also consider the context in which the data was collected and analysed.

3.10 Conclusion

This chapter has provided a comprehensive overview of the research design, rationale and methodological approach used in this study. Grounded in an interpretivist paradigm, this study took on a Narrative Inquiry approach to capture the context-dependent and deeply personal stories of participants. It conducted this in a way that placed importance on the understanding of participants' stories and how they make meaning of them.

The chapter began by outlining the philosophical underpinnings of the study, including its ontological and epistemological stances. It then discussed the research strategy, including the recruitment of participants and the use of semi-structured interviews for data collection. In the data analysis section, it detailed the combined thematic analysis framework based on both Braun and Clarke (2006) and Riessman (2008). This approach allowed for a deep analysis which offered flexibility, capturing both the content and structure of participants' stories.

Following this, the chapter addressed key ethical considerations, including confidentiality and the importance of reflexivity in managing potential bias. To ensure the quality and validity of the findings, strategies such as member checking, audit trails and reflexive journalling were also discussed. Finally, the limitations of the methodology and study itself were acknowledged, emphasising the importance of transparency in narrative research. To conclude, this chapter aimed to clearly outline and describe the methodological approach and choices that guided this study, providing a solid base for the findings and discussion chapter that follows.

Chapter 4: Findings & Discussion

4.1 Introduction

This chapter presents and discusses the findings from the narrative accounts of participants'

experiences on clinical placement and their transitions into practice upon graduating. The accounts

here have been carefully analysed and combined to reveal several themes. Themes that emerged

covered a broad range of key components of a Veterinary Nurses journey, from student (eg.

professional identity formation, experiential learning) to professional Registered Veterinary Nurse

(RVN). While a deep-rooted love for animals was the initial motivator for entering the profession,

identity formation and career paths proved to be complex and non-linear for some. These identities

were influenced by placement experiences, which were sometimes challenging in themselves.

Barriers such as communication, inadequate preparation and interpersonal dynamics posed

a challenge for participants, sometimes hindering confidence and skills development. Participants

also shared the emotional toll of their placements and line of work, sharing a raw insight into the

industry of veterinary medicine, though not always in a negative light. Some participants discussed

their passion and discovered how rewarding veterinary nursing can be. They also highlighted the

importance and appreciation for strong support networks, such as family, peers and mentors. This

chapter captures the resilient nature of veterinary nurses who share honest and vulnerable accounts

of their experiences.

4.2 Professional Identity Formation and Transitions

The research narratives began with a discussion about participants' choice of career, the

impact of placement on this and transition periods, all while influencing their professional identity.

From the findings, the identity of a VN begins as a student and continues to develop long after

graduation. To understand more about this, one must first look at the motivations behind pursuing

such a career first. A recurring element in many of the narratives is a deep, often lifelong, love for

animals. This passion served as a motivator for pursuing the veterinary nursing profession. Mary

reflects, "I grew up with animals all my life," a story echoed by others like Aisling, whose own dog

not only helped her to overcome bullying but also sparked an interest in animal-related science. Aisling started off in Animal Care and quickly discovered through placement that veterinary nursing "is what I want to do for the rest of my life".

Not only are these early connections with animals sentimental, but they are formative experiences that combine mental wellbeing with discovery of vocations. Even in cases where this career path was unclear for some, the idea of caring for animals was a significant motivator. For example, Louise's journey started in wildlife rehabilitation after completing a zoology degree. After asking herself, "what am I going to do with this?" and careful consideration, she decided to pursue veterinary nursing. Aoife, a former hospitality employee, wanted to link animals and science in her new career:

> I wanted to do a science and I wanted to work with animals as well…It wasn't that I always wanted to be a veterinary nurse or anything like that…I wanted a job that…I'd enjoy everyday. So veterinary nursing sounded like a nice one for that. (Aoife)

As indicated in the wider literature (Dunne et al., 2017), the idea of a deep connection to animals often serves as a motivator in pursuing veterinary nursing, but from this study, it appears that many individuals discover their true passion for the career through both personal growth and a vocational discovery.

The impact of clinical placement on identity

The narratives demonstrate that clinical placement is a pivotal point in a student veterinary nurse's journey. It is where professional identity is tested, transformed and for many, solidified, while also reflecting students' strengths, insecurities and potential (Walker et al., 2014). For some, such as Maria, placement clarified her career aspirations. She had pursued veterinary nursing as a stepping stone to veterinary medicine and quickly discovered that this may be more suited to her:

> I always had veterinary [medicine] in the back of my head, like I thought I always had to pursue veterinary. But then the care that the nurses give to the patients I think is, you're more hands on with the patient...more involved practically. It

suits me more.

This discovery for Maria was less about her abilities and more about her ideal fit. She discovered where her skills and values aligned best for her. However, this transition was not smooth for all. Louise described her placement experiences as regressive, saying, "it makes you feel like a teenager again." For mature students or those changing careers like Louise (who had previously earned a zoology degree and worked in wildlife rehabilitation), the idea of returning or shifting back to a 'student identity' can prove challenging. O'Boyle (2014) states that mature students' confidence can become destabilised as they try to preserve their identities while returning to education.

The wider narratives and discourse around career transitions can sometimes produce labels such as 'going back to college (emphasis on 'back'), or 'returning to education'. However, from the comments in this study, one can see that career transitions can perhaps be a case of 'side-stepping' into another path and that learning is non-linear. The wider literature demonstrates that mature students may struggle with this fluctuation, impacting their sense of self and professional identity (Baxter & Britton, 2001; Chapman, 2013). These students are essentially switching identities and breaking away from their 'past lives' while redefining their status, which can bring on significant stress and anxiety (Baxter and Britton, 2001).

The transition from student to practicing professional clearly brought some challenges for these participants. Not only was there a shift in identity, but some also felt a level of transition and reality shock when they first entered practice. For example, Mary candidly admitted that she "thought I was going to…I thought I was going to…know some things from growing up, like with dogs…and it's just so much different…I was like, oh my God, this is my job now." Maria echoed the shock: "I thought I knew more than I did", while Aisling, in a similar tone, stated, "it's like a lot more intense than you're led to believe." The realisation of an unanticipated level of knowledge can bring an immense emotional reaction, eliciting feelings of insecurity and anxiety, as highlighted by Duchscher (2009).

Another challenge experienced by participants in this transition period was a sense of blurred identity. Because Aoife worked in the same practice she completed her placement in, she felt that her student status was still present upon graduation: "I'm qualified now and I feel like the line is quite blurry…when do they stop looking at me as a student?" Louise echoed a similar feeling, stating that because of a similar situation and the fact that she was a mature student, she felt that being "treated like an adult" was hindering her progress as a VN as she was never "necessarily mentored". Louise, understandably frustrated, highlighted that when she "transitioned to being staff, they [other staff] kind of forgot that training would be required".

This transition into practice is often complex and is not only shaped by qualification, but also by support, clear shifts in roles and recognition (Kumaran & Carney, 2014). This theme illustrates how professional identity is malleable and subject to change, as it is shaped by personal motivations, clinical placement experiences and the transition from student to registered VN.

Navigating transitions through autonomy and confidence building

Experiences in which participants could demonstrate autonomy and responsibility had a positive impact on their sense of confidence and identity. Mary recalled how being entrusted with tasks during placement was validating: "I had my own jobs to do when I went in. That made me feel like I was...good enough to be given jobs." This moment for Mary helped her feel trusted and appreciated while being an active learner. Similarly, Louise shared how gradually being allowed to carry out tasks independently helped build confidence in herself and contributed toward a feeling of preparedness for real-life practice: "they like, let me with supervision, talk to people or do things I was comfortable with...so I kind of felt like they gave me confidence that when I did finish, that I'd be able to do this". Aoife also found that a gradual build in responsibilities helped her to gain confidence, particularly with anaesthesia: "I've only kind of gotten properly comfortable...in the past, like maybe four months, I'd say."

This echoes the wider literature, which states that the gradual increase of autonomy is key to building up one's confidence in practice, resulting in job satisfaction (Mrayyan et al., 2024).

Similarly, Batalha et al. (2023) found that autonomy aided in the development of professional identity, marking the transition from student to responsible and competent veterinary nurse.

4.3 Experiential Learning and Competency Development

It was clear from the narratives that clinical placements play a pivotal role in competency development. The findings reflect how real-life practice, structured tasks and reflection all combine and contribute towards professional growth and skills development in VN students.

Experiential learning on placement

The importance of experiential learning was stressed by each participant, accompanied by an evident preference of placement over classroom-based learning. For many, placement was where a stronger sense of learning took place. Mary stated "I'm such a visual learner…I actually learned from doing it". In the same vein, Aisling admitted "I definitely learned a lot more through practice than I did college 100%", while Maria said that "placement helped me to figure out how to talk to clients in a professional sense."

Participants frequently described placement as the bridge between theory and real-life scenarios. Aoife captured this clearly:

You can learn all these things in your lectures and your practical. But like until you're actually doing it and trying to juggle 500 things at once in a clinical setting like you, you don't really know what you're doing…you have to have your placements definitely. (Aoife)

Others, like Mary, expressed how seeing procedures and scenarios in placement motivated her to engage in classroom learning: "If I seen something in practice I'd be like, oh, I can't wait to go through that now in college and see like, all the outcomes are, what can happen or side effects."

The view that placement (experiential learning) is more effective than in-class sessions is reflected and well-documented in the wider literature (Moroney et al., 2022; Grace et al., 2019). Placement is traditionally where a deeper sense of learning occurs for healthcare students, as it

exposes them to a multitude of real-life scenarios and environments (Ledger & Kilminster, 2015).
From this, we can conclude that placement is not just supplementary to classroom learning but, for
most, the preferred and optimal environment to develop skills and certain competencies.

Following on from this, it was evident that participants took preference for placement over
classroom settings. Maria admitted that being a practical person meant that she "hated lectures and
was more excited for placement", while Louise stated that placement was her "most relaxed two
days of the week, even if we had lots hanging over us in college." Mary echoes both sentiments:
"But overall, I… used to look forward to my days on placement way more than being in college."
These positive accounts are reflected in the wider literature, contributing to the sentiment that
placement is more enjoyable for students (Bjork et al., 2014; Wuni et al., 2025). Enjoyment results in
increased engagement, which results in a deeper learning experience (Kent State University, n.d.).

Diverse placement settings were preferred by participants, with some highlighting the
positive impact this had on building their confidence. Mary discussed how "everywhere is so
different, you kind of need that like diversity…because everybody's not going to do everything the
same". Louise echoed this sentiment, stating that students show "spend at least 200 [hours] in
different practices so that you will push yourself".

Conversely, participants raised concerns about limited exposure to certain scenarios in their
placement settings, particularly regarding emergency situations. Louise admitted, "Because of where
I was placed, I didn't see a lot of like emergency situations" while Aoife recalled, "I wouldn't think
twice about taking a blood sample…But when it comes to an emergency situation…you're kind of
like, panicking."

The findings here illustrate the desire and need for a wider range of scenario experiences, to
include emergency medicine. While there is a gap in research surrounding this specific topic,
literature in the wider healthcare professions (Svellingen et al., 2020; Channa et al., 2024;
Abdulrahman, 2025) advocate for a more diverse range of scenarios and placement settings to

positively influence and prepare students, exposing them to as many situations as possible. As highlighted by Reynolds & Reynolds-Golding (2023), preparing students for such situations can help students identify their strengths and weaknesses, along with developing resiliency and adaptability.

Competency-based learning

Within this broader theme it was evident that competency lists provided to participants were generally viewed as beneficial, offering both structure and direction for some. Louise explained that she saw this list as "directional…it pushed me in some ways to learn things that maybe I wouldn't have been comfortable [to do]". Similarly, Aoife reflected on how her task list helped her to gauge what level she was at: "I suppose because it was kind of like a guide of where I should be at this stage…like I'm on track. I'm not falling behind where I should be now." Mary admitted, "I kind of found it fun…tick them off because I was able to do them."

For students who experienced a level of anxiety on placement, their task list served as a reassuring framework, helping them to secure tasks (to 'tick off') and to refer to in times of uncertainty:

> It gives you the upper hand, that you're going to have to do these tasks and they're forced to help you finish your placement…And if you're a bit nervous, you have this booklet to help you set a standard for yourself. Say, OK I can get three of these [tasks] done by the end of the week. [Maria]

Studies by Janssens et al (2024) and Zumstein-Shaha & Grace (2022) confirm that tasks lists (based on competencies) are both beneficial and directional to nursing students. Nonetheless, there was some criticism regarding the utility of specific tasks. Aisling commented on the vague nature of competency wording: "there's also some things on the competencies that are absolutely stupid…like assist with or place an IV catheter". In a similar sense, Mary reflected that "some of them did [feel useful] and there was other ones…they were kind of useless".

Ambiguity in wording creates confusion and frustration among students when it comes to assessments (West et al., 2024). Janssens et al (2024) highlights that clear and concise wording is effective in mitigating this confusion. They also found students tend to disengage with such tasks, resulting in 'ticking a box' for completion.

4.4 Emotional Wellbeing

Analysis clearly highlighted the theme of emotional wellbeing as a significant and complex aspect of participants' experiences. Across all interviews, participants described their emotional responses to various situations on placement and academic pressures. Participants demonstrate vulnerability, anxiety, resilience and personal growth, showing how emotional wellbeing is challenged and strengthened throughout.

Placement-related anxiety and emotional distress

Participants frequently reported feelings of anxiety and fear, particularly in anticipation of placement. When asked about how she felt entering placement, Aoife responded, "as confident I suppose as you could be like into a scary thing", highlighting how placements were often viewed as intimidating events. Louise, admitting to her shyness, shared her main concern, being she didn't "want to be in the way". This anticipatory anxiety was expressed by Aisling, stating that she was concerned about appearing less knowledgeable: "I was nervous about not knowing things like…common sense and asking stupid questions". Where a learning environment typically should encourage curiosity and growth, participants showed a strong sense of fear around appearance and competence. Anxiety is an incredibly common emotion felt around placement as found by Reynolds and Reynolds-Golding (2023). It puts students at increased risks of poor academic and clinical performance, resulting in feelings of incompetence and overwhelm (Simpson & Swatzky, 2020).

The fear associated with making mistakes was also highlighted by participants. Aisling discussed the psychological impact of this: "it can feel like the end of the world." Aoife echoes this when discussing post-graduate life: "if I mess up like it really does come down to me and like, I can

be sued." This sense of ethical – and legal – accountability appeared to heighten anxiety, amplified by the high-stakes nature of veterinary. Associated perfectionism came into play for participants like Louise: "I wouldn't let the nurse sign me off. I'd be like, no, I want to do that again. I didn't like it". To minimise error, Louise would "cope by double-checking things a bit too much". Here, the strive for perfection was more internalised, producing coping mechanisms that aimed to regain control over potential error-making. This can sometimes be referred to as 'maladaptive perfectionism'. Lu et al (2024) explain that this is when students focus too heavily on their failures, contributing to a sense of lower self-esteem and confidence.

Exposure to emotionally draining environments appeared to be another factor in placement anxiety. Mary noted the mental strain of "practice politics," while Aisling voiced concern about interpersonal conflict in those settings: "I was questioning if I even wanted to go into placement". The quality of interpersonal relationships within placement emerged as critical to maintaining emotional wellbeing, something that has been explored and confirmed by the literature (Finlayson et al., 2015; Routh et al., 2023).

Emotional wellbeing was also affected by the emotional toll of working with animals, as can be expected. Mary candidly said, "It'd actually make you cry. Some of the dogs that come in." These emotional encounters can create compassion fatigue (Lloyd and Campion, 2017) and highlight that this begins as early as student placement. However, Aisling shared a counterpoint:

> To be able to give him, like comfort in that little period of time and to know he's not going to be suffering for much longer like I think that's a really beautiful part of the job people don't talk about.

This insight reveals a complex concept – that emotional strain can co-exist with reward, and that one can find meaning in contributing to patient welfare, even where the outcomes are not positive (Persson et al., 2020).

Emotional Resilience

Despite these emotional challenges, many participants experienced a sense of emotional growth and resilience. Louise described how initial anxieties - discussed in the previous subtheme – lessened with exposure and experience: "I think once you're in there a few hours in the first day, I felt like…it was going to be fine." She later reflected on how students often "make it up to be a lot more in your head than it is…we're just kind of scared," acknowledging the exaggeration of anticipatory fear. Exposure generally tends to lower anxiety levels in students, with a major difference between pre- and post-placement (Garxia-Velasco et al., 2025).

Some participants highlighted the empowering aspect of realistic expectations when it comes to self-care. Aisling candidly discussed the pressures of taking care of oneself during their studies and placement:

> But also just like be kind to yourself…Like if you can't make time to do exercise, that's totally fine..I barely went on walks. I barely saw my friends like I did nothing…I felt so much shame and guilt about that 'cause they were like oh, you need to make time for this. You need to make time for that…Like it's a very stressful course. You can neglect yourself a little bit. I feel like there's a lot of guilt about that. (Aisling)

Aisling's reflection here draws attention to the wider narrative around student life balance and the shame that can perspire from perceived self-neglect. Students in healthcare professions tend to struggle to balance life, especially in a culture where self-sacrifice is normalised and expected, resulting in guilt and shame when they cannot meet those expectations (Picton, 2021).

In summary, the emotional wellbeing of VN students on placement is a dynamic experience. Participants not only experienced anxiety and emotional strain, but also personal growth and resilience. While a fear of failure and perceptions can initially impede placement experiences,

exposure and self-permission to be imperfect aids in the development of resilience and self-awareness.

4.5 Support Networks and Interpersonal Dynamics

The theme of support networks and interpersonal dynamics reveals the central role that relationships play in a student's placement experience. This may be through influential interactions with staff, support from peers, family and other mentors including college teachers. Two subthemes emerged, one being positive support systems, and the other being challenging interpersonal dynamics.

Positive support systems

Many participants praised their support networks for helping them navigate both placement and their studies. During placement, participants recalled seeking support from staff within those practices and found other qualified and experienced VNs to be supportive. Aisling discusses the positive impact the VNs in her clinic had:

> I think there were 5 nurses there and they were all fantastic nurses, like very high standards of nursing care and like, very easy to talk to, ask questions… I was very comfortable with them…

Similarly, Mary recalls how the VNs in her placement "loved having us and loved like, telling you everything." Even in the early days of working as a RVN, some, like Maria, found there to be a significant sense of support: "Our head nurse was from Ireland and she was very good help. I could go to her about anything." Aisling echoes this, stating that she "had very open communication with [senior nurse] the whole time", highlighting that a supportive and open relationship with senior staff and mentors is key to growth as both a student and new graduate. It is an obvious sentiment that this would be the case, and has been backed by the wider literature (Holt et al., 2024; Zulu et al., 2021; Costa et al., 2023) confirming this.

Through relationships formed during college, participants found peer support networks to be of major significance. As Aoife explained, "we'd have our WhatsApp group and our Snapchat groups and all that." She also talked about how a friend who worked in her placement setting was crucial in helping her regulate stress: "I would vent to her." In a more personal context, Mary highlighted how a close friend drove several hours to help her prepare for her OSCEs: "She literally came up…two hours for her to drive up…we had a station set up on my kitchen table." These gestures showing strong support are critical to helping students feel almost collective in their education, fostering a sense of resiliency and community within the profession (Choi et al., 2024; Williamson et al., 2013).

On a more personal front, participants received overwhelming support from family and partners. Mary recalled the comfort of her dad's interest in her daily experiences: "my dad was like, what did you see today?...it was nice to just…come home and just talk about it and relax." She also mentioned - fondly – her grandmother, who was "convinced that, like all I do is sit inside with the dogs and rub them all day." Louise spoke of her dependable partner, who "was probably the best support I had" and how he looked after things at home while she was studying: "there was always dinner when I got home." While typically grouped in with peer support, social support - such as family and at-home support – has proven by Holt et al. (2024) to be a major support source for nursing students and even qualified veterinary professionals.

Challenging interpersonal dynamics

Affirming relationships were not commonly experienced, with several participants describing placement settings that were strained and at times, hostile. Multiple participants described vets within their placements as intimidating or unapproachable. Aisling recalled: "I was straight up terrified of two of the vets the whole time I was in that practice" and experienced a much different environment once they had left, stating that it was "easier". This had a significantly negative impact on Aisling, who began "questioning if I even wanted to go into placement". She also stressed the

importance of supportive vets on placement: "if you're in a practice where the vets are cruel to you just for asking to place a catheter, I think that's a bit of an issue."

Mary's experience was similar. She talked about how the male vets in her placement were intimidating: "they'd talk down to you", followed by highlighting that she "would always go to a nurse. I'd never go to a vet." Several narratives noted the common perception of nurses being more approachable, particularly in contrast to the hierarchical tone set by some vets. As highlighted by Levett-Jones et al. (2007), the impact of 'alienation' resulting "from unreceptive and unwelcoming clinical environments" typically results in students experiencing emotional "distress, detachment and disengagement". As discussed earlier, other nurses serve to be a major source of support for students and clearly help to mitigate these negative experiences.

4.6 Barriers in Education and Placement Settings

This theme reflects a range of institutional, accessibility and interpersonal challenges that impacted participants' learning, confidence and engagement throughout their education and placement. These barriers reveal deeper issues rooted in academic programme structure and training, as well as the largely variable nature of placement settings.

Educational barriers

Following on from the previous theme of *Support Networks*, some participants highlighted passive support and poor communication from their colleges. While some participants acknowledged the support that could be accessed if sought out, many felt the opposite. Mary stated honestly: "college didn't help at all…if you need like extra materials…you would email…you mightn't get a response from one of them for two weeks." She also noted the inconvenience of asking for feedback on her OSCEs: "I was emailing the college, and I was like…can I have feedback on every OSCE…"

The lack of communication was further highlighted by Aisling, who found financial aid difficult to access: "It wasn't really made clear how to apply for it or who was eligible." Louise

echoed a similar view, stating that she didn't feel "informed ahead of time… I think we just got the schedule for September." This absence of communication created collective confusion for Aisling's class: "everybody was struggling… no one really had an idea what was going on." She goes on to describe how the impact one teacher's lack of support had on them: "one teacher in particular knew how to stress everybody out… everything was the end of the world."

Hussain et al. (2021) studied the effects of poor communication from universities and student learning, concluding that "communication barriers badly affect the student's overall academic performance". However, another study by Estrela et al. (2024) found that professors and students viewed the quality of communication between university staff and students significantly differently from each other. The narratives above only give the participants' perceptions of quality of communication, something that must be taken into consideration given the findings.

Another recurring barrier noted by participants was the perceived disconnect between college and placement expectations. Mary captured this well: "College is like, oh, you'll learn this on placement, but then on placement, they're like, oh, you'll learn this in college." This contradiction resulted in a significant lack of preparedness for placement. Mary also recalled beginning placement before teaching even began: "We had to start our placement… but we didn't start college till the end of September…we kind of didn't know like what we were doing." For Mary, this resulted in her feeling unprepared when faced with difficult situations on placement: "I remember being in a horrible situation where one of the vets was not nice to one of the nurses and like threw a stethoscope… I was just standing in the corner like Oh my God, what do we do?"

Aisling echoed the sentiment of preparedness: "the college doesn't prepare you for, there's not really much online on what to expect." Louise discussed her desire for preparation before placement, as she found herself in a similar situation: "I guess if we'd gotten that orientation before…like a little booklet on what placement is going to be and this is what's expected from you." Preparedness for clinical placement has been widely studied (Brady et al., 2019; Sun et al., 2016;

Hanson et al.,2020) and the general conclusion is that placement preparation involves a significant accumulation of classroom teaching hours, practical skill development and a sense of emotional preparedness. These studies also assessed anxiety levels and found that the more prepared students felt for placement, the less anxious they were on entering placement. It is clear from the narratives that participants desired a sense of preparation before being sent on placement.

Placement barriers

Several participants reported feelings of frustration with placement structures and inconsistencies. Firstly, the responsibility on participants to find their own placement setting elicited feelings of stress and anxiety. Aisling describes this clearly:

Trying to find placement was very hard…it might be nice if they had like a list of resources online to help…it wasn't very clear that you A- needed to have placement figured out. They kind of assumed you just knew that. And B – how you're even supposed to get placement in veterinary practice.

Mary pointed out that the structure of placements presented a challenge: "I felt like any time I got started on a case…we were gone the next day… we didn't really get to follow through on them." The inability to track a case long-term meant that Mary missed out on valuable learning opportunities. Birks et al. (2015) discusses the impact of short placements on students, stating that they "do not enable nursing students enough time to settle into the clinical setting" and weekly, 'part-time' placements did not allow enough time to prepare. This of course, had a knock-on impact for student learning and feelings of adequacy.

While the variability in placement settings was sometimes viewed as a positive, others described frustrations with the varying expectations placed on them. Mary stated: "you're watching them there for months and months and then like you'll go somewhere else and they'll be like, have you done this? You're like, no, I haven't." This inconsistency in placement standards led to feelings of

inadequacy and frustration for Mary. Frequent changes in placement settings can impact student learning, largely due to inconsistent expectations from placement providers (Galetta et al., 2017).

4.7 Reflections and Advice for Future Student Veterinary Nurses

This theme emerged from advice offered by participants along with reflections on their experiences. The final question asked during interviews elicited many of these responses, something I felt would be beneficial to conclude the research. Firstly, Aoife offered some invaluable insights into her decision to work in the same practice in which she completed a major placement:

I suppose I was kind of like I was a bit raging with myself for doing all placements in the same practise and then working there…if I had been somewhere else for a few weeks, I would have got experience with other vet nurses and see how other things are done.

From this sentiment, Aoife indirectly advised taking advantage of varying placement settings, such as hospitals. As explored in the 'Experiential Learning and Competency Development' theme, we know that doing so is highly beneficial to students in the right capacity.

The idea of self-preparation and self-management during placement recurred through some of the participants' narratives. Maria offered numerous pieces of advice relating to this:

… if you're going into placement for the first time, just watch and wait and listen. And it'll come to you after a few days and you can get stuck in… confidence matters. Knowing that you will keep learning as you go and knowing that it'll come to you… And try everything… If you're asked to do something, don't pretend you know how to do it if you don't.

Aoife echoed the sentiment of preparation: "Just knowing like the day to day…being able to monitor like an anaesthetic." She countered this by advising to not get "super worked up about things either" and to "just believe in yourself…don't get bogged down." These are candid pieces of advice from both Maria and Aoife, showing a strong sense of professional growth and great

potential to become a mentor for future student VNs. This can be viewed as an almost 'full-circle' process; student to professional, to mentor.

4.8 Conclusion

This chapter has explored the transformative, emotional and often complex journey of Veterinary Nurses from student to professional. Participants' honest accounts reveal a spectrum of experience, characterised by shifts in identity, emotional challenges and interpersonal conflicts. A number of themes emerged from the findings such as professional identity, experiential learning, emotional wellbeing and support networks. All themes proved to be crucial in the participants' experience through education, placement and the transition period into professional RVN. Participants highlighted the significant and typically positive impact that strong support networks had throughout. Others struggled with educational barriers such as vague communication and inconsistency through placement experiences.

Despite the challenges faced, participants display a sense of honesty and vulnerability, discussing the realities of working as a VN. Not only did they demonstrate resilience and adaptability, but they also offered advice to future student VNs. In doing so, participants show great strength, growth and a sense of mentorship and empathy. This chapter has illustrated the cycle of a VNs professional and personal growth, something that upon reflection, participants could acknowledge in themselves.   The next chapter uses the findings to directly address the research questions.

Chapter 5: Conclusion

5.1 Introduction

This fifth and final chapter provides an overall conclusion to the research conducted. This study took a Narrative Inquiry approach to capture the lived experiences of veterinary nurses' clinical placements, and the transition into practice. Chapter Four gave a comprehensive overview of the findings, based on the narratives provided by four participants and including a fifth, the pilot participant. The findings were presented and discussed within six main themes. Based on these findings, conclusions, implications, recommendations and limitations are provided.

5.2 Summary of Main Findings and Addressing the Research Question

This study aimed to address the main research question: *How do clinical placement experiences impact the preparedness of student veterinary nurses for real-life practice?* The findings reported that clinical placement experiences significantly impact and shape student veterinary nurses' preparedness for real-life practice in many ways, both positively and negatively.

5.2.1 Summary of Main Findings

The findings of this study reveal that SVNs undergo complex, often non-linear journeys in forming their professional identities that are heavily shaped by clinical placements. While a deep-rooted love for animals initially motivates most, their passion for veterinary nursing seems to solidify throughout placement experiences. These experiences emerged as the most critical setting for professional identity development, learning and confidence-building. Challenges such as inadequate preparation, structural inconsistencies and communication barriers with both institutions and placement settings often lead to anxiety and feelings of inadequacy. While emotional wellbeing can be compromised during placement, participants demonstrated a notable sense of resilience and personal growth, strengthened by strong support systems such as mentors, family and peers. Autonomy and exposure to various clinical scenarios were essential in building confidence and competency development. All of these factors and experiences play a significant and foundational role in preparing SVNs for the transition to RVN. Overall, the findings point to a need for strong

support networks, emotional resilience training and wider exposure to clinical scenarios to better prepare SVNs for professional life.

5.2.2 Addressing the Research Question

The broader research question was broken down into four sub-questions. These questions are presented below with brief descriptions on how the findings have addressed each.

Sub-Question 1: What challenges do VNs experience on clinical placement and how do they address these?

The research reveals key challenges faced by VNs on placement, including emotional stress, fear of mistakes, anxiety and identity struggles during the student-to-professional transition. Emotional strain stemmed from difficult clinical situations, witnessing interpersonal conflict and vague wording of competencies. Mature students faced the added difficulty of adjusting to student roles after working as professionals for some time prior. Despite these challenges, participants showed notable resilience and adaptability, often gaining confidence through gradually increased responsibilities. Support networks, such as family and peers, played a crucial role in fostering self-confidence and shaping professional identity. These findings illuminate the emotional complexity of clinical placement, the importance of support systems and clear expectations.

Sub-Question 2: What opportunities for learning and development does clinical placement offer VNs?

Clinical placement offers VNs valuable opportunities for experiential learning, professional growth and competency development. Participants praised the hands-on experiences they had, particularly in anaesthesia monitoring and client communication, bridging the gap between theory and practice. Many preferred placement over classroom learning, finding it more engaging and effective. Some also found that placement enhanced classroom learning by providing real-world context and application which in turn boosted understanding and motivation. Exposure to varied clinical settings built adaptability and confidence, though participants emphasised the need for more emergency and non-routine clinical scenarios to improve preparedness. Despite variability in

experiences, placement was viewed consistently as essential and not just a requirement. Overall, placement was seen as a meaningful opportunity for growth, both professional and personal.

Research Question 3: What is the experience of VNs transitioning from third level education to professional practice?

The transition from SVN to RVN was marked by reality shock, increased responsibility, anxiety and identity shifts. Some participants felt unprepared for the demands of professional practice, underestimating its' intensity. They also overestimated their readiness in some respects, echoing the feelings of inadequacy and anxiety Duscher (2009) discusses during transitional periods. Participants who stayed in the same placement setting post-qualification often experienced blurred boundaries, resulting in colleagues struggling to shift perceptions from student to professional. A lack of structured mentorship was noted however, experienced staff sometimes stepped in to provide this support. The development of confidence and identity was gradual, with participants eventually reaching a point where they felt more secure and capable of supporting themselves.

Research Question 4: For VNs, how does clinical placement specifically prepare them for professional practice?

Clinical placement plays a crucial role in preparing VNs for professional practice by fostering skill development, emotional resilience and personal growth. Exposure to real-world scenarios helped participants gain confidence, particularly in client communication, animal handling and clinical procedures. Placement also developed interpersonal and teamwork skills essential to the role. While not a formal competency, emotional resilience developed through navigating ethical dilemmas and interpersonal conflicts. These experiences strengthened adaptability, empathy and reflective practice. Overall, placement was instrumental in shaping resilient, confident professionals ready for the world of veterinary nursing.

5.3 Implications and Recommendations

Based on the findings of this study, several implications and recommendations emerged to more deeply understand and ultimately improve student VNs education experience - including clinical placement experiences, educational support and improving emotional wellbeing.

Institutional support

A recurring pattern among most participants was the need for clear and consistent communication between education providers, students, and placement providers. Participants expressed uncertainty about what was expected of them and what support was available to them. Some participants disclosed that their colleges required them to begin placement before beginning classes, without any preparation.

Poor communication from education providers impedes student learning (Hussain et al., 2021) and should ideally provide comprehensive and clear preparation well before placement. Some providers have dedicated placement coordinators who could further help in preparing students for placement and liaise between university and placement providers. It may be beneficial to involve these coordinators earlier to improve transparency around expectations. This would significantly improve and optimise placement experiences.

Placement structure to enhance equality and broaden experiences

There was clear inequality in placement experiences among participants, often a result of varying support from teams or placement settings. Mature students often described feeling a lack of support and mentorship, a result of perceived maturity by staff. Others reported feeling unprepared for various scenarios – like emergencies - resulting from a lack of case variety. To promote consistency and equality in experiences, colleges could standardise expectations, perhaps screening and preparing placement providers beforehand. Although this is carried out in some colleges, the need for regular revision of placement structures and frameworks is crucial to students' experiences (Rudland et al., 2025).

The Veterinary Council of Ireland (2025) provide 'Work Placement Supervisor Training' for RVNs and Registered Veterinary Surgeons. This is an invaluable resource for those who wish to mentor and supervise students while on placement in their practice. While this is optional, perhaps it should be made mandatory for appointed supervisors in placement settings. Continuing Veterinary Education (CVE) points are awarded for this webinar, along with supervision of students in practice. Incentivising the mentorship of students is excellent in theory; however, it could be further promoted by colleges.

Clarity around competency frameworks

Despite being viewed as directional, competency task lists felt vague, sometimes containing seemingly unnecessary tasks. ACOVENE's dossier of competencies has been updated numerous times with the latest edition published in 2021 (ACOVENE, 2021). Out of six review panel members, only two of those were VNs. It could be beneficial to review this document with input from more VNs and perhaps a comprehensive feedback survey for recent graduates, placement supervisors and educators. Clear wording in assessments avoids confusion and frustration among students (West et al., 2024; Janssens et al., 2024). This may help in reducing the temptation for superficial learning and 'box-ticking'.

Emotional wellbeing and resilience training

Emotional strain was reported across many narratives, ranging from anxiety, fear of failure and compassion fatigue, to interpersonal conflict. These challenges were exacerbated by the absence of structured support mechanisms. While some participants could lean on support at home, like partners and family, others did not have the same experiences. This inequality could be alleviated by colleges providing emotional support to their students. Unfortunately, burnout rates in the veterinary industry are only worsening. In 2022, O'Brien et al. found that VNs scored highly in self-reported levels of anxiety, depression and other mental health-related struggles. They also found that new graduate VNs scored higher in work-related stressors in comparison to new graduate vets. Education providers have the opportunity to tackle these issues by providing support and safe

spaces for students and formal emotional resilience training. Many colleges are already doing this, which should inspire others to do the same and continue improving. Without support from the get-go, students are at risk of burnout in the early stages of their careers in an industry that pre-disposes its workers to mental health struggles.

Supporting the transition into practice

Unfortunately, the shift from student to registered VN is often complex and unsupported. For example, Aoife, who continued working at her placement clinic upon graduating, found the transition difficult as she still felt perceived as a student. Similarly, Louise felt forgotten once she 'officially' joined the team and noted that other staff members assumed that she no longer needed training. To ease this transition, colleges should offer structured support for new graduates. Some universities, such as UCD (n.d.), have mentoring programmes in place for newly graduated alumni. Others could follow a similar framework, complemented by a module or workshop to prepare students in their final semester for the transition. Partnerships with clinics may also be beneficial for this reason. Graduate programmes are becoming increasingly popular (XLVets Skillnet, n.d.; Duggan Veterinary Supplies, 2025) and are typically funded by practices employing newly graduated VNs. However, not all clinics can afford to avail of these programmes, and do not specifically address topics such as emotional resilience and the transition itself. Overall, post-graduation support from colleges should be stronger and more structured to help new graduate VNs make the most of their transition.

5.4 Implications for my own Practice and Story as a VN

This research has not only highlighted the experiences of others but has also prompted a critical reflection on my own experience through my career as a veterinary nurse and educator. Reflecting on my own journey served as a comparative to help me better contextualise and interpret the findings, while also bringing a sense of personal reflection into the wider picture.

As a former student VN and like many participants in this study, I too felt inadequate at the best of times and frequently questioned whether I belonged in such a demanding and emotionally

challenging profession. I am all too familiar with the silence I would choose over asking a "silly" question and would always feel intimidated to even think of asking a vet. Despite the negatives, I remember one particularly impactful placement - my final placement - which turned into a job upon graduation. The support I felt within that team of nurses and vets made me feel appreciated, intelligent, trusted and above all else; competent and confident enough to succeed. These shared experiences reinforced just how deeply placements shape our professional identities and personal selves.

Now, as a practicing VN, this research has reminded me of the ever-evolving nature of veterinary medicine. While it is easy to accept that learning is lifelong and we will never know *everything,* this study brought that concept into a deeper focus. Hearing the lived experiences of student VNs reinforced the reality that growth is continual and that openness to learning is essential to our professional and personal development. This study also prompted me to reflect on the many veterinary teams I have worked within. It has reinforced the understanding that those teams are dynamic by nature and are delicately balanced by their members. It served as a clear reminder that support within these teams is essential. This is not only for learning, but also for confidence-building, which can be affected so easily at any stage of a VNs career. The narratives from this study have reminded me of the motivation that first led me to teaching; the fulfilment I felt in being a mentor for students in practice. It reminded me to not lose sight of where that journey began, and to continue this role for student VNs, providing encouragement, a safe space to learn and make mistakes, and above all else, empathy.

In my role as an educator, these findings have prompted me to view student VNs with more of that empathy. I no longer see competency building as the only objective for these students. I strongly believe that emotional wellbeing should not be an optional extra to curricula and should be intertwined into each subject/module taught. Again, my own experience as a former student VN has shed some light on this. I remember 'pushing through' my degree, trying to achieve the competencies and essential knowledge in a rush. I didn't realise at the time how important my

mental wellbeing was. My college did introduce an element of formal emotional wellbeing training as a pilot in my final two years, but I strongly feel that this should have been developed and intertwined from the very beginning. I recall one lecturer who took it upon herself to teach us how to journal in our first year, highlighting the importance of self-awareness and emotional intelligence. I still utilise this skill from time to time and is something I would like to introduce and elaborate on in my own teaching practices. Hearing how students valued communication, validation and consistency reminded me that effective teaching is not just about engagement and content; connection and approachability are just as important.

This study has been both challenging and affirming. It somewhat confirmed and validated a belief I have held since I was a student myself; that not only do student VNs need technical and theoretical knowledge, but they need to feel emotionally supported in it to succeed. Due to the emotionally challenging nature of veterinary nursing, I feel that this is particular to the profession. As educators and mentors, it is our responsibility to guide students on this journey. We must also consider that while these students may work in practice as VNs in the future, they also hold the potential to impact and change the profession in powerful ways; from improving standards to reshaping the culture of veterinary medicine. This reflection has reminded me that the influence we have as educators extends far beyond the classroom. Each placement, class and interaction provide an opportunity to model empathy, resilience and mentorship, contributing to the future of VNs in both a professional and personal sense.

5.5 Limitations

While this study outlined contributions, recommendations and insights, the limitations of the research must also be considered. The scope of this study was limited due to being a dissertation as part of a Master of Arts in Educational Practice. Each emerging theme in the findings could easily become another research paper topic. In the context of this study, the sample size was relatively small and drawn from various cohorts. Although qualitative research prioritises quality over quantity

(Riessman, 2008), the limited diversity and number of participants may restrict the transferability of these results (Drisko, 2025).

While this narrative inquiry study naturally relies on narratives which are highly subjective, it is important to note that participants may be influenced by recall bias (Khare & Vedel, 2019) or social desirability bias (Bispo, 2022). Participants may have unintentionally misrepresented past experiences or downplayed negative emotions due to emotional filtering or memory limitations.

While a lack of triangulation can affect the trustworthiness of a study (Morgan, 2024), it was not within the scope of this study to include multiple sources of data. Additionally, the use of one data source (such as SVNs) enhanced the narrative approach taken, focusing deeply on participants' narratives and keeping in line with narrative inquiry methods (Riessman, 2008).

Lastly, my positionality presented both strengths and weaknesses. While my professional background offered valuable insight, it may have influenced how I interpreted the data. As an 'insider', I was aware of the risk of confirmation bias (Buckamal, 2022) and possible response bias due to my perceived authority. I attempted to maintain reflexivity as much as possible through journalling to help combat this challenge.

5.6 Recommendations for Future Research

Given the limitations of this study, future research would be of significant benefit to the wider context of veterinary nurses and placement. While this study explored the emotional challenges of placement, it did not fully assess how external factors – such as socioeconomic status, disabilities etc. - could impact placement experiences. Future research could address these factors, offering a more inclusive look at students' experiences and needs (Harley et al., 2025; Hederman & Poole, 2024). Additionally, incorporating perspectives from educators, mentors and placement supervisors alongside student narratives would introduce triangulation, offering offer a more holistic understanding of the experience of participants (Morgan, 2024).

Other recommendations for future research include exploring more individual topics, such as competency achievements alone, or perhaps the emotional experiences of students during the educational process as a whole.

5.7 Conclusion

This dissertation aimed to address the research question: *How do clinical placement experiences impact the preparedness of student veterinary nurses for real-life practice?* Using a narrative inquiry method, it found that not only are clinical placements pivotal in developing practical skills, but also in building confidence, emotional skills and professional identities. Despite challenges, many students emerge with resilience and adaptability.

Clinical placement is not just a 'ticking box' activity in education, it is an all-encompassing experience for student veterinary nurses. When we support these students with empathy, structure and clear communication, we don't just 'produce' competence veterinary nurses; we shape the future of veterinary nursing itself.

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Appendices

Appendix i: Participant Information Sheet

Participant Information Sheet

Research Title: **'The lived experiences of Irish qualified Veterinary Nurses of clinical placement, and its impact on their preparedness for professional practice'.**

Introductory Statement

My name is Laura Keyes. I am a Registered Veterinary Nurse (RVN) completing my Master's in Educational Practice with the Centre for Education and Lifelong Learning in National College of Ireland (NCI). Should you have any questions or if anything is unclear, please contact me via e-mail (x23100117@student.ncirl.ie) or my supervisor, Dr. Conor Mellon (conor.mellon@ncirl.ie).

What is this research about?

This research aims to explore veterinary nurses' experiences of clinical placement during training. It also aims to explore their experiences of and self-perceived levels of preparedness for the transition from education to practice.

Why is this research being conducted?

This research is being conducted as part of my project for the fulfilment of my Master's in Educational Practice (MAEP). This particular topic is of high interest to me personally and professionally, as I feel that clinical placement can be a stressful time for VNs.

Why have you been invited to take part?

You have been invited to participate in this study because you meet the inclusion criteria:

Participants must:

-be at least 18 years of age

-have completed a Veterinary Nursing course in the Republic of Ireland **within the last 3 years**

-have practiced as a Registered Veterinary Nurse for at least 6 months after graduation*

*Participants are not required to be practicing Veterinary Nursing *currently*.

It is hoped that up to 10 participants will be recruited into the research study.

What will happen if you decide to take part in this research study?

You will be asked to sign the consent form and given a copy of this participant information sheet. You will then be invited to meet with me on MS Teams, on an agreed date and time for a 30–60-minute interview. During the interview, I will ask you some questions about your experience of clinical placement, how it has affected your preparedness for 'real-life' practice and any other information that you may wish to share. I may contact you via email after the interview for a follow-up meeting to clarify information you have provided and to ensure that I accurately depict your experience in my report.

How will your data be used?

The interview will be recorded and then transcribed using MS Teams. Once the transcription is created, the recording will be destroyed. The transcription will not include any identifying information, as a pseudonym will be applied. Your responses will be combined with other participants to get a wider picture of what clinical placement experiences are like in Ireland. To give examples in my report, I will use extracts from the interview (under pseudonym where applicable). This research study will be submitted as a final project and may be published, presented or referenced by others in the future.

How will your privacy be protected (including any legal limits to confidentiality)?

All information collected about you during the research will be kept strictly confidential indefinitely. Only the researcher (Laura Keyes) will have access to the recording of the interview and your identifiable information (Name, e-mail address).

Any information about you which leaves the College will have any and all identifying information removed. When the interview is transcribed, a pseudonym will be applied and used from that point onwards (in all study reports and final write-up). All information will be stored in a National College of Ireland secure drive.

Please note that confidentiality of information can only be protected within the limitations of the law.

What are the benefits of taking part in this research study?

Clinical placement can be a difficult and stressful time for VN students. These experiences have not been studied in Ireland. It is hoped that this study will bring attention to the range of experiences VNs may have while on placement.

It will also give you the opportunity to discuss your experiences and reflect on them.

What are the risks of taking part in this study?

Although this study is not designed to elicit emotional responses, some participants might find a conversation about their lived experience on clinical placement distressing.

You can request to stop the recording, or that the interview is stopped without having to give a reason. You are free to 'skip' a question without need to justify as there is no obligation to answer any questions you do not wish to.

You are encouraged to only share what you feel comfortable with.

Can you change your mind at any stage and withdraw from this study?

Your participation in this study is entirely voluntary and you can withdraw consent at any time of the study. Data can be withdrawn from the study at any stage up until submission of the research.
To withdraw from this study, please see contact details below.

How will you find out what happens with this project?

Should this study be published, you can request to be sent access to a copy.

Contact details for further information:

Researcher: Laura Keyes (x23100117@student.ncirl.ie)

Supervisor: Dr. Conor Mellon (Conor.Mellong@ncirl.ie)

If participants have any concerns about this study and wish to contact an independent person, please contact:

National College of Ireland Research Ethics Committee EthicsSubCommittee@ncirl.ie

Appendix ii: Consent Form

Informed Consent Form

1. **Research Study Title**

The working title of the study that you are invited to participate in is: 'The lived experiences of Irish qualified Veterinary Nurses of clinical placement, and its impact on their preparedness for professional practice'. It is being undertaken at the Centre for Education and Lifelong Learning at National College of Ireland (NCI) by Laura Keyes (x23100117@student.ncirl.ie). Supervisor: Dr. Conor Mellon (conor.mellon@ncirl.ie)

2. **Purpose of the research**

The purpose of the study is to get a general understanding of Irish qualified Veterinary Nurses' experiences of clinical placement and their levels of preparedness for the transition from student to Registered Veterinary Nurse (RVN).

3. **Confirmation of requirements (as called out in the information sheet)**

As per the 'Participant Information Sheet', participants are invited to attend an online conversational interview. The researcher will request to record the interview session which will be transcribed.

4. **Please complete the following section by circling/answering 'Yes' or 'No'**

I have read the Participant Information Sheet	Yes/No
I understand the information provided	Yes/No
I have had an opportunity to ask questions and discuss this study	Yes/No
I have received satisfactory answers to all my questions	Yes/No
I agree to have my interview recorded and transcribed	Yes/No
I agree to have anonymized quotations from my interview be used in the research	Yes/No

5. **Voluntary Participation**

Your participation in this study is voluntary. You have the right and opportunity to withdraw consent to participate in the study at any point.

6. **Protection of confidentiality of data**

Data collected during this study is confidential and will be analysed only by the researcher. Anonymity of participants will be protected to the best of my abilities. Interview recordings will be destroyed after transcripts are created. Anonymised transcripts will be stored in a secure National College of Ireland cloud drive. Consent forms will be stored and destroyed after 5 years in accordance with National College of Irelands' Policy.

7. **Please read and sign the section below**

I have read and understood the information provided in this form. I had the opportunity to ask questions about this study. All my questions have been answered by the researcher and I have a copy of this consent form. I understand that any information I provide will be securely stored and destroyed once transcripts are anonymised. I consent to the use of this data for future studies where appropriate.

I consent to take part in this research.

Signature:
Participants Signature:
Name in Block Capitals:

    Date:

Appendix iii: Interview Guide

Introduction

1. Tell me a little about yourself and why you chose to study Veterinary Nursing.
    a. What experiences influenced your decision?
    b. What drew you to the profession?

2. Can you tell me about your course to become a VN and what you did afterwards?
    a. Did you go straight from school, or did you complete something else first?
    b. Where did you study? (this won't be mentioned - just general area of country)
    c. What is your qualification level?
    d. When did you graduate? (this is to ensure candidate eligibility and won't be mentioned)
    e. Where are you currently working?

Clinical Placement

1. Tell me about placement during your studies, and what your experience of it was like.
    a. In which years did you undertake placement?
    b. How many weeks/hours did you do?
    c. Did you find your own setting or was there support there for this?
    d. Generally speaking, was it a positive experience? Why? Why not?
    e. Did you face any challenges during this time?

2. What were your expectations going into placement?
    a. What did you imagine your first day to be like?
    b. Was there anything you were particularly nervous or excited for?
    c. Did you have any ideas about how much you'd get to do?

3. Can you talk to me about your competencies on placement?
    a. Did you have a particular list of competencies to achieve? What were they?
    b. How did you feel about them?
    c. How did they benefit you on placement?

4. What kind of support did you have during placement?
    a. What about the staff in the practice?
    b. What about your peers and family?
    c. And your college – did they offer any support?

5. How did placement benefit you?
    a. Can you describe an experience or moment during placement that felt meaningful or rewarding?
    b. Were there any challenges that ended up teaching you something valuable?

6. Did your experience on placement change how you thought about vet nursing or even veterinary medicine?

Preparedness for CP

1. How prepared did you feel before starting your placement?
    a. Going back to first CP – can you tell me how you were feeling or what you were thinking beforehand?
    b. Was there anything you particularly felt ready for, and anything you weren't?

2. How did your college support you in getting ready for placement?
    a. Did they offer a prep session or documents to help you prepare?

3. Were there any moments during placement where you thought that you could have done with more prep and, looking back now, what do you think would have helped you in feeling more prepared?
    a. Did you have any thoughts like 'I wish I learned more about xyz' or 'I should have known how to do this before coming here' etc.

Transition & Preparedness for Practice

1. Can you tell me about your first few weeks as a qualified VN?
    a. Were there any surprises or shocks for you?

    b. Did you have a mentor in your practice? If not, who or what helped you the most?

    c. How did you manage the demands and pressures of those first few weeks?

2. How prepared did you feel stepping into your first job as a qualified VN?
3. Looking back now, what does 'prepared' mean to you?

    a. What level of competence, emotional readiness and confidence do you think is necessary for newly qualified VNs?

    b. How do you feel your competencies impacted your level of preparedness?

4. Can you describe any similarities between practice and placement?

    a. Were there any situations or tasks you felt comfortable or confident in because of your placement?

    b. Have there been any situations since qualifying that you never experienced or expected before?

5. Did anything change for you after the first few months?

    a. Do you feel like there was a point where you began to feel more comfortable and confident in yourself?

    b. Did your support system change much over time?

6. Overall, how important do you feel placement is in preparing you for 'real-life'?

    a. What parts were the most beneficial to you going into practice?

    b. Were there any parts you would consider unimportant?

Closing Questions

1. If you could give any advice to future student VNs, what would that be?
2. Is there anything else you would like to add that you feel might be beneficial or important?

Appendix iv: Transcript Samples with notes

Sample from Participant 1 – Mary

Participant 1

April 22, 2025, 5:35PM

1h 9m 45s

Laura Keyes 0:05

OK. Is it working? Yes, it is. OK, right. So I have there's a couple of different sections in this. So I have another introduction and then we're going to go like look at like your placement like clinical placement.

0:20

Hmm.

Laura Keyes 0:21

And then like looking at your kind of transition into becoming like a qualified vetor. So that makes sense. So the first question I have is just to kind of like, can you tell me a little bit about yourself and why you chose to study veterinary nursing?

0:28

Yeah.

So I'm ▓▓▓▓▓▓▓▓ I grew up with animals all my life. We always had dogs, cats, horses.

And everyone around me was the same. We grew up, so I was always going to want to do something with animals, whether it be.. I wanted to do animal science and then I want to do equine science in UL but I think I just wanted to be more hands on at work and just, I knew that did, like I wasn't going to go into like an office job where I didn't, where I didn't want to be there. So I was like, veterinary nursing was the best option for me I felt.

[handwritten note: associates P1 w/ career choice, early exposure to animals shaped]

[handwritten note: lifelong involved love of animals 1.]

[handwritten note: felt meant to be 'a VN?]

[handwritten note: knowing needs 1.]

Laura Keyes 0:58

Yeah, OK. Fair enough. Can you tell me about the course that you did to become a vet nurse and what you did afterwards?

1:16

Yeah, I started off by doing my Leaving (cert) I actually had equine science down on my CAO and I actually got that. Then at the end, I was like, I want to include cats and

Sample of Transcript from Participant 2 – Louise

Over and like we were probably particular the other way. But you had to do things 3 times and then once perfectly.
And then you could do it yourself. So it kind of, you know, I guess because it's within *abroad*   *diff standards*
the college thing, it's like, oh, she's seeing these things she's exposed to it, and we're teaching her here, you know, kind of thing like, that's the grey area.

Laura Keyes 41:57

Hey, yeah.

Yeah.

42:10

But I did think that like you know, OK, and you know, like not that this is. I don't remember when I got signed off on like IV placements. But you know you missed that three times and then you got at the four you know it's it's not the same as you were bad when you started but now.

Laura Keyes 42:19

Yeah, yeah.

Yeah, I get what you mean. Yeah.

42:25

You're doing it.
And sometimes I'd be like, but then again, this is me being older and odd. I like, wouldn't let the nurse sign me off. I'd be like, no, I want to do that again. I didn't like it. You know, like, if it was something that I knew was repeatable, you know, and then you kind of. I pulled back the signature so I'd get the chance to do it again, you know. *desire to complete task to best of ability*

Laura Keyes 42:36

Yeah.

Yeah.

42:45

If they're not.

Sample from Participant 3 – Aoife

Laura Keyes 13:38
OK.
OK.

13:47
And for the rest of them.
Yeah, I know. In fairness, they did. They did prepare us well for, for placements.

– feeling prepared for placement

Laura Keyes 13:56
OK. So you probably felt pretty confident kind of going into placement, did you?

14:00
Yeah, like as confident I suppose as you could be like into a scary thing.

placement = scary

Laura Keyes 14:05
Yeah.
Was there anything that you felt you weren't ready for?

14:14
Hmm. No.

Laura Keyes 14:16
Ok, good.

14:21
Yeah. No, I'm sorry, 'cause I because I worked in it for a few years before I like I I.

exp in practice helped.

Laura Keyes 14:26
Yeah.
You kind of knew the jist of it really. Yeah, that's fair. And that really stands to you, I think.

14:31
Yeah, yeah.

Sample from Participant 4 – Aisling

Laura Keyes 31:18
Yeah, yeah.

████ 31:20
So that definitely like warmed my heart a little bit. Like obviously there was parts that were horrible. But in a in a way, I think the the sad parts with the the ones you can't help.
Like there was a Bunny that was paralysed.
She was a little baby Bunny.
It was paralysed from his legs and he was like my first nursing case, I guess because he was hopeless.

Laura Keyes 31:38
OK.

████ 31:39
Like I was literally just told, oh you need to feed him and make sure he has water.
We're probably going to put him to sleep later, but ==to be able to give him, like comfort in that little period of time and to know he's not going to be suffering for much longer like I think that's a really beautiful part of the job people don't talk about.== → *meaningful exp*

Laura Keyes 31:48
Yeah.

████ 31:54
Like people think oh, like, I couldn't put dogs down.
I couldn't Watch Dogs be put down.
I couldn't do that with cats or whatever.
==But a lot of the time it's it's the best thing you can do for them, obviously.== – *the realisation of job & emotional aspect*
You know, like I know you know this, but like.

Laura Keyes 32:06
Yeah. No. Yeah, yeah, no.

Pilot Notes – there was an issue with the beginning of the recording and overall transcription of this interview as it was the pilot. To obtain data, quotes and codes, I listened back to the existing recording and took notes alongside my interview guide as below:

placement helped figure out what career was desired

Preparedness for CP

1. How prepared did you feel before starting your placement?
   a. Going back to first CP – can you tell me how you were feeling or what you were thinking beforehand?
   b. Was there anything you particularly felt ready for, and anything you weren't?

"I think it was different for me because I went back as a mature student."

"Our first placement wasn't in practice, I went lambing. I was nervous, but I was willing to learn. And meeting new people just has to happen."

"I felt I could do it. But that's just me as a person like."

"I think if you're going into placement for the first time, just watch and wait and listen. And it'll come to you after a few days and you can get stuck in."

2. How did your college support you in getting ready for placement?
   a. Did they offer a prep session or documents to help you prepare?

"I think we had like, a lecture on placement and we definitely got a manual I know."

"Also, I think the shorter placements we had before the big one definitely helped."

3. Were there any moments during placement where you thought that you could have done with more prep and, looking back now, what do you think would have helped you in feeling more prepared?
   a. Did you have any thoughts like 'I wish I learned more about xyz' or 'I should have known how to do this before coming here' etc.

"For my own self, maybe doing more revision or study for it. Like I'm a very practical person, so I hated lectures and was more excited for placement."

Laura Keyes
placement less stressful because of maturity

Laura Keyes
first placement in unfamiliar setting forced to learn

Laura Keyes
advising to observe before jumping in

Laura Keyes
felt like college prepared for placement

Laura Keyes
shorter placement before longer helped to prepare

Laura Keyes
self-directed learning would be beneficial to placement

Appendix v: Reflexive Diary Sample

Sample of Reflexive Diary entries discussing interviews

Interviews

Pilot – 15th April

The pilot was eye opening to the style of questions I was using. I had some issues with recording/transcribing so just had a recording. I decided for ethical reasons to take notes and manually type out some quotes that I felt would be useful later on and then destroyed the recording. So it wasn't ideal but I had what I needed. I changed some of the questions due to confusion on the participants' end and she made a few suggestions in this regard. This participant was a mature student going into VN and I imagine I will get some different answers to the same questions with other participants because of this factor.

1st interview – 22nd April

This first interview was enjoyable; this was a student who completed some of their placement in a previous practice I worked within and I was their mentor. The participant had some interesting views and narratives. There was an ethical dilemma in which the participant had mentioned a situation in practice that I felt warranted some advice to talk to their employer. I did chat to them after the recording and they were discussing their next steps for action, I offered my help and if they had any questions or needed advice, to contact me.

The interview lasted about 1.5hr which was over what I had anticipated. I feel that this was a sign that the participant was comfortable with sharing their stories.

2nd interview – 23rd April

The second interview was just under 1 hr and went very well. Lots of mentions of anxiety around placement and practice. This participant had a wealth of experience before VN so seemed a lot more comfortable – maybe age and maturity have a big impact on preparedness???

3rd interview - 30th April

This interview was shorter than the others so not as much data collected. Participant praised the college in comparison to others and took a practical approach to the interview. I do think the data will contribute to the study but maybe not as richly as others.

4th interview – 6th May

I enjoyed this interview the participant was very aware and took a reflective approach to the questions. She talked about the emotional aspects of VN a lot and did criticise the

Sample of Reflexive Diary Discussing Data Analysis

Data Analysis – early June

Going through the pilot interview as a data source was tricky because of the lack of transcript. I did manage to code and use some themes from this interview but they will only be supplementary to the primary data. The pilot participant (Anne) came into VN as a mature student and takes a very practical approach to work. She is very 'get it done' minded and didn't seem to be phased too much by what others may have been phased by. While I only gathered a few points, I feel they are beneficial to the study. The themes I gathered were:

1. Identity
2. Experiential Learning & Competencies
3. Reflection & Advice to future VNs
4. Support Networks
5. Transition to RVN

Analysing and coding the first participant's interview was challenging as not only was it my longest interview, but it was my first after the pilot. I think this participant (Mary, pseudonym) had a difficult time mainly due to a major lack of college support and negative experiences during early new grad life. On interviewing Mary and reading through her transcript again, I felt grateful for my own placement experiences. They were relatively 'uneventful' and my college was generally supportive and gave good guidance. I could relate to Mary's anxiety and fear of doing things wrong, or 'getting in the way' at times as I remember that feeling all too well. I got a lot of interesting points and potential themes from Mary like:

- Barriers and challenges in placement (and/or education?)
- Relationship between experiential learning and competency
- Emotional and mental health struggles
- Transition periods (CP and new grad)
- Support systems

Appendix vi: Template of Member Checking Email

Hi [name of participant],

I hope you're keeping well. Thank you again for taking part in my study. I am just following up with you to see if you wanted to add or change anything in our interview (attached themes and codes). This is a process called 'member checking' to help improve the validity of the study. You do not *have* to change anything, this is just an opportunity to do so if you wish.

 I'd appreciate if you could **let me know by 11th July,** so I can make changes accordingly. If I **don't** hear from you, I'll take it that **you are happy** with everything.

I have attached a document outlining the quotes I may use (not all, just some here and there) and those quotes grouped into codes and themes. I just want to make sure I'm accurately reflecting your experiences. Your pseudonym is on this document also to keep everything anonymous ☺

Thank you so much again for sharing your story, it's all coming together nicely and I'd be happy to share the final dissertation with you (if you're interested!)

Many thanks,

Laura

Appendix vii: Audit Trail

Sample of data analysis process, using colours to match themes identified in transcripts, including codes and corresponding quotes.

Code	Quote
lifelong involvement with and love of animals	I grew up with animals all my life. We always had dogs, cats, horses.
Desire for hands on work	I think I just wanted to be more hands on at work
	I wasn't going to go into like an office job where I didn't, where I didn't want to be there
Meant to be a VN	veterinary nursing was the best option for me I felt
Loss of skills through not using	Sometimes I feel like I'm losing some of my skills
Learn by doing	like I'm such a visual learner that I actually learned from doing it.
Placement setting variability is positive	I think I went to four or five different practices and it was just like, it helped me in because if in one practise we're using say 1 drug or another drug and then I go to another practise and they're using a different drug but for the same thing, it's just interesting to get like a good like for sedations or for pain meds and all. It was just good to get a good insight into.
Supportive mentors	Some nurses like loved having us and loved like telling you everything
Preference of CP over college	But overall I like I used to look forward to my days on placement way more than being in college.
Lack of college support	Like college didn't help at all.
Placement variability in expectations (of practice)	But like you're watching them there for months and months and then like you'll go somewhere else and they'll be like, have you done this? You're like, no, I haven't.
Sense of autonomy and responsibility builds confidence	I had my own jobs to do when I went in. That made me feel like I was like, oh, I was like good enough to be given jobs if you get me like
Competencies = direction	Like I sat down a few times, with like my mentors or whatever, and we were like, OK, we'll try tick this off this week or this off next week.
	I think they are nice. Like you could go back to and even, you know, at the end of every week or day we have to write a diary of what happened that day.

1. Identity Formation
2. Barriers in Ed. /CP
3. Learning by doing /comps.
4. Transition Shock
5. Emotional /MH struggles
6. Support Networks
7. Professional relationships & hierarchies

Document with overall themes, colour coded to correspond with each participant. This significantly helped in compiling the themes, subthemes, codes and quotes into one document that ensured ease of access and reference.

Major Themes

   a. Professional Identity & Transitions
   b. Experiential Learning and Competency Development
   c. Emotional Wellbeing
   d. Support Networks and Interpersonal Dynamics
   e. Barriers in Education and Placement Settings
   f. Reflections and Advice for Future Student Veterinary Nurses

Maria:

1. Identity a
2. Experiential Learning & Competencies b
3. Reflection & Advice to future VNs f
4. Support Networks d
5. Transition to RVN a

Mary:

1. Identity Formation a
2. Barriers in Education & Placement e
3. Learning by doing/competencies b
4. Transition into practice a
5. Emotional/MH Struggles c
6. Support Networks d
7. Professional relationships & hierarchies d

Louise:

1. Career Transition & Identity Change a
2. Learning by doing/competencies b
3. Anxiety & Perfectionism c
4. Barriers in Educational & Placement settings e
5. Support Networks d
6. Transition into practice a
7. Mature student impact f

Aoife:

1. Identity Formation a
2. Support systems d
3. Practical learning & experiences b
4. Feelings of anxiety c