



Evaluation of the clinical environment and the professional behavior of nurses by means of the eyes of nursing students¹

Hatice Öner²
Ümre Erdem³

Abstract

Aim: The study was aimed to reveal the first clinical observations and observations about professional behaviors of first year nursing students.

Method: A qualitative research method was used. The data were collected using document analysis as a qualitative research method. 60 nursing first year students were included in the research group. Inductive content analysis method was used to analyze the data.

Findings: As a result of the document analysis two main categories which were “my first observations” and “observations of professional behaviors”. Four themes regarding the my first observations were identified. These themes were “physical properties of the hospital/clinic”, “observations about the general condition of patients and patient relatives”, “observations about health professional”, “my observations about me in terms of being a student for the first time”. Two themes regarding the observations for professional behaviors were identified. These themes, “behaviors considered as professional in nurses” and “non-professional behaviors observed in nurses” and related sub-themes were identified.


Conclusions: The students were affected by the physical conditions of the clinic and the approach of health professionals to students. It is recommended that clinical practices should be planned on the basis of the collaboration between schools and hospitals to support the professional behavior of students.

Keywords Nursing education, Nursing student, Clinical practicum, Clinical observations, Professionalism.

Introduction

The fundamental principle in theoretical and practical nursing education is to proper students to provide effective and appropriate care (Bazrafkan and Kalyani, 2018; Özbayır, Yavuz, Taşdemir, Dirimeşe and Seki, 2011; Yanıkerem, Altıparmak ve Karadeniz, 2014; Yang, 2013). Education is composed of various factor such as students, educators, resources and facilities, hospital staff, educational methods and clinical environments (Bazrafkan and Kalyani, 2018). In this preparation, clinical teaching has **every time** been an complementary part of the educational

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² Assist. Prof. Dr., Aydın Adnan Menderes University, Faculty of Nursing, Department of Mental Health and Diseases Nursing, honer@adu.edu.tr  Orcid ID: [0000-0002-6556-5753](https://orcid.org/0000-0002-6556-5753)

³ umre.erdem@hotmail.com  Orcid ID: [0000-0003-1968-5102](https://orcid.org/0000-0003-1968-5102)



process (Aytekin, Özer and Beydağ, 2009; Yang, 2013). First year nursing students have almost no experience of being responsible for the care, health and well-being of patients (Joolae, Jafarian Amiri, Ashghali Farahani and Varaci, 2015; Yang, 2013).

They also have different experiences in putting their theoretical knowledge and ability they have learned in the education process into practice in an environment they do not know (Atay and Yılmaz, 2011; Biçer, Ceyhan and Şahin, 2015; Dunn and Hansford, 1997). Students might experience worry, uncertainty and trouble of abandonment during their first experience in the clinic environment (Joolae et al., 2015; Yang, 2013). It may also cause students to not benefit from this process sufficiently because of clinical practice caused stress, clinical practice's short duration and lack of skill orientation, inability of environment to answer the needs of learning and work centered studies (Bayar, Çadır and Bayar, 2009; Bazrafkan and Kalyani, 2018; Joolae et al., 2015; Tosun et al., 2008). However, clinical education should provide multifaceted learning opportunities for students during the period of transition to professional life (Yang, 2013). Students are expected to develop their identity, value, attitude, knowledge and skills for nursing profession and gain proficiency through theoretical and clinical trainings (Bazrafkan and Kalyani, 2018; Biçer, Ceyhan and Şahin, 2015; Chan, 2002; Elçigil, and Yıldırım Sarı, 2011; Öhlen and Segesten, 1998). The ability of students to learn nursing care is directly interested to the quality of education in the clinical environment. In line with a qualified clinical training process, more successful and professional students can be trained (Bazrafkan and Kalyani, 2018). Both educators and clinical nurses have a major role in gaining these qualifications by students.

It is important for the nurses to be conscious, experienced and professionally equipped, positive role model in terms of the attainment of the objectives (Akyüz, Tosun, Yıldız and Kılıç, 2007; Erenel, Dal, Kutlutürkan and Vural, 2008). Because students need to be guided, supported and feel this support during clinical practice (Hughes, 2004; Killam and Carter, 2010). Each student needs to receive this support from both educators and nurses. Karadağ et al., (2013) stated in their study that first year students should be supported more because the first clinical experiences may cause first year students who are unfamiliar with the profession and hospital environment, to have negative feelings about the profession.

Undoubtedly, the experiences in the clinical practice process have a lot of contributions to the students' familiarization and adoption of the nursing, and the development of perceptions towards the profession by them. The first experiences of students affect their adaptation to the educational process (Yang, 2013). When students are not supported by health professionals in clinic environments, it is seen that there is an increase in the feelings of disability and dissatisfaction (Saifan, AbuRuz and Masa'deh, 2015). It has been reported that especially having positive clinical experiences and good student relationships with their teams are beneficial for the adaptation of students to the clinic and their motivation and also affect their learning positively (Elçigil and Yıldırım Sarı, 2011; Yang, 2013).

Nurse **educators** have a number of responsibilities, such as understanding the factors that **affect** students in the clinical setting and taking the necessary measures to improve the efficiency of the clinical training process (Yang, 2013). However, identifying students' problems related to the clinical education process makes contributions to the improvement of education quality along with the solution (Bazrafkan and Kalyani, 2018). It is important to learn the observations of the students who had this experience for the first time and learned related subjects and concepts theoretically in the course of professional identity and values, about the clinical environments and the professional behaviors of nurses based on the subjects and concepts in the course and to reveal their perception of the profession and their evaluations about professionalism.

The study was carried out to reveal the first clinical observations and other observations for professional behaviors of the first year nursing students who took the course of professional identity and values I.

For this aims, the answers of the behind questions were searched.

- What are the first clinical observations of nursing students?
- What are the opinions of first year nursing students about the behaviors of professional nurse in clinical practice?

Methods

This study was a qualitative phenomenological study. This is a qualitative study in which narrative document analysis, which is one of the data collection tools used in qualitative research, was used to collect the data related to the study.

Study Group

The universe of the study consisted of 92 first year nursing students who took elective the elective course of Professional Identity and Values I in the spring term of 2018-2019 academic year. No sampling method was used. The whole universe was planned to be included in the sample. The study group consisted of 60 students who agreed to participate in the study and attended to the course at the time of the study. The study was carried out between April and May 2019. During the course hours, the students were visited and informed about the aim of the study, and the the personal information form and questionnaire about sociodemographic characteristics were given to the students who accepted to join in the study on a voluntary basis. 20 min. is given to each student to fill the forms.

Data Collection Tools

Personal Information Form

The survey, which was prepared by examining the related literature, consisted of the questions on the students' age, gender, income status, information about their families, and the status of willingly/unwillingly choosing the nursing department.

Questionnaire Form

In line with the purpose of the **study**, two open-ended questions were asked to the students to write their observations and opinions. These questions;

- 1) What did you notice / observe when you first entered the hospital?
- 2) What did you observe as professional behaviors in nurses working in the clinic?

Data Analysis

Inductive content analysis method was used to analyze the data. The data were coded for analysis by classifying according to their meanings (straight in -line coding) and the related codes were put together (vertical coding) and the themes were formed by integrating the core categories identified in the vertical coding (selective coding), and then were interpreted. After this process, the data were made meaningful by interpreting (Cresswell, 2003; Hesse-Biber and Leavy, 2006; Yıldırım and Şimşek, 2005). In the interpretation of the findings, the data that cannot be placed into any category and that differed were also taken into consideration in order to prevent possible routing. The data were organized and interpreted, and then reported by the researchers.

Validity and Reliability

Some precautions were taken in order to increase the validity and reliability of the study (Cresswell, 2003).

1. After the written document, and the transcriptions were sent to the related students and they were asked to control the transcriptions and thus participant confirmation was granted. Furthermore in the content analysis, the categories were assign wide sufficient to include themes and sub-themes, limited enough to except irrelevant concepts. These inter relation between these categories, themes and sub-themes were checked and coherency

2. In order to enhancement the external validity of the study, the research process and activities are explained in detail.

3. In order to enhancement the internal validity of the study, the findings were provided without interpretation.

4. In order to increase the external reliability of the study, the researcher defined the activities in a detailed way. Furthermore, the raw data and the coding were kept by the researcher so as to be examined by another person.

Ethical Statement

The ethics committee approval was approved by Aydın Adnan Menderes University Faculty of Nursing, Non-Interventional Clinical Research Ethics Board with the protocol number of 2019/085. In order to run the study, the permission of the institution was also obtained from the Dean's Office in the Faculty of Nursing. The purpose of the study and the contribution of the study to the education process and to the nursing profession were explained to the students, and then the verbal consents of the students who voluntarily agreed to join in the study were obtained.

Results

80% of the students who participated in the study were female while 20% of them were male. The mean age (X) of them was 19 years. 70% of the students stayed in dormitories or boarding houses. 43.3% of the students preferred this department because they liked the profession; 71.6% of them stated that they were satisfied with the department.

Table 1 shows the two categories that emerged as a result of the first-year nursing students' first observations in the hospital/clinic and their observations on the professional behaviors of nurses, and related themes and sub-themes. The findings related to the categories, themes and sub-themes were coded according to the ages and genders of the students.

Table 1: First Year Nursing Students' First Observations In The Hospital And Observations On Professional Behaviors Of Nurses (n=60)

Category	Themes	Sub-Themes
1. My first observations	1. Physical Properties of the Hospital/Clinic	1. The first thing that caught my attention was the smell of the hospital. 2. Poor quality hospital 3. No hygienic environment 4. Airless 5. Extremely dense environment 6. Very small patient rooms
	2. Observations about the general condition of patients and patient relatives	1. Desperate, pessimistic patients 2. Hectic people 3. Patient relatives waiting with hope 4. People with pain 5. Being happy for recovered 6. An environment in which no one cares about anyone 7. Patients were sad, helpless and fond 8. Patients were needers of nursing care. 9. Some patients were happy despite their diseases.

	3.Observations about health professionals	<ol style="list-style-type: none"> 1. Nurses act irresponsibly 2. Nurses were the first thing attracted my attention 3. Nurses were only applying what is written in the file 4. Nurses and doctors were working in harmony 5. Healthcare professionals do their best for their patients 6. It was boring, people were very selfish
	4. My observations about me in terms of being a student for the first time	<ol style="list-style-type: none"> 1. Impressed uniform 2.I realized that I took the first step of my profession that day. 3. For the first time, I had a patient who was in need of my help. 4. It is a difficult profession. nurses should be patient and stable 5. I have understood that I should treat all patients as if i am not tired of the profession. 6. Exactly the profession I want; it is dynamic and active.
2.Observations Related to Professional Behaviors	1.Behaviors considered as professional in nurses	<ol style="list-style-type: none"> 1. Treating everyone equally 2. Explaining the applications to patients 3. Having good communication skills 4. Being careful about hygiene 5. Being aware of the role (caregiving, rehabilitative and advocative roles) 6. Behaving principled during providing care 7. Being sensitive to patients and their relatives. 8. Finding solutions to patient problems 9. Being in harmony with all nurses
	2.Non-professional behaviors observed in nurses	<ol style="list-style-type: none"> 1. Sloppy care. 2. imputing their own mistakes to patients by nurses. 3. Making inadequate explanation to patients. 4. Weren't providing required or timely care for patients 5. Acting as if there is no student 6. Being Surly 7. Being tired of working life 8. Not valuing patients as human beings

The four theme emerged based on the students' answers to the question of "what was the first thing attracted your attention when you first entered the hospital/clinic?" and within the scope of the category my first observations were defined as "physical properties of the hospital/clinic", "observations related to patients and their relatives", "observations related to health professionals" and "my first observations about me in terms of being a student nurse for the first time".

Six theme-related sub-themes of **physical properties of the hospital/clinic** were identified. These were "the smell of the hospital was the first thing that attracted my attention", "hospital has a poor quality", "there was no hygienic environment", "airless", "extremely dense environment" and "patient rooms were too small". The students' expressions about this theme and sub-theme were as follows. 19E, *"The hospital appeared unhygienic than I expected"*. 18K, *"The first thing that caught my attention was the smell"*. 17K, *"The hospital is poor quality. There is no hygienic environment"*. 18 K, *"The patient rooms are too small and patient privacy is not given enough importance"*. 20 E, *"The things I noticed in the clinic were patient diagnostic forms, four-leaf chip, oxygen tubes"*.

Within the scope of the theme of observations regarding the general conditions of patients and their relatives; nine sub-themes such as "patients were desperate, pessimistic", "hectic people", "patient relatives waiting in hope", "people with pain", "being happy for recovered", "an environment where no one cares for anyone", "patients were sad, desperate and fond", "patients were in need of nursing care" and "some patients were happy despite their illness". The students' expressions about themes and sub-themes are as follows. 17K, *"When I entered the clinic, the patients and their relatives were the first thing that attracted my attention. The patients were desperate, pessimistic or prone to recovery"*. 18 F, *"The general situation of the patients and their relatives and demoralizing atmosphere were very disturbing"*. 20 E, *"The patients needed nursing care, some patients were happy despite their illness and the patients wanted to go home during their hospital stay"*.

Six sub-themes related to the theme of observations for health professionals such as "The nurses behave irresponsibly", "the nurses that first caught my attention", "nurses were only applying what is written in the file", "nurses and doctors were working in harmony", "health staff do their best for their patients" and "It was bothersome, people are very selfish" were identified. The students' expressions about themes and sub-themes were as follows. 20 E stated that *"I noticed that all the hospital staff worked heartily to help patients"*. 21 E said that *"I observed that nurses, assistants and doctors were working in harmony"*. 19 K expressed that *"it was bothersome, people are very selfish"*. 18 K stated that *"the first thing that attracted my attention was that the hospital staff applied everything in order and worked in harmony"*. 20 M said that *"the nurses attracted my attention because I will be like them in the future"*. 19 M stated that *"the way nurses treat patients and the reactions of patients to them were remarkable"*.

Six sub-themes related to my observations about being a student nurse for the first time. These sub themes were "impressed uniform", *"The day, I realized that I took the first step of my profession"*, *"I had a patient who was in need of my help for the first time"*, *"A difficult profession required to be patient and stable"*, *"I understood that I should treat every patient as if I am not tired of the profession"* and *"The profession that I want exactly; it is dynamic and active"*. The students' statements regarding the theme and the sub-themes were as follows. 18 K said that *"I have understood that it is a seriously hard profession, I should be patient and stable, and treat every patient as if I am not tired of the profession"*. 19 E stated that *"Even, I was impressed by wearing the uniform for the first time. I think that I understood that I took the first step of my profession and had a patient who was in need of my help for the first time"*. Another student (20 E) who was affected by the dynamism of the clinical environment stated that it is a very different environment, *"I was very impressed and said that it was the profession that I want to have; it is dynamic and active"*.

The category of observations on professional behaviors was emerged from the students' answers to the question *"what were the professional behaviors you observed in nurses in the clinical environment?"*. Under this category, two themes were identified as professional behaviors considered as professional in nurses and non-professional behaviors observed in nurses.

Nine sub-themes related to the theme of the behaviors considered as professional in nurses were identified. These themes were "treating everyone equally", "explaining the applications to the patient", "having good communication skills", "being careful about hygiene", "being aware of their roles (caregiving, rehabilitative, advocative roles)", "behaving principled during providing care", "being sensitive to patients and their relatives", "finding solutions to patient's problems", "being in harmony with all nurses". In terms of themes and sub-themes, students had observations in which some nurses had professional attitudes in communication, caregiving or in-team

communication styles. 18 E stated that *“their self-confidence was evident and did not try to consult everything with the doctor, and so pointed to the existence of self-confidence, an important concept in professionalism”*. 20 K expressed that *“some of the nurses were very smiling and first asked the situation of the patients when a patient came, and so emphasized the importance of communication skills in professional behavior”*. 19 E stated that *“I observed everything a professional can do. For example, care, hygiene, determination to work, service to patients through empathy, etc., and so expressed own observations in which nurses had different professional behaviors”*. 20 E emphasized *“the existence of professional behaviors in the communication skills of the nurses in the care practices in the statement of their interest in patients, their timely implementation of everything and their style used in explaining a patient's history”*. Another student (19 E) *“who observed the decision making skills that should be in a professional and stated that I saw nurses who were able to make quick and correct decisions, had high awareness of responsibility, and knew how to be tactful and organized”*.

Eight sub-themes were emerged from the students' statements regarding the theme of non-professional behavior observed in nurses. These sub-themes were defined as “sloppy care”, “imputing their own mistakes to patients by nurses”, “making inadequate explanation to patients”, “weren't providing required or timely care for patients”, “acting as if there is no student”, “being surly”, “being tired of working life”, “not valuing patients as human beings”. The students' statements about the theme and sub-themes were as follows. 19 E stated that *“I did not observe much about the professionalism of nursing but I observed being tired of working life, nonbalance, perceiving patients as a material, not as a human being and acting like a robot, and so emphasized that there was no observed application related to any practice in theory that overlaps with professional behavior”*. Another student (18 E) stated that *“I did not see professionalism in nurses, there was no communication with the patients. They only applied the applications written by physicians. There was no good humour, and so expressed his/her observations on both autonomy and communication skills”*.

For the sloppy care sub-theme, a student (20K) said that *“I realized that they no longer cared about what they did on a daily basis, and they did sloppy without considering them because they had done this job for a long time. I also noticed that they didn't explain the mistakes to the patients and also imputed their faults to the patients”*. For non-professional behaviors, the same student said that *“the patient had swelling and bruising in her/his hands because of wrong placement of the serum during the internship. Alcohol-soaked cotton was placed on the swollen hand, alcohol soaked the entire bed and linen but the nurse didn't call anyone to change the sheets. When the patient and his relatives stated this, the nurse got angry and expostulated on them and defined it as the patient's fault. I witnessed this incident with my own eyes”*. The majority of students emphasized that nurses did not behave as described in theory in both communication and care in the clinical environment.

Discussion

It was found that the students who were at the very beginning of the education process, thoroughly observed dimensions of the hospital from the physical conditions of the clinic to the health staff, the functioning and quality of services and created an awareness. In this section, the categories are examined on the basis of the relevant literature in the context of the themes and sub-themes in themselves.

Category 1: First Observations

When the answers given by the students to the research question were examined, it was found that the observations started from the first time they entered the hospital and continued with the observations on the general moods of the patients and their relatives, health professionals' approaches and observations on themselves, respectively.

In undergraduate nursing education, clinical practice has an important role in recognizing the profession and contributing to the development of professionalism (Björk, Berntsen, Brynildsen and Hestetun, 2014; D'Souza, Karkada, Parahoo and Venkatesaperumal, 2015; Papatthanasious, Tsaras, and Sarafis, 2014). In this sense, clinical environments have great facilities in terms of learning process (Alparslan, 2017; Nabolsia, Zumotb, Wardamc and Abu-Moghli, 2012). In the beginning, students are generally unfamiliar with professional practice and clinical environment is unfamiliar for them (Dadgarana, Parvizy and Peyrovi, 2012; Joolae et al., 2015;

Nabolsia et al., 2012). The first theme that emerged in relation to the category of my first observations was "physical characteristics of the hospital/clinic". Most of the students who experienced a hospital for the first time paid attention to the smell of the hospital, airlessness and lack of hygiene. In connection with this, they emphasized the population in the rooms and smallness of them. In a study on the first clinical experience, it was mentioned that the students were very surprised on the first day, found everything strange and some of them also felt bad (Joolae et al., 2015).

The importance of the clinical environment in clinical learning is an undeniable fact. The clinical educational environment may be effective in the choose or rejection of nursing profession by students (Bazrafkan and Kalyani, 2018). Three main components of clinical learning environment in nursing education are physical, psychosocial and organizational environment. Their harmony with each other make contributions to individuals in terms of the learning process (Haraldseid, Friberg and Aase , 2015). This adaptation is particularly more important for students who are beginners in vocational training. In this context, it was found that first-year students who went to hospital for the first time experienced higher levels of anxiety than the students in subsequent grades (Joolae et al., 2015; Erbil, Kahraman and Bostan, 2006). However, the differentiation of the clinical setting according to the nature of the environment means changing opportunities to achieve learning outcomes. This situation may make it difficult to evaluate and achieve learning outcomes (Bisholt, Ohlsson, Engström, Johansson and Gustafsson, 2014). A negative clinical environment also affects students' learning process and poses an obstacle to their professional development (Heidari and Norouzadeh, 2015). The quality of the physical environment of an hospital or a clinic contributes to the learning process and also indirectly contributes to the professional development of students (Elçigil and Yıldırım Sarı, 2011). **The physical and emotional atmosphere of the clinical environment is effective in the student's adaptation process. A positive atmosphere will increase the student's willingness to learn.**

The second theme that emerged within the scope of this category was defined as "observations on the general situation of patients and their relatives". In this context, the students observed that there was a disorder in the hospital environment in general terms, most patients and their relatives were unhappy, depressive, desperate and anxious. They generally stated that no one was interested in others due to the disorder, the patients had a need for treatment and care. Despite all these negativities, it is noteworthy that some patients tried to be happy despite disorders. In general, the quality of the hospital and clinical atmosphere may be decisive in terms of the moods of students. In a study, it was stated that anger, fear, stress and depression may be seen in students as a result of disturbing experiences in the clinical environment (Chen, 2010; Erbil et al., 2006). In a different study, it was stated that the students had more positive perceptions before being in the clinical environment but they had more negative feelings after being in the clinical environment (Asadizaker et al., 2015). The effect of these negative feelings which may be experienced by students in clinical environment, can only be prevented by the accepting and supportive attitudes of clinical educators and health professionals. **The student's perception of a member of the team will also contribute to her/his professional identity development.**

Another theme that emerged in relation to the category of my first observations was defined as "observations for health professionals". The students had both positive and negative observations about this theme. One group of students stated that health professionals did their best for their patients while another group of students stated that nurses and physicians behaved irresponsibly and very selfishly and nurses only applied what were written in the patient files. The fact that nurses work with positive feelings increases nursing students' interest to the profession (Chen, 2010). Being in an environment where there were negative relations may cause students to be uneasy and to accumulate negative experiences for the profession (Kapucu and Bulut, 2011). This kind of experiences in the clinical environment lead to deterioration of the student's morale and performance and consequently decrease in the gain from the practice (Chen, 2010). According

to the study, the students stated that they were highly affected by the attitudes of health staff during clinical applications while their motivation and sense of belonging increased when they were treated as a member of the team (Elçigil and Yıldırım Sarı, 2011). The adoption of the student by health professionals positively affects both their adaptation and learning process.

The other theme defined in this category was "my observations about being a student nurse for the first time". It was observed that the students experienced some level of awareness in the clinic about getting acquainted with the profession and feeling as a nurse. In connection with this theme, the students stated that they were highly affected by wearing uniform in terms of the first experience in the hospital/clinic. The students expressed that were very impressed that there was a patient in need of care from for the first time In this context, clinical experiences are very valuable in supporting the professional development of nursing students (D'Souza, Karkada and Parahoo, 2015; Nabolsia, Zumotb, Wardamc and Abu-Moghli, 2012). However, it is stated that having a direct role in patient care by the students and giving an opportunity to them to apply their knowledge improves their self-confidence (Elçigil and Yıldırım Sarı, 2011). In clinical practice, students are expected to develop in terms of independence, critical thinking, clinical judgment, problem-solving skills, ethics, safety practices and sense of responsibility (D'Souza et al., 2015; Kapucu and Bulut, 2011). Educators and clinical nurses have great responsibilities in the acquisition of these skills (Dadgarana et al., 2012; Nabolsia et al., 2012). If students' clinical experiences are positive, their morale and motivation are high and thus they optimally benefit from clinical training (Chen, 2010). **Student nurses start to feel like nurse by wearing uniforms and taking responsibility. These are also important in professional identity development.**

Category 2: Observations Related to Professional Behaviors

The second category is defined as observations related to professional behaviors based on the answers given by the students to the research questions. Two themes were defined in connection with this category. These are "behaviors considered as professional in nurses" and "non-professional behaviors observed in nurses". Sub-themes related to both themes were discussed on the basis of related literature.

In relation to the theme of professional behaviors in nurses, the students expressed that the nurses exhibited professional behaviors in the fields such as communication skills, principled and standardized care, empathy in their approach to the patient, problem solving skills, awareness of nursing roles and working in harmony with other teams and nurses. In a study, the students stated that the nurses were in communication with their patients and also had a respectful and caring attitude towards the students (Yang, 2013). In the same study, the students stated that these nurses were a positive role model for themselves and affected their perceptions of the profession (Yang, 2013). Especially in clinical environment, the perception of nurses as a role model accelerates the learning process (Dadgarana et al., 2012).

Communication skills are indispensable skills in professional nurse identity. In particular, clinical applications are one of the important components of improving student's communication skills (Kapucu and Bulut, 2011; Xie, Ding, Wang and Liu, 2013). Clinical environment is not only on the learning environment for nursing students and may have a direct impact on their knowledge, skills and attitudes in order to deal with various problems (Biçer et al., 2015; Joolae et al., 2015; Xie, Ding, Wang and Liu, 2013). Thus, students, patients and other individuals start to perceive nurses who have positive communication as a role model and create a positive perception of their profession.

The behaviors in the context of the theme of non-professional behaviors observed in nurses were defined as sloppy care, passing own failures to patients by nurses, inadequate explanation to patients, not providing care or providing care untimely to patients, insensitivity, being surly, being disgusted with the profession, not valuing patients as humans. The students stated that the nurses showed indifference and insensitivity not only to the patients but also to the students in the clinical applications. In another study, the students similarly stated that some nurses had cold, insensitive attitudes towards the patients, and also a negative hypercritical attitude towards themselves (Yang,

2013). In a related study, it was stated that stress and fatigue of the health professionals adversely affected the students' learning while positive atmosphere encourages their learning (Bisholt et al., 2014). Clinical environment can be perceived as a frightening stressor for new students (Akkaya, Babacan Gümüş and Akkuş, 2018; Papathanasiou et al., 2014). The students stated that they felt themselves as external and vulnerable in these environments (Aydın and Argun, 2010; Papathanasiou et al., 2014;). Feeling worthless because of nurses may cause students to create negative feelings towards the profession and move away from the profession. However, clinical education is an important opportunity for students in terms of providing professional socialization and learning about how nurses interact with individuals, feel, think, and what their values (D'Souza et al., 2015; Levett-Jones, Lathlean, Higgins and McMillan, 2009). **It should not be forgotten that nurses are role models in the context of affecting student's motivation to the profession.**

It is only possible to reach the goals in nursing education with complementary education (Akkaya et al., 2018; Biçer et al., 2015). However, the students stated that most of the nursing care and attitudes in the clinical setting did not fit the theoretical knowledge obtained from the courses. This contradiction may also affect students' adoption and commitment to the profession and motivation. However, the importance of a safe and supportive positive clinical atmosphere in which the creativity of students improves and the professional development of students is also supported, is evident (Bisholt et al., 2014; Dadgarana et al., 2012). Good communication between nurses and students has also a positive effect in the formation of the career thoughts of students (Hanifi, Parvizy and Joolae, 2012).

Conclusion

The students were influenced by the communication and interactions between the health professionals and their approach to the patients and the students, and especially the physical conditions of the clinic in general manner. However, it was found that the students were aware of getting acquainted with the profession and feeling as a nurse according to their observations. The clinical atmosphere is very effective on the mood of the students who will experience in clinic environment for the first time. In order to ensure a positive learning environment, it is recommended that the areas be determined within this scope. However, it is recommended that orientation programs be planned between clinical nurses and trainers on the basis of school-hospital collaboration to support students' professional behaviors in clinical practice areas.

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