Contribution of the nurses to the clinical practice training according to nurses and students' perspectives

Ayşe Akbıyık[1]

Abstract

Background: Achievement of clinical learning outcomes in clinical practice training (CPT) is closely related to the support given to education by clinical nurses.

Aim: This study aimed to determine the contribution of nurses to the CPT according to nurses' and students' perspectives.

Study Design: Descriptive cross-sectional research.

Methods: This Research was conducted after the completion of the academic year 2021-2022. The sample of the study included 277 students who performed CPT in the internal and surgical clinics of a university hospital and 177 nurses actively working in these clinics. A data collection tool that included nurse behaviors to determine the contribution of the CPT was used.

Results: The proportions of students and nurses who reported that the level of nurses' contribution to students' knowledge and skills had good and excellent were 64.6% and 75.9%, respectively (p<0.05). According to 56% of the students and 81.1% of the nurses, nurses were a good and excellent role model for the student (p<0.001).The proportions of performing nursing behaviors including providing clinical orientation, clarification of expectations, encouragement of asking questions, establishing helpful communication, and observation of the skills varied between 26.0% and 54.5% for students and 61.5% and 94.3% for nurses, respectively (p<0.001).

Conclusion: Student and nurse perspectives were significantly different from each other. This finding raises the question of "why there is such an inconsistency?". Using routine checklists that determine the contribution level of nurses to CPT may be effective for providing self-control. Sharing the results obtained with both groups can create a driving force for self-awareness and improvement.

Keywords: Nursing; student; clinical practice training; education; role model; contribution.

[1] Izmir Katip Çelebi University, Faculty of Health Sciences, Department of Nursing, Fundamental of Nursing, ayse.akbiyik@ikc.edu.tr; Orcid ID: https://orcid.org/0000-0003-0513-5433

1. Introduction

Nursing education is of great importance for students to receive a qualified and effective education both theoretical knowledge and skill applications in terms of the professionalization process of nursing (1). Clinical practice training (CPT) that covers at least half of education is an educational environment where theoretical knowledge is added to practice and skills. Nursing students have to use this environment optimally to gain a competent nurse identity (2-6).

Health team members, academic staff, school and hospital administrators, and most importantly clinical nurses have an important role in ensuring an effective CPT (7,8). The success of students in CPT is closely related to the support given by clinical nurses to the education and their acceptance (3,8,9). Clinical nurses have important responsibilities both in gaining professional competence and in the formation of a professional nurse model in the mind of the student. It has been reported that the continuation of CPT with nurses who are suitable and sufficient role models for the nursing profession, who have professional knowledge and skills, and who take responsibility for their behaviors, affects the development of students positively. In addition, it is known that nursing students can benefit more from a clinical environment where communication and cooperation are open and sustainable (10).

In Turkey, nurses have a legal responsibility to provide a suitable environment for student education (11). However, studies in the same geography until 2019 showed that the contribution of nurses in CPT was not sufficient (3,4,8,6,12). In this current study, which has a common purpose with previous studies, the contribution level of nurses to the CPT has been determined up-to-date. In addition, unlike other studies, the relationship between awareness of the above-mentioned law and the level of contribution to CPT was also examined in this study. Furthermore, the comparison of student and nurse perspectives was another feature that distinguishes it from other studies. In this context, this research may lead to the determination of the contribution of clinical nurses to the CPT of the students and to take improvement steps in line with the results obtained.

2. Purpose

The purpose of this descriptive cross-sectional study was to determine the contribution of clinical nurses during the CPT based on clinical nurses' and nursing students' perspectives.

3. Method and material

3.1. The place and time of the study

This research was carried out with students studying in the nursing department of a university and clinical nurses working in the hospital of the same university. Nursing undergraduate education covers a four-year curriculum consisting of 1st, 2nd, 3rd, and 4th classes. Students make CPT at the affiliated university and public hospitals in the region for each field course. CPT starts in the spring semester of the first year, and they receive two days a week for 1.5 months. Similarly, the students of the 2nd and 3rd classes receive CPT in the fall and spring semesters two days a week. On the other hand, the students of the 4th class are subject to an intern program and undergo CPT four days a week in the fall and spring semesters. A lecturer or a mentor nurse guides 10 to 18 students during the CPT.

3.2. Population and sample selection

The data collection for the study was carried out at the end of the 2022 spring term after the CPT ended. There were 657 students in total, 168 in the 1st class, 159 in the 2nd class, 183 in the 3rd class, and 187 in the 4th class. According to the power analysis performed with "G*Power 3.1.9.4" (ES = 0.25; err = 0.05; Power (1-β) = 0.95; Number of groups:4), the number of samples was determined to be 277. The distribution according to the classes was 76 for the 1st class, 55 for the 2nd class, 79 for the 3rd class, and 67 for the 4th class.

The inclusion criteria for students were as follows:

- Having at least one period of CPT in the above-mentioned clinics

The part conducted with clinical nurses was carried out with the internal and surgical units of the university hospital. The internal clinics where the students received CPT were dermatology, endocrinology, physical therapy and rehabilitation, gastroenterology, chest diseases, and internal diseases. Neurosurgery, general surgery, ophthalmology, gynecology and obstetrics, cardiovascular surgery, otolaryngology, orthopedic and traumatology, plastic surgery, and urology were included among the surgical clinics. There were 315 nurses in these clinics. The sample number was calculated according to the formula using the simple random sampling method and was determined as 173 nurses. However, 177 nurses participated in the study.

The inclusion criteria for nurses were as follows:

- Having students for CPT in their clinic for at least one semester
- Taking an active role in patient care
- Volunteering to participate in the study.

3.3. Data collection

As a data collection tool, the following detailed questionnaire was used. The form was created in two parts, designed separately for the nurses and the students.

- Part I: This part was applied to the nurses. In Section 1A, the questions about the individual and working characteristics of nurses were included. In Section IB, the nurse behaviors related to determining the contribution of clinical nurses during the CPT were included. Each behavior in this section was structured using "I" language, and "yes,", "no,", "partially" options were placed to be ticked.
- Part II: This part was applied to the students. In Section IIA, the questions about the individual and academic status of students were included. In Section IIB, the nurse behaviors related to determining the contribution of clinical nurses during the CPT were included. Each behavior in this section was structured using "they" language, and "yes," "no," and "partially" options were placed to be ticked.

The part I of the questionnaire was distributed via closed envelope to volunteer nurses and collected via face-to-face interview technique for nurses. The part II of the questionnaire was converted into an online form and delivered to the students via social media. The questionnaire completion time was approximately 5 minutes. The questionnaire was designed to cover the purpose of the research, the protection of the privacy of the participants, the institution and ethical approval number, and dates.

3.4. Research ethics

This current research was conducted in line with the Principles of the Declaration of Helsinki. It was stated in the questionnaire that the research was based on volunteerism. Participants were given "yes" or "no" options as to whether they consented to participate. Ethical approval was obtained (0295;16.06.2022), indicating the suitability of the study. Institutional permissions were obtained from the university and hospital.

3.5. Evaluation of data

For each variable, the percentage and mean were calculated. The conformity of the dependent variables to the normal distribution was determined by Shapiro-Wilk". The "Spearman (rs)" test was used to determine the presence of independent and dependent variable correlation. "Chi-square (X^2)" was used to determine the differences in dependent variables according to independent variables. $p < 0.05$ value was considered statistically significant.

4. Results

The mean of the students' age was 21.04±1.68 (min:18; max:32). The distributions of 1st, 2nd, 3rd, and 4th classes were 27.4%, 19.9%, 28.5%, and 24.2%, respectively. The proportion of the students with a level of academic achievement classified as moderate was 46.9%. The proportion of the students who reported that CPT contributed a good level to their education was 52%. 59.6% of the students were aware of the law-related nursing role in the CPT. 39.0% of the students had moderately professional knowledge and skills during the CPT (Table 1).

Table 1. The distribution of variables of nurses and students related to individual and clinical practice.

Variables		n	%
For Student			
Gender	Female	200	72.2
	Male	77	27.8
Class	1st	76	27.4
	2nd	55	19.9
	3rd	79	28.5
	4th	67	24.2
Level of academic achievement	Poor	4	1.4
	Moderately	130	46.9
	Good	111	40.1
	Excellent	32	11.6
Level of the contribution of CPT to education	Poor	10	3.6
	Moderately	54	19.5
	Good	144	52.0
	Excellent	69	24.9
Being aware of the law*	Yes	165	59.6
	No	76	27.4
	Not sure	36	13.0
Level of professional knowledge and skill during CPT	Poor	3	1.1
	Moderately	108	39.0
	Good	125	45.1
	Excellent	41	14.8

*"*The nurse supports and contributes to the education of the society, student nurses, health workers, and candidates*"
CPT: Clinical practice training

The means of age and duty duration of the nurses were 33.43±8.35 (min:22;max:54) and 10.96±8.87 (min:1;max:35) respectively. 89.7% of the nurses were female. The proportions of nurses with bachelor's and master's degrees were 70.7% and 13.8%, respectively. 76.4% of the nurses were aware of the law-related nursing role in the CPT. 83.9% of the nurses had professional knowledge and skills at good or excellent levels. 46.6% of the nurses thought that the level of patient care practices was good (Table 1).

Table 1 Cont. The distribution of variables of nurses and students related to individual and clinical practice.

Variables		n	%
For Nurses			
Gender	Female	156	89.7
	Male	18	10.3
Education status	High school graduate	7	4.0
	Associate degree graduate	20	11.5
	Bachelor's degree	123	70.7
	Master's degree	24	13.8
Working unit	Internal units	81	46.6
	Surgical units	93	53.4
Being aware of the law*	Yes	133	76.4
	No	28	16.1
	Not sure	13	7.5
Level of professional knowledge and skill	Poor	3	1.7
	Moderately	25	14.4
	Good	94	54.0
	Excellent	52	29.9
Level of patient care practices	Poor	7	4.0
	Moderately	20	11.5
	Good	81	46.6
	Excellent	66	37.9

*"*The nurse supports and contributes to the education of the society, student nurses, health workers, and candidates*"
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The proportions of students and nurses who reported that the level of nurses' contribution to students' knowledge and skills had good and excellent were 64.6% and 75.9%, respectively (p<0.05). According to 56% of the students and 81.1% of the nurses, nurses were good and excellent role model for the student (p<0.001) (Table 2).

Table 2. Distribution of contribution to students' knowledge and skills and level of being a role model to students during the CPT

Variables		Student's perspective		Nurse's perspective		X^2;p
		n	%	n	%	
The level of nurses' contribution to students' knowledge and skills	Poor	11	4.0	7	4.0	11.356;**0.010**
	Moderately	87	31.4	35	20.1	
	Good	93	33.6	84	48.3	
	Excellent	86	31.0	48	27.6	
The level of being a role model for the student	Poor	26	9.4	3	1.7	38.948;**0.000**
	Moderately	96	34.7	30	17.2	
	Good	73	26.4	88	50.6	
	Excellent	82	29.6	53	30.5	

CPT: Clinical practice training

Table 3 shows the distribution of nurse behaviors in determining the contribution during the CPT. The proportions of performing nursing behaviors varied between 26.0% and 54.5% for students and 61.5% and 94.3% for nurses, respectively ($p<0.001$).

Table 3. Distribution of the behaviors of clinical nurses in the function of determining the contribution of students during the CPT in line with student and nurse perspectives

Behaviors (B)		Student's perspective		Nurse's perspective		X^2 p
		n	%	n	%	
B-1. Providing orientation by giving information about the clinic on the first day of the CPT	Yes	113	40.8	159	91.4	114.518
	No	39	14.1	2	1.1	**0.000**
	Partly	125	45.1	13	7.5	
B-2. Clarifying what is expected of the student	Yes	76	27.4	158	90.8	172.369
	No	83	30.0	4	2.3	**0.000**
	Partly	118	42.6	12	6.9	
B-3. Answering students' questions and encouraging students to ask questions	Yes	102	36.8	159	91.4	130.606
	No	36	13.0	2	1.1	**0.000**
	Partly	139	50.2	13	7.5	
B-4. Establishing helpful communication with the student (smiling, sincerity, etc.)	Yes	87	31.4	162	93.1	164.545
	No	42	15.2	2	1.1	**0.000**
	Partly	148	53.4	10	5.7	
B-5. Making the clinical environment conducive to learning	Yes	72	26.0	107	61.5	65.940
	No	61	22.0	6	3.4	**0.000**
	Partly	144	52.0	61	35.1	
B-6. Observation of clinical practice skills	Yes	100	36.1	145	83.3	98.668
	No	54	19.5	3	1.7	**0.000**
	Partly	123	44.4	26	14.9	
B-7. Giving feedback on "strong and developing skills"	Yes	82	29.6	141	81.0	115.965
	No	70	25.3	5	2.9	**0.000**
	Partly	125	45.1	28	16.1	
B-8. Demonstrating the proper steps to students with insufficient or poor application skills	Yes	151	54.5	159	91.4	67.595
	No	24	8.7	3	1.7	**0.000**
	Partly	102	36.8	12	6.9	
B-9. Accepting the student as part of the healthcare team	Yes	79	28.5	163	93.7	183.184
	No	72	26.0	1	0.6	**0.000**
	Partly	126	45.5	10	5.7	
B-10. Communicating with students with request sentences instead of command sentences	Yes	104	37.5	164	94.3	142.810
	No	45	16.2	1	0.6	**0.000**
	Partly	128	46.2	9	5.2	
CPT: Clinical practice training						

A positive correlation was found between the age ($r_s=0.284;p=0.000$) and duty duration ($r_s=0.306;p=0.000$) of the nurses and the level of the nurses' contribution to the students' knowledge and skills during the CPT. A positive correlation was found between the age ($r_s=0.316;p=0.000$) and duty duration ($r_s=0.302;p=0.000$) of the nurses and their level of being a role model for the student during the CPT.

Table 4 shows the distribution of the level of the nurses' contribution to students' knowledge and skills according to dependent variables in line with students' perspective. The gender and class of the students did not significantly affect the students' perspective on level of nurses' contributions to knowledge and skills ($p > 0.05$). According to 43.4% of students with good and excellent academic achievement, nurses provided a good contribution to knowledge and skills ($p < 0.001$). The majority of students who were aware of the law reported that nurses contributed to clinical knowledge and skills at good or excellent levels ($p < 0.05$). 41.6% of the students whose professional knowledge and skills were good or excellent stated that the nurse's contribution to clinical knowledge and skills was at a good level ($p < 0.01$). Most of the students who thought that nurses were good and excellent role models were also in the direction of good and excellent contributions to clinical knowledge and skills ($p < 0.001$).

Table 4. Distribution of the level of nurses' contribution to students' knowledge and skills according to independent variables in line with students' perspective

Student's variables		The level of nurses' contribution to students' knowledge and skills during clinical practice training								
		Poor		Moderate		Good		Excellent		X^2
		n	%	n	%	n	%	n	%	p
Gender	Female	6	3.0	70	35.0	63	31.5	61	30.5	5.656
	Male	5	6.5	17	22.1	30	39.0	25	32.5	0.130
Class	1st	2	2.6	17	22.4	35	46.1	22	28.9	13.236
	2nd	2	3.6	22	40.0	16	19.1	15	27.3	0.152
	3rd	2	2.5	28	35.4	20	25.3	29	36.7	
	4th	5	7.5	20	29.9	22	32.8	20	29.9	
Level of academic achievement	Poor	2	50.0	1	25.0	0	0.0	1	25.0	38.891
	Moderate	7	5.4	49	37.7	31	23.8	43	33.1	**0.000**
	Good and Excellent	2	1.4	37	25.9	62	43.4	42	29.9	
Being aware of the law	Yes	5	3.0	43	26.1	64	38.8	53	32.1	8.081
	No and Not sure	6	5.4	44	39.3	29	25.9	33	29.5	**0.044**
Level of professional knowledge-skill*	Poor and Moderate	6	5.4	42	37.8	24	21.6	39	35.1	12.276
	Good and Excellent	5	3.0	45	27.1	69	41.6	47	23.8	**0.006**
Level of nurses being role models *	Poor	9	34.6	3	11.5	0	0.0	14	53.8	228.511
	Moderate	0	0.0	53	52.2	29	30.2	14	14.6	**0.000**
	Good	0	0.0	11	15.1	58	79.5	4	5.5	
	Excellent	2	2.4	20	24.4	6	7.3	54	65.9	

*During the clinical practice training

Based on nurses' perspective, gender, educational status, working unit, and being aware of the law did not significantly affect the level of nurses' contribution to students' knowledge and skills ($p > 0.05$). The majority of nurses with good or excellent professional knowledge and skills or patient care practices contributed good or excellent clinical knowledge and skills ($p < 0.001$). All of the nurses who thought that they were poor role models contributed to clinical knowledge and skills at poor and moderate levels ($p < 0.001$) (Table 5).

Table 5. Distribution of the level of nurses' contribution to students' knowledge and skills according to independent variables in line with nurses' perspective

Nurse's variables		The level of nurses' contribution to students' knowledge and skills during clinical practice training								
		Poor		Moderate		Good		Excellent		X^2;p
		n	%	n	%	n	%	n	%	
Gender	Female	7	4.5	32	20.5	74	47.4	43	27.6	1.147
	Male	0	0	3	16.7	10	55.6	5	27.8	0.766
Level of education	<Bachelor's degree*	0	0.0	7	25.9	13	48.1	7	25.9	4.725
										0.579
	Bachelor's degree	6	4.9	25	20.3	61	49.6	31	25.2	
	Master's degree	1	4.2	3	12.5	10	41.7	10	41.7	
Clinic	Internal units	1	1.2	18	22.2	45	55.6	17	21.0	7.319
	Surgical units	6	6.5	17	18.3	39	41.9	31	33.3	0.062
Being aware of the law	Yes	5	3.8	22	16.5	67	50.4	45	33.8	4.814
	No and Not sure	2	4.9	13	31.7	17	41.5	9	22.0	0.186
Level of professional knowledge and skill	Poor-Moderately	2	7.1	18	64.3	7	25.0	1	3.6	43.896
	Good-Excellent	5	3.4	17	11.6	77	52.7	47	32.2	**0.000**
Level of patient care practice	Poor-Moderately	6	22.2	14	51.9	7	25.9	0	0.0	54.438
	Good-Excellent	1	0.7	21	14.3	77	52.4	48	32.7	**0.000**
The level of nurses being role models**	Poor	2	66.7	1	33.3	0	0.0	0	0.0	129.870
	Moderate	1	3.3	19	63.3	9	30.0	1	3.3	**0.000**
	Good	3	3.4	12	13.6	62	70.5	11	12.5	
	Excellent	7	4.0	35	20.1	84	48.3	48	27.6	

*High school and Associate degree
**During the clinical practice training

5. Discussion

Nursing education aims to achieve the program's goals in the cognitive, psychomotor, and affective domains (13). CPT allows students to apply what they have learned in theoretical courses to clinical practice and to learn by doing (8,14). CPT enables students to gain clinical decision-making and problem-solving skills and to develop their knowledge and skills by approaching patients with critical thinking (9,1,15). In this current study, the majority of the students were of the perspective that the contribution of CPT to the education was good or excellent. The majority of the students with good and excellent academic achievement were of the perspective that nurses had good and excellent contributions to clinical knowledge and skills. This result, as mentioned in the literature, contributed to demonstrating that clinical learning environments have an important role in the development of students' professional competencies and identities (16-23).

The proportion of nurses who reported that the contribution level of nurses to students' clinical knowledge and skills during the CPT was good or excellent was significantly higher than the proportion of students ($p<0.05$). In addition, there was a significant difference in the perspective of nurses and students about the behavior of nurses such as providing orientation, explaining, answering students' questions, and encouraging students to ask questions, observation of clinical practice skills; showing the right steps to students with insufficient/weak application skills, providing feedback on "strong and need-to-develop skills", accepting the student as part of the healthcare team. Unlike the

student, the majority of the nurses reported that these behaviors were performed ($p<0.01$). Similar findings were also obtained in studies in which only students' perspective were examined (1,3,4,6,14,22,24). The clinical setting is a social environment with its norms, rules, values, and group understandings (3). Clinical teaching is not only an application carried out by the academic lecturer or mentor and the student but also an educational experience that requires the student to establish intensive and high-quality connections with experienced and competent clinical nurses (25). Clinical nurses are expected to demonstrate professional competence in meeting the needs of students (12). As a matter of fact, in this current study, nurses with a good or excellent in terms of professional knowledge, skills, patient care practices, and ability to role model were providing support for good or excellent levels of knowledge and skills during the CPT ($p<0.001$). Similarly, according to student opinion, nurses with a good and excellent role models contributed to students' education, knowledge, and skills during CPT at good and excellent levels ($p<0.001$). It is important to ensure the implementation of the procedures as well as to explain the professional information that should be given to the student. For this purpose, students need support and guidance in their clinical practices. Encouraging and supporting students in their correct practices, and correcting the mistakes in wrong practices with appropriate feedback constitute the most important steps for the student to work without mistakes throughout their professional life (26). The communication between clinical nurses and students must be harmonious in terms of establishing students' sense of commitment to the profession (19). All elements that have the power to influence students should be kept under control in an environment that allows the transition from student to professional personality. Nurses are responsible for providing a positive learning environment for students in the clinical setting (24,27). To provide the best care to the patient in a healthy environment, it is essential to have good cooperation between the health team members (28). First of all, close cooperation between nurses, who constitute the largest health team members in the hospital, is the main part of the most effective treatment to be given to the patient (3). In this case, it is an important point for nurses to adapt students who are the health care professionals of the future in their teams and work units to ensure professional socialization of students and to develop communication skills between the health team, patients, and their relatives (29).

During the CPT, students need to work with clinical nurses as well as lecturers (3,8,25). Clinical nurses have a very important role in helping nursing students carry out theoretical knowledge and practical applications in an integrated manner and gain professional identity (8). On the other hand, the level of being a role model for nurses was significantly different according to nurses and students. Two out of every four nurses thought they were a good role model, one out of every four nurses exhibited good role model behavior ($p<0.05$). In other studies conducted in the same geography, it was concluded that students' perspective was insufficient in terms of nurses being good role models (4,6,7,14). Despite the inconsistency in the perspective of students and nurses in the current study, the proportion of students who stated that nurses' role models were good or excellent was higher than in previous studies. Clinical practice environments are also very important in terms of providing students with the opportunity to observe and work with a nurse who is a good role model (8). CPT develops students' affective skills as well as their psychomotor skills. Nursing students are expected to consolidate their affective skills, such as understanding the philosophy of the profession, respecting the privacy of the patient, respecting the rights of patients, and advocating for patient rights in the clinical environment, and the professional perspective of clinical nurses is of great importance in gaining this. In this respect, nurses must be the right role models for students by acting according to ethical principles in treatment and care practices (2,6,28). Nurses' support for students positively reinforces the reduction of problems experienced in clinical settings, students' learning of caring behaviors, and respect for their profession (30).

6. Conclusions and recommendations

The main purpose of nursing education is to professional competence and reach a professional model for students. The contribution of clinical nurses to students will enable students to gain qualifications such as decision-making, ability to implement decisions, communication, team spirit, as well as psychomotor skills. This current study determined the contribution of nurses to the CPT according to nurses' and students' perspectives. The nurses' contributions during the CPT were not optimal considering both student and nurse. Similar results were also valid for clinical nurses' role models. There was a significant inconsistency in the perspectives of the nurses and students for both results, and the proportion of nurses reporting good or excellent levels was higher than students. The increase in the age and working hours of the nurses affected these two results positively. Being aware of the law, being a good and excellent role model, having professional knowledge and skills and performing patient care practices were positively associated with contributing to good and excellent levels of the CPT.

In the study, the perspective of nurses and students was significantly incompatible with each other for each variable that determined the contribution of nurses to CPT. In other words, the proportion of students stating that they are at a good or excellent level for each variable was quite low compared to nurses. A similar situation was valid for contributing nurse behaviors. This situation raises the question of "why there is such an inconsistency?". Two possible reasons were either the student perceived the "current situation" differently or the nurse perceived it differently. In general, the use of routine checklists that determine the contribution level of nurses to CPT from the perspective of students and nurses after CPT may be effective in providing self-control. Sharing the results obtained with both groups can create a driving force for self-awareness and improvement.

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Declaration of competing interest

The author declares no conflict of interest.

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