

ORIGINAL ARTICLE

An Exploratory Study of First Year Nursing Students Toward Their Perception on The First Experience of Clinical Practice – A Qualitative Study

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ABSTRACT

Introduction: Nursing is a practice-based discipline. During their first clinical practice, nursing students may develop their initial perception of this discipline. This perception will then drive the students' activities during their first clinical experience. The early identification of students' perception towards clinical practice is imperative to their motivation and overall passion towards providing high-quality nursing care in the future. This study's objectives are to explore first-year nursing students' perceptions towards their first experience of clinical practice, to identify problems that faced during the clinical practice, and to explore their interest in the nursing profession. **Method:** A phenomenological design was used in this study. The sample was first-year nursing students from a bachelor's program. All participants have undergone a face-to-face in-depth interview with the guidance of a semi-structured interview format. **Result:** There were three themes derived from the interview sessions. The students had a mixture of feelings towards the clinical practice. The positive perceptions were a feeling of excitement, a feeling of satisfaction, and positive support by the clinical instructors. As for the negative perception, the findings were the feelings of fear, nervousness, stress and lack of confidence. **Conclusion:** The majority of the participants expressed having mixed feelings of excitement and hesitancy. Excitement feeling is an effective boosting mechanism towards performing better clinical practice in the field. Whereas hesitancy feeling needs to be corrected by providing more hands-on training opportunities before going into clinical placement. This training approach is believed to be able to improve their skills and knowledge hence eliminating the feeling of hesitancy towards the clinical practice.

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INTRODUCTION

Nursing is a practice-based discipline. The theoretical and practical learning experiences in this discipline are an integrated combination in nursing education that aims to provide nursing students with the knowledge, skills, and attitude required for future professional practice as novice nurses (1,2). This statement supports the importance of theory and practice in nursing education. As for the preparation of undergraduate nursing students for the role of a registered nurse, clinical practice settings are crucial (1). The clinical practice encompasses a variety of places for clinical attachment which are designed to expose students to clinical

experiences relevant to their stage of the study. Learning from experience is fundamentally important and it is a natural mode of learning because it gives the learners personal opportunities to reflect on what he or she has been told and to make the learning an integral part of their experience (3). Students may have developed their perceptions during the first clinical practice. Their perceptions will reflect actual situations that they have experienced. Furthermore, their first clinical experience is vital in determining their desire and passion for providing high-quality nursing care in the future. The previous studies found several positive and negative experiences during undergoing the first clinical practices (1-4). Inspiring and engaging instructors, a conducive atmosphere, and personal reflection were found to be positive experiences according to the students. As for the negative experiences, the findings were related to feelings of abandonment when instructors were not around and the unfavourable environment of the ward

(1). Feeling undervalued may demotivate the students and this will result in a detrimental impact on their learning and will to continue the program (4). The experiences of nursing students during their clinical practice may provide greater insight into developing an effective clinical teaching strategy in nursing education. Based on the previously published study on qualitative research conducted by Sharif and Masoumi, about 90 baccalaureate nursing students at Shiraz University of Medical Sciences (Faculty of Nursing and Midwifery) were selected randomly from two hundred students. Four themes that emerged from this previous study were the student’s point of view were considered important factors in clinical experiences. These themes were initial clinical anxiety, theory-practice gap, clinical supervision, and professional role from this study, nursing students were not satisfied with the clinical component of their education. The feeling of incompetence as well as lack of professional nursing skills and knowledge to care for various patients in the clinical setting made them anxious (5). Several quantitative studies also support that the clinical learning environment influences the student learning outcomes in the clinical setting. A total of 645 students participated in the study. As for the result, the majority of students experienced a group supervision model, but the more satisfied students were those with a ‘personal mentor’ which was considered as the most successful mentor relationship (p-value = 0.0037) (6). A more thorough examination and understanding of the characteristics of the clinical environment that are conducive to learning is suggested for future studies (6).

Since there are limited studies conducted regarding this topic, the researchers have decided to carry out this study. The study objectives were to explore the nursing students’ experience about their clinical practice, to identify the problem faced by the student during clinical attachment, and to explore their interest in the nursing program. It is beneficial to improve the quality of the nursing program in Universiti Teknologi MARA (UiTM).

MATERIALS AND METHODS

Participants

A phenomenological approach was adopted in a qualitative study to elucidate the experience of students’ nurses towards their first clinical practice. The researchers selected a first-year nursing student from a degree program as a study participant. Participant recruitment was done until data saturation occurred. These research samples were chosen by using the purposive sampling method. With this method, the participants were chosen purposely for this study. The subjects were approached about the study by the researcher and informed consent was obtained. The subjects that refused to give informed consent were excluded from this study. The sample size was determined following the principle of data saturation that the subject data recurred, and no new themes emerged during data analysis.

Instruments

For this study, the researchers used a semi-structured interview guideline and unstructured face-to-face dialogue with the participants. The semi-structured interviews follow an open and informal interview style (Table I). In this study, the researchers have prepared a list of topics and questions to be discussed. About 12 questions have been developed by the researchers and all the questions are based on the research objectives.

Table I: Interview guide

Opening	Hi, Mr/Mrs/Miss ... My name is Nurul Ain and Siti, I am a Bachelor student from the Nursing Department of UiTM. As I have explained earlier, this interview gathers information about your feedback on your first clinical practice.
Body	<p>Perception on the first clinical practice</p> <ul style="list-style-type: none"> • How did you feel when you go to the clinical? • Why did you feel that way? • Can you describe exactly how you felt when you first enter to the ward? • Can you explain in detail about your feeling? <p>Problem faced by the student during clinical attachment</p> <ul style="list-style-type: none"> • Do you have any issues during your first clinical posting? • Why did you feel that way? • Can you describe exactly how you felt when you face those/that issue/s? • Can you explain in detail your feeling? <p>Interest in the nursing program</p> <ul style="list-style-type: none"> • Did the nursing program was your first choice? • Do you like to become a nurse • Can you describe exactly how you think about becoming a nurse? • Do you have any interest in the nursing program after you were exposed to the clinical field before?
Closing	<p>Summary of the discussion</p> <p>Thank you Mr/Mrs/Miss ... for your time in answering my questions. Thank you once again for your willingness to participate in this study. My team appreciates your time and effort. See you again and take good care of your health and your study.</p>

Data analysis

The data collected were analysed manually by the researchers. The researchers translated and transcribed the data manually. The interview was conducted in the Malay language. It is then translated into the English language and to ensure validity, it has been checked by a Teaching English as Second Language (TESL) final year student in the Institute of Teacher Education Malaysia. The conversation was recorded using the personal tape recorder. It was then saved in the researcher’s personal computer and safely kept in a compact disc for future usage. The transcribed data were also compiled in a file, and it will be kept in a locked locker so that confidentiality is preserved.

Ethical clearance

This study was approved by the UiTM Research Ethics committee with the reference number 600-IRMI (5/1/16).

Data transcription

The data collection, management, and analysis were all done at the same time. Within 24 hours of the interview, researchers (Nurul Ain and Siti Normawati) transcribed

the audio recordings verbatim into writings. To aid data analysis, the audio recordings were transcribed into text and supplemented with field notes providing nonverbal clues from the participants. Data was manually analysed by two researchers (Sharifah Shafinaz and Noorhanita). The first step was to read the transcript several times in order to grasp the significance of the data and become familiar with it. The second stage was to generate the initial codes by identifying meaningful statements from phrases and sentences using a color-coding algorithm. All actual data extracts were coded in this step. The meanings and starting codes were then removed and entered into a tabular structure in order to compile each code by examining its relevance. The third stage was to look for prospective themes and sub-themes by clustering and categorising all of the appropriate codes and data extracts. The fourth phase was to review and refine themes by comparing external heterogeneity across themes and internal homogeneity within themes, taking into account the level of coded data extracts as well as the whole data set. The fifth step was to define and label the themes in order to determine their essence. The last step was to write the report by choosing compelling examples and connecting them to the study question. To ensure precision, the quote examples were given in the participants' own words. During the analysis process, two authors (Sharifah Shafinaz and Noorhanita) reviewed and discussed the themes and sub-themes in several meetings. Any inconsistencies were discussed with all co-authors in study team meetings in order to establish an agreement. It aided the verbal interview data processing as an additional data source by referring to the field notes. Finally, a comprehensive description of the observed occurrences was written.

Rigor

To achieve methodological rigour, credibility, and trustworthiness, several strategies were used. First, the interviewers (Nurul Ain and Siti Normawati) were senior students who built mutual trust with the participants (younger student nurses) through pre-interview engagement. Second, data was collected and analysed using triangulation. Two researchers independently assessed data from diverse sources (field notes and audio recordings) (Sharifah Shafinaz and Noorhanita). These newly developing themes were compared to the original transcribed text several times to confirm that the data analysis and interpretation were guided by the subjects. Third, peer debriefings were done on a regular basis among the members of the research team. To improve the dependability and accuracy of the outcomes, the data analysis results were reviewed and discussed until a consensus was reached. Table 1, Semi-structured interview guide, was used to show the audit trails. Note: To ensure that the data collecting and analysis stages could be traced back to the original interviews, open-ended questions and probe questions such as perception on the initial clinical practice, the challenges experienced by the student during clinical

attachment, and interest in nursing were utilised.

Reflectivity of the study

Reflectivity is an important aspect of qualitative research because it can help researchers detect their own biases and avoid subjective influences on the research findings [20]. Nurul Ain and Siti Rosmawati, two members of the research team, have bachelor's degrees in nursing science, while two others have master's degrees in nursing science (Sharifah Shafinaz and Noorhanita). All of the researchers are women who have received formal training in qualitative research methods, either as part of their schooling or as part of their continuing education. The members of the research team have a long history of clinical nursing and scientific research work under their belts. Researchers kept a reflectivity diary for constant self-censorship, reflexion, and bracketing to avoid the influence of their personal experience, views, and preconceptions on the analysis and interpretation of the research data.

RESULTS

In-depth face-to-face interviews were conducted to collect qualitative data from first-year students of the degree nursing programme as study participants. Data saturation was achieved upon the 18th participant as no new findings were elicited. Table II presents the demographic characteristics of the participants.

TABLE II: Participants characteristics

Characteristics	n (18)	Percentage
Age		
25 - 35	1	11.5%
20-24	2	22.5%
18-20	15	
Gender		
Female	15	27%
Male	3	73%
Race		
Malay	17	45%
Bidayuh	1	16.5%

The findings were classified into three major themes with some subthemes under them according to the mentioned specific objectives earlier. The three major themes include Positive and negative perception towards clinical practice, feeling of lacking salvage during clinical practice, and dissatisfaction and hoping towards nursing profession. Each of the major themes consists of subthemes created based on the findings.

Theme one: Positive and negative perception towards clinical practice

Participants expressed their perceptions during their first-time practicum experience. These perceptions can be divided into two, namely, positive and negative perceptions. These are then categorised into three

Table III: Theme and sub-theme

THEME	SUB-THEME
Positive and negative perception towards clinical practice	<ul style="list-style-type: none"> • Excitement and motivation feeling during attending the practicum • Feeling afraid and lack of confidence during caring for patients
Feeling of lacking salvage during clinical practice	<ul style="list-style-type: none"> • Feeling insecure without the presence of the instructors • Stress and demotivated feeling with senior perception
Dissatisfaction and hoping towards nursing profession	<ul style="list-style-type: none"> • A feeling of unpopular profession • Improved interest in the program from time to time

situations, namely, before, during, and after practicum sessions.

i) Excitement and motivation feeling during attending the practicum

For the positive perception, the participants commented as follows:

“Before attending the practical session, I felt excited because I wanted to explore what I could do in the ward, and what more I could learn during the clinical attachment.” (FTF1, P03)

“I was excited to go to the hospital ... I wanted to see actual patients.... hmmm... I wanted to know more about the hospital setting and how to care for ill patients” (FTF1, P05)

“That’s great....in the lab I only have a chance to hold the manikin but now is the time to meet and care actual patients” (FTF3, P11)

From the interview as well, the participants reported that they developed some motivational emotions after dealing with patients and nurses. The following are their comments regarding the motivation during the clinical practice.

“I felt happy helping the patients and their grateful remarks (like thank you) made me feel appreciated.” (FTF1, P02)

“...I’m immensely pleased because I can help the patients and make them happy...” (FTF3, P12)

ii) Feeling afraid and lack of confidence during caring for patients

Since the students never had any practical experience in a hospital before, they feel nervous and afraid. This fear develops when facing a new situation or the unknown. The study found that students feel afraid to meet real patients who possess different and unexpected conditions and diagnoses. Besides, they are afraid of making mistakes when performing any procedure during the clinical session and are afraid of getting scolded because of incompetency in performing the procedure. The participants recounted as follows regarding their negative feelings towards the clinical practice.

“Before attending the practical, I did feel afraid of meeting real patients since our skills were still superficial.” (FTF2, P5)

“... I feel afraid. I’m afraid of doing anything wrong...”

(FTF 3, P10)

“The thought always crossed my mind hhhmmm aa... mmmm ... what would have happened ya ... if I did a mistake while attending to patients? can’t imagine if patients die because of me...” (FTF4, P16).

“...I took some time to do the procedure and I’m not so confident since it was my first time doing it to a real patient.” (FTF 5, P17)

Theme two: Feeling of lacking salvage during clinical practice

The second theme is a feeling of lacking salvage during clinical practice. The participants verbalized on the feeling of anxiety during the practicum session such as a lack of confidence without clinical instructors and discontented feelings when the senior registered nurses always have higher expectations on the outcomes of their work.

i) Feeling insecure without the presence of instructors

The feeling of insecurity without the presence of clinical instructors was the first theme that emerged from the interview sessions. The participants reported as follows:

“I preferred them to be with me whenever I am performing any procedure since I felt more secure and didn’t hesitate whenever I did it.” (FTF 2, P02).

“I felt more confident if instructors were always in the ward, I wanted them to correct me and to guide me even for simple tasks like talking to the patients..... hmm ... because this is my first time being in the ward” (FTF 4, P16)

“If the CI is around, I’m quite okay (acceptable performance) ... hmm... I felt motivated to perform the procedure but sometimes I felt isolated and very insecure if the instructor left us (the students) alone in the ward” (FTF 4, P12).

The students did mention that they have to face the issue of insufficient number of clinical instructors during the clinical attachment.

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ii) Stress and demotivation due to senior registered nurses’ perception

Half of the participants reported feeling stressed and demotivated due to senior registered nurses’ perception

of their qualifications. Since they are bachelor program students and most of the qualified nurses are diploma holders, they reported that the majority of veteran nurses placed higher expectations on them even though they have not graduated yet. The participants commented as follows:

"On day one, the staff nurses and nurse manager were quite sarcastic towards me ... they said; you would get better pay later (after graduation) so starting from now on, you need to learn how to work hard, no need to wait until after graduation" (FTF7, P5)

Actually, I don't know to whom should I say this, I constantly felt stuck, tensed and unhappy whenever the senior registered nurses always said, what's the difference between bachelor nurses and diploma nurses? We do the exact same job... Can I get rid of those kinds of people??? (FTF3, P9)

"Hmm... why we should have diploma and bachelor nurses huh? I guess there would be the difference in salary but the nurses also said that there is no difference between diploma and bachelor nurses... hmmm so they also said that ... studying in a bachelor program for nursing is a total waste of time because in the end, both of them have to clean the patients' poo" (FTF4, P2)

Theme three: Dissatisfaction and hoping towards nursing profession

Last but not least is the participants' feedback regarding the nursing program. One of the research objectives is to identify their perception of the nursing program. A majority of them expressed that they had a low interest in the nursing profession. The participants stated that the nursing profession was an unpopular job and placed this profession as their second or last choice. The following are the responses to this theme:

i) A feeling of an unpopular profession

"Nursing is not my first choice, my parents wanted me to be a nurse (because) they said it would be easy to get a job later on... Frankly, I don't like (being in) the nursing program" (FTF5, P12)

"Actually...hmm...I don't exactly prefer this program, I just joined this program because I didn't get the offer for my first choice (course of study) program" FTF 1,P3)

"Nursing is the last choice in my list of course applications, I failed to get the offer for a medical degree, so I have to accept being in this program...slowly I will try to like this program" FTF2, P6)

"How to answer this ya... I personally don't have any interest in this nursing program. Because I think I am not that good in treating sick people. I also lack in good communication. I guess this profession does not suit me very well... But I have to force myself to enrol in this program because my mom likes nursing very much" (FTF3, P12).

DISCUSSION

The findings of this qualitative study contribute to a

comprehensive understanding of the psychological impacts of the first experiences during clinical practices among first-year nursing students, both negative and positive, which is important for further addressing psychological problems and relieving psychological stress.

Theme one: Positive and negative perceptions toward clinical practice

i) Excitement and motivation feeling during attending the practicum

The positive perceptions before, during, and after attending the practicum we found in the study were feelings of excitement, happiness, satisfaction, and positive enforcement by clinical instructors and staff nurses. According to Ahonen and Quinlan, the most exciting and anticipated part of the curriculum for young, eager nursing students is applying classroom concepts to actual practice. These novice nurses arrive with the theory, knowledge, and simulated laboratory experience. They were ready to practice nursing skills on real patients (8).

Besides that, appreciation from the staff nurses and patients also makes the students feel happy and increases their interest in the nursing program. For individuals who love to help other people, providing assistance to patients will offer them a deep feeling of satisfaction. Furthermore, that feeling increases when patients appreciate and are happy with the help they receive. When the students feel like they have provided holistic and ideal care for patients, they feel satisfied and are highly motivated (9). The motivation of the students can be maintained by extrinsic factors such as the instructor's guidance and supervision. These can help stimulate and nourish their motivation as it may decrease during the clinical practice (9).

ii) Feeling afraid and lack of confidence during caring for patients

The student-instructor relationship may affect this feeling. The close contact between students and instructors is done to provide additional time for communication and the prevention of practical errors (10). According to Sharif and Masoumi, anxiety-producing situations such as lack of clinical experience, unfamiliar areas, difficult patients, fear of making mistakes, and being evaluated by faculty members were expressed by the students during their clinical experiences (5). Practice can help minimize or prevent incompetency during procedure performance. Allowing the students to perform the procedure can diminish their feeling of afraid.

The study found that the students lack confidence when performing the procedure for the first time. It is not an unusual situation to get the highest confidence level; the students need to have positive thinking, more practice, and training. Low confidence can be the result of many factors, including fear of the unknown, criticism, being

unhappy with personal appearance, feeling unprepared, poor time-management, lack of knowledge, and previous failures. The process of nursing education can facilitate the development of confidence; as a result, students become more confident and competent (5). The result of the study by Jonsen et al. (1) shows that the having support during clinical placement made the students feel comfortable and confident, and this gave them the courage to try more. Besides, the increase of knowledge can also help develop greater self-confidence.

Theme two: Feeling of lacking salvage during clinical practice

i) Feeling insecure without the presence of the instructors

The clinical instructor plays an important role in the learning process during clinical practice. The importance of engaging and involved preceptors is stated in the study conducted by Jonsen et al (1). The students experienced a supportive clinical environment when they had a good relationship with their clinical instructors and health care providers at the clinical setting (9). As clinical instructors, they need to assist the student in the integration of theory and practice, which are specific to the course's learning activities and level of the learner. The clinical instructor should monitor and guide the students in delivering care to patients. The clinical instructors' communication skills, knowledge, clinical competencies, and teaching skills define whether they are novice or expert instructors (9). The staff nurse also plays an integral role in clinical nursing education by helping to prepare undergraduate nursing students for professional practice (8). This shows that the relationship between nurses and students can affect the students learning during their clinical placement. The help and guidance from the clinical instructor and staff nurses affect the learning outcomes and make students more enthusiastic to attend the practicum.

The students did mention that they face the issue of insufficient clinical instructors during their clinical attachment. Students also had a difficult time when the clinical instructor was not around whenever needed. Since that was the first exposure to a real nursing environment for the students, they need supervision and guidance. Hence, clinical instructors should always be in sight and available, especially for junior nursing students. (1). A study found that the students felt abandoned as their instructors are often unavailable (1-3). The students involved in the study mentioned that the frequent unavailability of their instructors has created feelings of insecurity, foolishness, and abandonment (1).

Having two different ways of teaching by two different clinical instructors would also be a problem. The students faced the issue of determining which lesson should they follow since the part-time clinical instructor and full-time clinical instructor taught them different

methods during practical sessions in the ward. To ensure the successful outcome of the clinical placement, the faculty should be responsible to have wise planning and preparation for the preceptorship (16). The faculty authorities that designed the learning objectives should share them with the instructor and the student who are expected to work together to accomplish the goals of those objectives.

ii) Stress and Demotivation due to senior perceptions

Stress is the feeling that usually happens to the nursing students during their first clinical attachment. Stress among nursing students could have significant consequences on both thinking and learning. Difficulty in adapting to the clinical environment causes most of the students to experience this feeling. The source of stress for the students mainly came from assignment work and the clinical environment (11-13). The findings of the other study conducted by Nicolós et al in 2013 showed that the two main sources of stress among nursing students are ignorance when facing an actual clinical situation and the risk of injuring the patient (11). The learning process can be affected if students experience stress. Sharif and Masoumi stated in their article that differences between the actual illness and the expected behavior that was learned in clinical practice can often create conflict for nursing students (5). Such conflict can lead to stress, which can affect the students' performance and inhibit their learning. Besides that, stress also can affect a student's mental and physical health.

Our study found that some staff nurses overestimate students because they were 'bachelor students'. Some of the staff nurses thought that the students had a diploma in nursing before they continued with their Bachelors. Therefore, they got overestimated as if they knew how to do every nursing procedure in the ward. This overestimation from the staff made the students uncomfortable and afraid to ask questions to them. Which, in turn, hinders the learning process. Students need to feel comfortable in their learning environment to enable learning and development. This issue of overestimation must not occur in the clinical environment. Having a caring relationship that can promote trust and a sense of warmth, making the students feel comfortable in the clinical placement, inviting them into the social group, and being part of the team are the foundations of learning and development (13). Besides that, the strained relationship with the staff nurses may cause students to not want to attend practicum and have no interest in the nursing program. One of the participants in a study by Melincavage, wanted to leave nursing school because of an interaction with a staff nurse, (14) and the author suggested changing the behaviour of staff nurses in those communities of practice to enhance the feeling of trust and a sense of warmth to improve comfortability during clinical practice.

Theme three: Dissatisfaction and hoping toward nursing profession

i) Interest in the nursing program

As for the nursing program, most of the students were interested in it after undergoing the clinical practices and it was positive feedback. Some of the students did mention that they have no interest when they initially joined this nursing program. Fortunately, after being exposed to the interesting knowledge of nursing and attending the practical session in the hospital, their interest improved.

However, several students still have no interest in the nursing program even after being exposed to the knowledge of nursing and clinical practice and felt that the nursing profession is an unpopular profession. They may have their reasons for not having any interest in this nursing program. A study by Melincavage in 2011, stated that some the students tend to leave the nursing program due to the behaviours of faculty members, staff nurses, and physicians that have contributed to the anxiety of the nursing students during clinical practice (14-16). Since the students are still new, there is hope that their interests may be developed in the future.

CONCLUSION

This phenomenological qualitative study successfully achieved its objectives. The students had their perceptions about their first clinical experiences. The study successfully achieved its objectives, namely, identifying the students' perception of their first clinical practice experience, ruling out the feeling of uneasiness towards clinical attachment, and evaluating students' interest in nursing education programs.

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