

Clinical Nurses' Opinions on Education of Nursing Students: Qualitative Study

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Cite this article as: Gül Ş, Arslan S, Erkuş Küçükkeleşçe G. Clinical nurses' opinions on education of nursing students: Qualitative study. *Arch Health Sci Res.* 2022; 9(1): 9-14.

ABSTRACT

Objectives: This study is conducted to explore clinical nurses' experiences and perspectives regarding the clinical education of nursing students using Benner's theory.

Materials and Methods: Qualitative design was used in this study. A purposive sample of 15 nurses was recruited from both public and university hospitals in 3 cities in the central, eastern, and southeastern areas of the country. A qualitative thematic analysis was conducted.

Results: The thematic analysis revealed 3 themes: (a) characteristics of nurses as instructor, (b) nurses' roles and responsibilities in nursing education, and (c) the factors affecting the effectiveness of clinical education themes emerged.

Conclusion: Clinical nurses have important roles and responsibilities in increasing the effectiveness of nursing education. The personality traits, roles, and responsibilities of clinical nurses affect the learning of nursing students. Clinical nurses should be trained to guide nursing students.

Keywords: Clinical nurses, education, nursing, qualitative study

Introduction


Clinical education is a vital and indispensable part of nursing education. The basic principle of clinical education is to prepare nursing students for their professional nursing careers with actual practice and to direct their learning and research in national and international fields, as well as socializing them into their professional roles for providing appropriate and effective patient care.¹⁻³ Students develop nursing competencies through clinical education and interactions with faculty members, nurses (mentor, preceptors), and nurses specialized in the field, and all health discipline members.⁴

The aims of clinical education are to develop students' critical thinking, professional knowledge and skills, and decision-making skills and to increase their experience and self-confidence.^{2,5-7} To achieve these aims, nursing education institutions create a clinical environment for nursing students in which theory and practice can be integrated.⁷

Due to a lack of qualified teaching staff, nurses often play an active role in the clinical education of nursing students. Nurses affect students' subjective learning positively in gaining information, developing communication skills, and receiving feedback on their practices. Although there are some international differences in roles and responsibilities, nurses play a critical role in improving students' learning and professional development.^{3,8-10}

In order to make learning easier for students, nurses try to contribute to student education through trial-and-error or master-apprentice relationships without having any formal training in adult education. Nurses see themselves as less developed in terms of teaching as they have no training as instructors.^{7,11} According to Patricia Benner's theory, nursing students are in the "novice" stage; when they graduate, they are called "advanced beginners." Two to 3 years of working in the same or similar practice environment is called "competent and proficient"

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Received: July 1, 2021

Accepted: November 9, 2021

Available Online Date: January 1, 2022

and 5 or more years of work qualifies as “expert nurse.” In this case, as Benner pointed out, nurses can be novice educators while being expert nurses. Benner emphasized the differences between practical and theoretical knowledge, claiming that knowledge is embedded in expertise and expertise develops with experience and exposure to clinical situations.¹²

In order to increase the quality of nursing education, the experiences and opinions of nurses who play essential roles in the education of nursing students should be revealed. Although there are studies investigating the complex dynamics of clinical education in nursing education and preceptors’ experiences of working with nursing students,^{2,6,13,14} according our knowledge, there is little evidence¹⁵ to date about clinical nurses’ experiences and perspectives of their educator role in the clinical education.

This qualitative research study addressed the gap in the literature on issues encountered by nurses who supervise nursing students in clinical settings. This study is designed to determine nurses’ experiences and perspectives of roles as instructor and the factors, challenges, and their experiences that affect educational effectiveness in the clinical learning of undergraduate nursing students. This information could contribute to making preceptors more effective in their clinical education role. This qualitative study is conducted to explore clinical nurses’ experiences and perspectives regarding the clinical education of nursing students using Benner’s theory.

Materials and Methods

Study Design, Sample, and Setting

Qualitative design was used in this study. Based on the fact that clinical nurses play important roles in the education of nursing students and that nurses contribute to nursing education at different levels, Patricia Benner’s From Novice to Expert model used as a supportive framework creates a semi-structured form and discusses the findings of this study. Patricia Benner¹² explained the application of the Dreyfus model of skill acquisition to clinical nursing in her book “From Novice to Expert.” The Dreyfus model suggests that in skill acquisition, a nurse passes through 5 levels of proficiency: novice, advanced beginner, competent, proficient, and expert.¹²

Semi-structured interviews allow the interviewer to ask relevant questions based on the interviewer’s response in addition to previously determined questions.¹⁶ A purposive sample of 15 nurses was recruited from both public and university hospitals in 3 cities in the central, eastern, and southeastern areas of the country. Saturation of the data is important in purposeful sampling. The sample size is thought to be sufficient when no new data are revealed and the data are not repeated.¹⁶ Therefore, the research was terminated when the data reached a saturation level. During each semester, nursing students undergo training in these hospitals for their clinical education. Nurses who are primarily responsible for patients’ care act as preceptors for nursing students in selected hospitals. Eligibility criteria were volunteering to participate in the study, having worked with nursing students in clinics, and having worked in the department for at least 1 year. As different levels of (education, age, working year) nurses have different experiences and opinions on nursing students’ education, we included nurses at all levels except the novice level according to Benner’s From Novice to Expert model. To reduce the effect of local factors distinctive to one institution, participants were recruited from various hospitals and clinics, including internal medicine clinics, surgery clinics, intensive care units, and outpatient clinics.

Data Collection

The study was conducted between May and June 2018. A demographic questionnaire created by the researchers included age, gender, years of nursing practice, and department. To obtain detailed information

about the nurses’ experiences and their perspectives on the phenomenon under study, face-to-face, in-depth interviews were conducted with each nurse using a semi-structured form created by the researchers. In the study, each interview was conducted separately by the researchers at different times. An empty meeting room in the hospital was selected at a suitable time for the participants, and interviews were made and recorded. The semi-structured form included 8 open-ended questions about the experiences of nurses regarding the clinical education of nursing students and the factors affecting the clinical learning process of the Students (Table 1). All interviews were held at the hospital where the nurses were employed. Interviews lasted range from 45 minutes to 60 minutes.

Statistical Analysis

The recorded interviews were written out in Microsoft Word with field notes. A qualitative thematic analysis illustrated by Braun and Clarke¹⁷ was conducted. All data were analyzed manually by the first and second researchers independently. At first, all transcripts were read and initial ideas were noted and coded. Themes were then created and labeled by the first (ŞG) and second (SA) researchers independently bringing several codes together. Then, the first and second researchers independently compared and reviewed the findings to decide on the themes of the study, and they together checked all the derived themes. Finally, themes were surmised through study team consensus (ŞG, SA, GEK).

Rigor and Trustworthiness

In this study many techniques to make certain rigor, including repeated in-depth review of the protocol by experienced qualitative researchers, were used. First author (ŞG) is an expert in qualitative methodology and had clinical experiences for 10 years. The second author (SA) worked as a clinical nurse for 5 years. The third author (GEK) worked as a clinical nurse for 2 years. Both the second and third authors have had training for qualitative methods. All authors have worked as faculty member in different nursing schools for above 7 years. In the study, credibility, dependability, conformability, and transferability were used to describe various aspects of trustworthiness.¹⁸ Credibility involves the truth of the data and the analysis. Only nurses who were genuinely willing to participate were interviewed, and they were told that they had the right to withdraw from the study at any point. The effect of investigator bias during the interviews was reduced by attempting to remain as neutral as possible. Investigator triangulation involved analyzing the same data by 2 authors (first and second author) separately and comparing the findings. Also, it was made to a meeting for reaching an agreement on the findings with all member of the study.

Table 1. Guiding questions

Guiding questions

1. What is the role of clinical education in nursing education?
2. What do you think about the quality of the clinical training of nursing students?
3. Do you think you show responsibility for clinical education? Can you explain by giving an example?
4. How can clinical teaching be efficient?
5. What are the reasons why clinical teaching is not effective according to you?
6. Have you ever received support for any training and preparation to guide nursing students?
7. Do you think your trainer role is sufficient? Which aspects do you think are not enough/sufficient?
8. Which characteristics should nurses exhibit in order to guide students?

Dependability involves the stability of the data over time. Checking of the data included providing each participant the opportunity to listen to the audio record at the end of the interview. To ensure conformability, quotes are provided that the analysis and findings were grounded in the data. In the study, the findings are transferable to another context. Criteria for transparency and systematicity per quality guidelines for qualitative research were met. The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was used throughout the research process to ensure rigor.¹⁹

Ethical Considerations

This study was approved by the Non-interventional Clinical Research Ethics Board of a University Munzur University (Date: May 14, 2018, Decision No: 26). Written permission was obtained from all managers of hospitals as well as written informed consent from the nurses. Data from the interviews were protected as secured computer files which were reachable solely to first author.

Results

The mean age of the participants was 38 (min 29, max 50), and the mean number of years of work experience was 13.93 year (min 2, max 26). All participants were female. As a result of thematic analysis, 3 main themes emerged representative of nurses' experiences in the clinical education of nursing students: characteristics of nurses as instructor, nurses' roles and responsibilities in nursing education, and factors affecting clinical education effectiveness (Table 2).

Theme 1 Characteristics of Nurses as Instructor

Nurses pointed out that certain characteristics of nurses as instructor are effective and significant in clinical learning. The participants described the following characteristics as favorable in nurses in instructor roles: knowledgeable, experience, able to be a role model, conscientious, responsible, and good at communication skills. None of the nurses had taken a course for clinical supervision, and they reported that this was a deficiency. Nurses said:

"A trainer must be tolerant, disciplined, rule-conscious, a role model of every behavior, and patient." (N1)

"I think they need to have the right knowledge and experience, they have to behave in accordance with the morality of the profession, they have to be dedicated, a good observer, they have to teach the information they have experienced and learned to the students in a correct way." (N13)

"Trainers must definitely have clinical experience. At least three years. I don't expect it to be five years or ten years, but at least three years. How does this nurse work, which patients are taken care, which mistakes are going on, what are their mistakes? Let the student see these things. There must be something to change for the students. I don't know how a person who doesn't have any experience caring for patients is able to teach the student." (N3)

"I would like a training on how to contribute to the clinical education of nursing students, how to approach to students, what to teach to students, what should be emphasized, how much responsibility do we have as nurses. All this needs to be taught to us..." (N9)

Theme 2 Nurses' Roles and Responsibilities in Nursing Education

All the nurses stated that nurses' roles and responsibilities in nursing education are effective in the clinical learning processes. According to them, transferring the correct information, ingratiating the profession, knowing their responsibilities to the patient, motivating the student, creating empathy, supporting and encouraging the student, creating an opportunity for the student to learn, and seeing the student as their colleague are among these roles and responsibilities. Two nurses said:

"The education of students is very important for me because these students will become our own colleagues after finishing the school. I think that if we want them to respect and love the nursing profession, we should love the nursing profession during the internship and social circles." (N1)

Table 2. An Overview of Themes and Subthemes Emerged During Data Analysis

Themes	Subthemes
Characteristics of nurses as instructor	Knowledgeable
	Experienced
	Able to be a role model
	Conscientious
	Responsible
	Good at communication skills
Nurses' roles and responsibilities in nursing education	Transferring the correct information
	Ingratiating the profession
	Knowing their responsibilities to the patient
	Motivating the student
	Creating empathy
	Supporting and encouraging the student
	Creating an opportunity for the student to learn
Seeing the student as their colleague	
Factors affecting the effectiveness of clinical education	Quality of nursing education
	Work experience, educational characteristics, attitudes of faculty and nurses
	Motivation of the students toward learning
	Number of students
	Technical opportunities
	Model of education
	Cooperation with school/hospital and other disciplines
Whether or not the patients approach the students	

"I think it is our duty to train students, to answer them when they ask questions, to support them, and to motivate them." (N2)

Nurses expressed that the other reason for fulfilling their responsibilities toward the student is to create empathy. One nurse said:

"Students will work as a nurse when they finish clinical education and will take care of us, our children, our parents. So, I think it's very important that not only the teachers, but all the working nurses should be aware of this." (N9)

Theme 3 Factors Affecting the Effectiveness of Clinical Education

Participants reported that clinical education is an indispensable part of nursing education, theoretical education should be complementary, and the best teaching is clinical practice to support practical implications. They also reported that the quality of clinical education affects the quality of nursing education and patient care.

Participants emphasized work experience, educational characteristics, attitudes of faculty and nurses, motivation of the students toward learning, number of students, technical opportunities, model of education, cooperation with school/hospital and other disciplines, education, and whether or not the patients approach the students are factors that affect the quality of clinical instruction. Some nurses said:

"Personally, I think the number of instructors are not enough, I think it should be more. Apart from this, I think that the number of students is very high, and their practice places have decreased. A single injection can be the only thing that you can do during a whole internship. Maybe the number of the students can be reduced, and the number of teachers can be increased." (N1)

"I think we are trying to give everything to the student, but the student needs to be willing. The students who tend to finish their rotation as soon as possible and go anywhere are not very qualified. Other than that, they can learn a lot of things here and leave if they want." (N6)

Participants reported that the difficulties for clinical education were theoretically weighted education, the high number of students per instructor, the heavy workload of nurses, the limited areas of practice, and students' unwillingness. Some nurses commented:

"In fact, the teachers stand more on theoretical knowledge. Students have nursing care plans in their hands, and they devote most of their time to this. This is why the students can't be very active in terms of practicing in the hospital. Their rotation is happening very quickly. They're going somewhere else while they're adapting to one exact location. They stay for a week, two weeks. That's why I don't think it's effective." (N9)

"There are too many students and it affects us negatively. You sometimes think infection issues. There are a lot of people during the patient visits. The student at the back does not participate very actively and does not listen very well. And also, the student to trainer ratio. The nurses may behave strictly to the students because nurses may have a lot of expectations of them or can see the students as unnecessary and exhausting..." (N1)

Discussion

Nurses are one among the important stakeholders in clinical education, and their perceptions and experiences about the effectiveness of clinical education are important. Important finding of study is

that although nurses emphasize the importance of their educational role, they feel insufficient in this sense. They stated that they did not undergo an educational process to develop their educational role. In this context, one of the themes in our study was the educational characteristic of nurses. Nurses stated that in order to be effective in clinical education, the preceptor role should be fulfilled as intended. Regarding their educational role, nurses emphasized that they did not receive any training on guiding students in the clinic but that training was very important in clinical education. This result is similar to prior study.⁴ According to another study, non-educated nurses involved in clinical education were not aware of students' clinical aims and expected behavior therefore students behaved according to the expectations of the clinical environment.²⁰ However, there was no research finding that nurses were educated before taking part in clinical education. For this reason, if nurses are asked to contribute to clinical education, it is recommended that they are sufficiently educated and cooperated with nursing faculties.^{20,21} This is supported by research finding that nurses who are trained to strengthen their educational roles are more willing and principled in these roles.²² In this context, it is thought that training organized by educational institutions will be beneficial in supporting the educational role of nurses.

According to the result of the study, nurses emphasized that regardless of how much clinical experience they had, nurses should go through a good training process to develop their educational role. This finding is supported by relevant literature and Benner's theory of nursing From Novice to Expert.^{23,24} According to Benner's theory, an expert nurse can be a novice nurse when working with a student; a novice educator must be supported in the same way that a novice nurse is supported in fulfilling her role.¹ Nurses trained to improve their educational roles experience less anxiety, fewer mistakes, and are more motivated,^{25,26} and the positive effects of this trust on students' professional development are supported by research results.²⁷ Although the majority of nurses in our study are experienced, they said that it is necessary to undergo certain training and support in order to take part in clinical education and that there is a difference between being an experienced nurse and working with a student.

In this study, nurses said that they have roles and responsibilities in providing students the right information and professional socialization and in teaching them their responsibilities toward patients to motivate, support, and create the necessary opportunities for students to learn. Results of this study are supported by literature.²⁸⁻³⁰

Another important finding is that as nurses' knowledge and experience increase, their contribution to the clinical education process will be better. Although all the nurses included in our study had many years of clinical experience, they expressed the importance of nurses taking part in clinical education based on their observations in clinical practice. It is considered that not only theoretical knowledge and skills should be sufficient but also critical thinking, problem solving, and decision-making skills should be developed in order to be able to take part in clinical education effectively along with the other work that nurses do. This finding is supported by Benner's theory of nursing From Novice to Expert.^{1,31} In addition, according to another study, clinical nurses' experience, knowledge, and personalities play vital roles and have an impact on the success of clinical practice.³² More clinical experience provides nurses with the ability to evaluate cases with different dimensions and to control many variables at the same time; therefore, experienced nurses feel more comfortable and more productive in student education.

In our study, nurses stated that the quality of clinical education is important, there is often a gap between theory and practice, theoretical weighted instruction is continuing in clinics, students' inter-clinic rotation is rapid, and students are reluctant, all of which affect the quality of clinical education. Similar to our study results, research has shown that although most learning environments have many benefits, they do not provide a positive learning situation for nursing students.³³ According to study results, we can say that there is no harmony between learning outcomes related to the school curriculum and practices in the clinical education environment.

Other themes found in the statements of nurses in our study related to experiences affecting clinical education effectiveness were the educational status and behavior of the trainer, the motivation of the students about learning, improper communication between students and hospital staff, the number of students, the technological facilities, school-hospital cooperation. These findings in this study are similar to prior study.^{7,11,34,35}

Conclusion

The role of nurses is important in improving the quality of clinical education. Nurses are required to carry out 4 basic functions (caring, educating, researching, managing) beginning in the pre-graduation period. Therefore, nursing education programs should be organized, and the roles and responsibilities legally assigned to nurses should be updated to include the educational role and integrated into corporate policy. In addition, nurses who will be responsible for the clinical education of nursing students should be certified through this training, and the training should be updated periodically. Many undergraduate education institutions provide guidance for nurse training. A proposal can be written for the dissemination of these trainings and the making of the relevant protocols. It is also important for nurses who are trained to create a clinical environment to facilitate learning and to support and motivate other nurses who contribute to nursing student education in their own clinics. Based on these results, activities to improve cooperation between schools and hospitals should be developed in every institution to provide more successful nursing education.

Strengths and Limitation

To our knowledge, this is the first qualitative study to explore nurses' experience and perceptions as instructor on clinical education of nursing students using Benner's theory. There are some limitations in this study. First, this study was conducted in Turkey. Culturally different experiences and perceptions of clinical nurses need to be evaluated in other countries. Secondly, students' opinion on clinical nurses' role as instructor need to be explored.

Implications and Recommendations for Nursing Educational Practice

Several key points that have implications on nurses' experiences and perspectives regarding clinical education emerged from this research. First, the objectives for the clinical education of the students and the needs of the preceptors should be determined. Secondly, the personality traits, roles, and responsibilities of clinical nurses steer the success of clinical practice. Thirdly, preceptors face many challenges during the clinical placements. In light of the results of the study, preceptors should be trained in the areas they need so that they can contribute to providing a more effective clinical experience to the students, increasing the students' self-confidence, and thus improving satisfaction. Developing educational activities to improve cooperation between schools and hospitals should be developed in every institution to provide more successful nursing education. Well-structured

educational programs utilizing modern technologies should be organized to assist nurses in their roles as preceptors for training the new waves of nurses.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Munzur University (Date: May 14, 2018, Decision No: 26).

Informed Consent: Written permission was obtained from all managers of hospitals as well as written informed consent from the nurses. Data from the interviews were protected as secured computer files which were reachable solely to first author.

Peer Review: Externally peer-reviewed.

Author Contributions: Concept – Ş.G., S.A., G.E.K.; Design – Ş.G.; Supervision – Ş.G.; Resources – Ş.G., S.A., G.E.K.; Materials – Ş.G., S.A., G.E.K.; Data Collection and/or Processing – Ş.G., S.A., G.E.K.; Analysis and/or Interpretation – Ş.G., S.A., G.E.K.; Literature Search – Ş.G., S.A., G.E.K.; Writing Manuscript – Ş.G., S.A., G.E.K.; Critical Review – Ş.G., S.A., G.E.K.

Acknowledgments: We are grateful to volunteer nurses who devoted their time in implementation of this study. This study was presented at 7th International Nursing Management Conference; Muğla/Bodrum, 25.10.2018 (abstract).

Conflict of Interest: The authors have no conflicts of interest to declare.

Financial Disclosure: The authors declared that this study has received no financial support.

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