



Impact of clinical practice on nursing students' perceptions of the nursing profession

Josephine Adeoye

Michael Ouma

Bachelor's thesis

June 2024

Bachelor's Degree Programme in Nursing

Adeoye, Josephine & Ouma Michael

Impact of clinical practice on nursing students' perceptions of the nursing profession

Jyväskylä: Jamk University of Applied Sciences, June 2024, 45 pages

Degree Programme in Nursing. Bachelor's thesis.

Permission for open access publication: Yes

Language of publication: English

Abstract

Practical training is important in connecting the theory learnt at school with the real-life situations. Nursing students get to experience real scenarios with the guidance of a mentor. They receive guidance and skills and gain confidence in dealing with different situations. The learning experience should be seamless and lead to gaining expertise in the profession. However, the situation is not always smooth for the students.

The aim was to examine how clinical practice influences nursing students' views on the nursing profession based on existing literature.

A literature review was utilized to examine existing data and sources were retrieved from CINAHL Ultimate, PubMed and Medline.

Factors identified that affect clinical practice for nursing student and thereby impact their perception of the profession were grouped into four categories. The categories include mentor specific factors, student specific factors, clinical environment specific factors and challenges.

There is need for a shift on workmanship for the students, mentors, and the organization. Collaboration needs to be fostered strongly to retain fresh graduates in the profession. This will promote learning and reduce the shortage of workers.

Keywords/tags (subjects)

clinic OR clinical OR clinical practice OR practice OR hospital OR nursing students AND perception OR nursing profession

Miscellaneous (Confidential information)

-

Contents

1	Introduction	2
2	Theoretical Background	3
2.1	Brief History of Nursing Education	3
2.2	Overview of nursing education	4
2.3	Nursing Education in Finland	6
2.4	Importance of clinical practice in nursing education	7
3	Aim , Purpose, Research Question.....	9
4	Methods.....	10
4.1	Literature review	10
4.2	Article Selection Process	10
4.3	Data analysis.....	15
5	Results.....	17
5.1	Mentor specific factors.	17
5.2	Student specific factors	18
5.3	Clinical environmental specific factors	19
5.4	Challenges	21
6	Discussion.....	22
7	Ethical considerations, validity and reliability, strengths and limitation	23
8	Conclusion	25
	References	26
	Appendices	32
	Appendix 1. Critical Appraisal of the articles (Hawker et al. 2002)	32
	Appendix 2. Summary of reviewed articles	34
	Figures	
	Figure 1. Prisma chart	14
	Figure 2. Example of Data analysis.	16
	Tables	
	Table 1: PICOS used in the research.	11
	Table 2: Keywords used in the literature research.....	12
	Table 3: Inclusion criteria.....	12
	Table 4. Categories and subcategories.	17

1 Introduction

The number of professional nurses do no longer meet the demand for total healthcare, with recruitment and retention of medical professionals being a recognized priority worldwide. In the UK, approximately a quarter of nursing students drop out before completing their program (McLaughlin et al., 2010), while in Taiwan, the attrition rate is even higher at 85% (Lai, 2008). Despite high pass rates in national licensure exams for baccalaureate nurses in Taiwan (82.3-87.2%), only 59% of registered nurses enter the workforce, and 32% of new nurses plan to leave within the first three months (Yeh & Yu, 2009).

In the United States, turnover rates ranged from 30% to 47% in the first year and were around 25% within two years. The high turnover rates in both Taiwan and the US may be attributed to the disparity between the perceptions and experiences of nursing students and registered nurses. Moreover, the gap between the clinical experience gained during nursing practice and the actual requirements of healthcare professionals could impact the willingness of newly graduated nurses to enter and stay in the nursing profession (Wolff et al., 2010). Therefore, it is crucial to focus on initiatives that motivate nursing students to complete their training and retain newly licensed nurses within the healthcare system.

Clinical practice in baccalaureate (BA) nursing programs serves as the pathway for nurses to transition into the profession. In Taiwan, clinical practice constitutes over 50% of the nursing curricula in BA programs, playing a vital role in fostering a professional mindset and aiding students in achieving clinical competency. Nursing students not only acquire patient care skills, professional communication, problem-solving, psychomotor skills, and critical thinking, but they also enhance their socialization and confidence in their professional role. Clinical experiences play a crucial role in helping students develop a sense of belonging to the nursing profession (Levett-Jones & Lathlean, 2008).

JAMK University of Applied Sciences nursing program employs a variety of instructional strategies for clinical practice, such as hands-on practice, problem-based learning, concept mapping, reflective journaling, and role modeling. The differences between nursing education and clinical treatment settings, along with the fee system, may influence nursing students to pursue majors outside

of nursing. It is essential to motivate nursing students' interest in the profession and continue to support them post-graduation to address the nursing shortage.

Research from Taiwan highlighted that satisfaction and perceived stress during clinical experiences significantly impact nursing students' career decisions (Levett-Jones et al., 2015). Nursing students may be deterred from pursuing a career in nursing due to negative experiences during their clinical practical training. It is therefore essential to change the perception of clinical experiences and minimize conflict and stress that may arise from these situations. This research aims to examine the involvements and perspectives of nursing students in relation to their clinical practice. The results of this study are anticipated to offer valuable insights for nursing educators to improve student satisfaction and support their smooth transition into the nursing profession upon graduation.

2 Theoretical Background

2.1 Brief History of Nursing Education

Earlier nurses had no formal preparation particularly planned to cater for handling different scenarios. The Kaiser Werth School was one of the programs made to prepare and instruct women to care for the sick and homeless. This program was established in Germany to get ready individuals to care for the wiped out in their homes (Bork, 2002). The hypothesis comprised of a course held each day for five months, for a add up to of 120 hours. Students were taught anatomy, physiology, hygiene, pathology, and nursing. At the end of the program, the student was given a verbal exam. The source program afterward advanced into a three-year program. The primary nine months were considered a trial period after passing the comprehensive examination; students got to be full-time students and graduated from a three-year program (Bork, 2002).

Florence Nightingale was the primary to imagine nursing instruction in an arrangement as a nursing home (Dumitrascu et al., 2020). She upheld the foundation of nursing instruction in an aided school where the most point was instruction instead of benefit. Stanford (2020) emphatically accepted that nursing was a calling based on crucial standards which it was diverse from the restorative calling. She needed nurses to prepare on inefficient educational program that included both hypothesis and nursing abilities. Nightingale, as an item of Victorian Britain, was exceptionally concerned around the character and ethical quality of nurses; both were irreproachable.

2.2 Overview of nursing education

In the United States, nursing expansion is classified into different levels, from a licensed practical nursing program (LNP) to a doctoral nursing program (Riegelman & Kirkwood, 2015). These levels offer students different opportunities to further their education. Similarly, Australia offers undergraduate, graduate, and doctoral programs in nursing, resulting in a significant number of highly educated nurses (Berman et al., 2020). In Canada, nursing education is divided into stages, where passing a technical high school leads to a nurse's assistant and passing a junior training program qualifies you to take the registered nurse exam. In addition, a bachelor's degree allows participation in local medical services (Western Community College, 2024). There are five levels of nursing education in China, including technical high school, college, bachelor's, master's, and doctorate. While nursing education has grown rapidly in China, there are more technical high schools and tertiary schools than master's and doctoral programs (Deng, 2015).

Nursing education is still limited. Nursing education encompasses formal literacy and specialized training in patient care, which aids in patient recovery and overall health maintenance. Throughout history, nursing has evolved positively, influenced by various factors such as women's advocacy for professional recognition, religion, warfare, technology, and societal norms (Institute of Medicine (US) Committee on Enhancing Environmental Health Content in Nursing Practice, 1995). These influences persist in shaping nursing practices today. With the healthcare landscape rapidly changing due to new diseases and an aging population, nurses are expected to assume greater responsibilities to meet patient needs. Continuous learning and skill expansion are vital for nurses to uphold professionalism and deliver quality care.

Basic skills development is fundamental for all healthcare professionals, with a strong link between nursing education and clinical practice. Despite the global presence of nearly 27 million nurses and midwives, there remains a significant shortage in the workforce, posing a challenge to healthcare systems worldwide (WHO, 2022). Nursing education standards are in place to ensure that nurses possess the necessary qualifications upon graduation. Realistic training plays a crucial role in enhancing nurses' competence and confidence. Lima et al. (2016) states that experience increases nurses' competence and confidence.

Practical training plays a crucial part in the learning periods and equips students with hands-on experience (Lima et al., 2016). It is through this training that nurses are prepared to become responsible healthcare professionals in the future. The Institute of Medicine (IOM) USA's 2003 Quality Chasm report states that quality improvement, interdisciplinary cooperation, informatics, patient-centered care, and evidence-based practice are the five essential competences that health professionals should have. Nursing expertise combines knowledge and skills to deliver high-quality care and support patients in their activities. In complex situations, nurses must have a holistic understanding and be able to integrate their knowledge and skills effectively. Competence lies at the heart of nursing, as it requires a mix of knowledge and skills that are essential in clinical settings. Consistent and high-quality care for patients is ensured by the continuity of nursing students and nurses. In nursing and medicine, clinical competence, the clinical learning environment, and practice are considered pivotal. Nursing research frequently addresses the clinical competency of registered nurses (RNs) (Efendi et al., 2018). Nonetheless, there is still disagreement on the definition of competence, which differs throughout nations (Currie et al., 2022).

According to Competence in Health and Safety (n.d.), competence in the UK is defined as connected to a particular occupation in a safe manner. This capacity is attained through a mix of education, skills, and knowledge. Nursing education has always placed a strong emphasis on clinical experiences (Dahlke et al., 2016). These experiences play a crucial role in enhancing nurses' skills and have a direct impact on the quality, standards, and safety of patient care (Öhman et al., 2016). To ensure readiness for the job, nurses must undergo training and gain experience in various clinical settings (Currie et al., 2022). Despite its significance, the development of clinical competence in nursing students has received limited attention in the nursing literature. Educators worldwide face the challenge of effectively assessing students' clinical competence, necessitating the use of standardized tools and methods for evaluation (Immonen et al., 2019 & Helminen et al., 2017). Stobinski (2020) acknowledges the difficulty of this task, as skill development is often overlooked throughout a nurse's career.

Hence, in designing and structuring the nursing curriculum, it is crucial to explore the utilization of various clinical settings as a platform for enhancing clinical skills and enriching the educational journey of students. Additional investigation is warranted from both student and teacher viewpoints (Manninen et al., 2013). When the objectives of clinical training are well-defined and

quantifiable, and nursing students are paired with mentors or instructors for guidance throughout their learning process, it leads to heightened contentment, enhanced drive, and imparts essential expertise for fostering clinical proficiency.

2.3 Nursing Education in Finland

In 1990, the educational system for nurses in Finland underwent significant reforms, leading to changes in the curriculum of nursing schools. In Finland, universities of applied sciences (AUs) offer a bachelor's degree in nursing, as stated by the Ministry of Education and Culture (2023). Currently, there are 23 universities of applied sciences in Finland that provide nursing education. The program typically should take around 3.5 - 4 years to complete, with a requirement of 180 credits to obtain the qualification of a general nurse in general care, as defined by the EU directive 2005/36/EC, directive 2013/55/EU. The nursing education programs also include clinical practice and competency modules, which account for approximately 90 ECTS credits. The nursing education requirements in Finland aligns with those of fellow European union member states and partner countries.

In Finland, the duration of the program is slightly longer, with 210 credits needed instead of the usual 180 credits. This translates to a period of 3.5-4 years, with each credit representing 27 hours of work. Upon completing the mandatory studies, individuals can specialize in areas such as mental health or surgical treatment. The professional courses encompass 20-30 ECTS. Practical training, known as Clinical Practice (CP), is an integral part of nurse training programs and must be carried out in healthcare facilities under the guidance of a registered nurse. The Social and Health Supervisory Board (VALVIRA) grants nursing education graduates the license to work as healthcare practitioners in Finland. VALVIRA maintains a comprehensive register containing information about all registered nurses in the Terhikki register. According to Jokiniemi et al. (2021), there are approximately 80,000 registered nurses in Finland, which amounts to around 14.7 per 1,000 population (Jokiniemi et al., 2021). This is four times greater than the physician rate of 3.2 per 1,000 population.

Finnish nursing research has always placed a strong emphasis on nursing education. Vierula et al. (2016), found that approximately 12.3% of doctoral theses in nursing in Finland are dedicated to the field of nursing education (Vierula et al., 2016). Salminen et al., (2010) argue that nursing

curriculum should be built upon research, expertise, and a thorough understanding of the future challenges faced by the nursing profession (Salminen et al., 2010). Upon completing their undergraduate studies, registered nurses (RNs) can pursue a master's degree in nursing at applied colleges or academic universities. However, to continue their studies at a university of applied sciences, at least three years of work experience is required. The University of Science does not have a mandatory work experience requirement for master's studies, which is different from universities of applied sciences.

2.4 Importance of clinical practice in nursing education

Understanding the various factors that impact the quality and quantity of clinical education is essential in addressing the associated challenges (Tavakoli et al., 2014). Hence, it is imperative to assess the clinical skills of undergraduate nurse developers (Rush et al., 2014). The significance of clinical nurse education cannot be overstated as it contributes to the development of personal, professional, and clinical skills (Taghinejad & Mehri, 2008). Through nursing education, students gain the required knowledge and skills to promote public health (Abbaszade et al., 2013). Achieving success in this field requires effective ways to introduce students to new information and address the needs of patients.

However, the current state of clinical education does not align with the clinical skills of students. Due to the significant disparity between theoretical and clinical nursing education, the identification of problems holds great importance in the realm of clinical learning (Hashemiparast et al., 2019). As the individuals directly engaged in this process, students serve as the most reliable and valuable source for recognizing these challenges. Several studies have indicated various clinical educational difficulties based on student perspectives, including the absence of qualified instructors, inadequate facilities, insufficient clinical education staff, limited opportunities for students to practice procedures, absence of educational tasks in the clinical setting, incongruity between the goals and content of the clinical curriculum, necessity for fulfilling prerequisites before entering the clinical department, inadequate learning opportunities, lack of student motivation, insufficient professional knowledge, and the application of learned goals within the clinical environment (Delaram et al., 2013). Additionally, students may also lack awareness regarding objectives and assessment methods (Delaram et al., 2013).

Positive practice environments are crucial in advancing nurses' professional growth and boosting satisfaction within the nursing field (Flot & Linden, 2015). The development of clinical competencies among nursing students can occur in various learning settings, including clinical skills laboratories, simulations, and real-world practices where students can refine their skills and knowledge through hands-on experience. Nursing programs bear the responsibility of ensuring that clinical practice is both supportive and safe, while also fostering individual students to learn to showcase their competence. During their clinical skills practice, nursing students can choose from three different approaches: clinical learning environments: practice, simulation, and laboratory for clinical skills. Through hands-on training, students can cultivate their skills by interacting with real patients under the guidance and supervision of a workplace supervisor (Norquist et al., 2019).

The terms "job coach," "mentor," "mentors," and "supervisor" are often used interchangeably to refer to registered nurses who offer support and guidance to nurses during their practice training. The clinical learning environment presents opportunities for nursing students to acquire both technical and non-technical skills, including communication, teamwork, and understanding the patient's needs (Al-Daken et al., 2024). These skills are essential for performing tasks safely and effectively. Healthcare institutions and nursing education programs should collaborate to offer practical training opportunities that adequately equip students for a nursing career (Al-Daken et al., 2024).

3 Aim , Purpose, Research Question

Aim

To examine how clinical practice influences nursing students' views on the nursing profession based on existing literature.

Purpose

Provide information on the impact of clinical experience on students' perception of nursing as a profession to organizations and mentors with the target to help retain new graduates in the job market .

Research question:

How does clinical experience influence the perception of nursing students towards the nursing profession?

4 Methods

4.1 Literature review

In nursing, literature reviews have gained popularity over the past two decades as a method to compile data and information that is specific to the nursing profession. Even though various approaches towards undertaking a literature review exist, the various approaches have been found to have similar characteristics (Aveyard & Bradbury-Jones, 2019).

To answer the research questions, a literature review approach permits an incredibly extensive and clear evaluation of existent previous research. To systematically search, select, appraise, and synthesize pertinent published and gray literature appropriate to address the research question of this study, this method uses a credible and reproducible methodology (Aveyard & Bradbury-Jones, 2019).

Furthermore, literature review is one of the most important tasks in the process of social research, which systematically reviews and analyzes all kinds of documents related to problems. To understand the process of the research in this field, systematic literature review is significant. The systematic review, evaluates and collects data through unified procedures and standards, forms amendments and updates to the results. Different from the general review, it requires the comprehensive collection of data based on evaluation, making the data as objective as possible (Lawrence et al, 2015).

4.2 Article Selection Process

PICOS is a search tool used to find high-quality, evidence-based, adequate information about the research and advances the search strategies used in the study. The researcher uses this tool to formulate eligibility for seeking information for the analysis. As mentioned by Huang et al. (2006) PICOS controls the broadness of accessible articles and determines that the search is evidence-based and fits for the research question. (See Table 1).

Table 1: PICOS used in the research.

PICOS	CRITERION
Population	Undergraduate nursing students
Interest	Clinical practice in a hospital setting
Context	Healthcare units
Outcome(s)	Perception of nursing
Studies	Full text available for JAMK students, published articles between 2016 onwards, English language

Firstly, databases that were relevant to the nursing field were selected. The researcher extracted the research articles used in this review from three databases: CINAHL Ultimate, Medline, and PubMed. The keywords and synonyms “clinic OR clinical OR clinical practice OR practice OR hospital OR nursing students AND perception OR nursing profession” were used to filter the search.

Table 2: Keywords used in the literature research.

Keywords
clinic OR clinical OR clinical practice OR practice OR hospital OR nursing OR students
AND
perception OR nursing profession

To narrow the search, the keywords and inclusion criteria limiters Boolean, Full text for JAMK students, Peer reviewed, English language, and Published date: 2016 were utilised. The researchers took into consideration the inclusion criteria, for example, studies before 2016, literature review, those studies that only focused on the attitude of nurses, studies that are accessible in full text, studies that are relevant to the research question, and one of the authors should be nurse (See Table 3).

Table 3: Inclusion criteria

Sources	CINAHL Ultimate, PubMed and Medline
Inclusion criteria	<p>Boolean, Full text available for JAMK Students, Peer reviewed, English language.</p> <p>Additional Limiters: Apply equivalent subjects (CINAHL, Medline)</p> <p>associated data (PubMed)</p> <p>Published date: 2016 onwards.</p> <p>One of the authors is a nurse</p>

The research produced 16,290 articles in CINAHL, 17,386 in Medline, and 244,450 in PubMed. After searching the articles, 21 duplicate articles were deleted. The inclusion criteria were included at this point and 312 papers were selected by title. The titles of all papers were reviewed and selected according to their relevance to our research questions. The abstracts were read, and 38 papers selected based on this process. 6 studies were included based on full text. 32 Excluded articles were deemed inappropriate because their full text did not match the research questions, some were literature reviews only.

The selection process and number of selections can be seen in the prism diagram (see Figure 1).

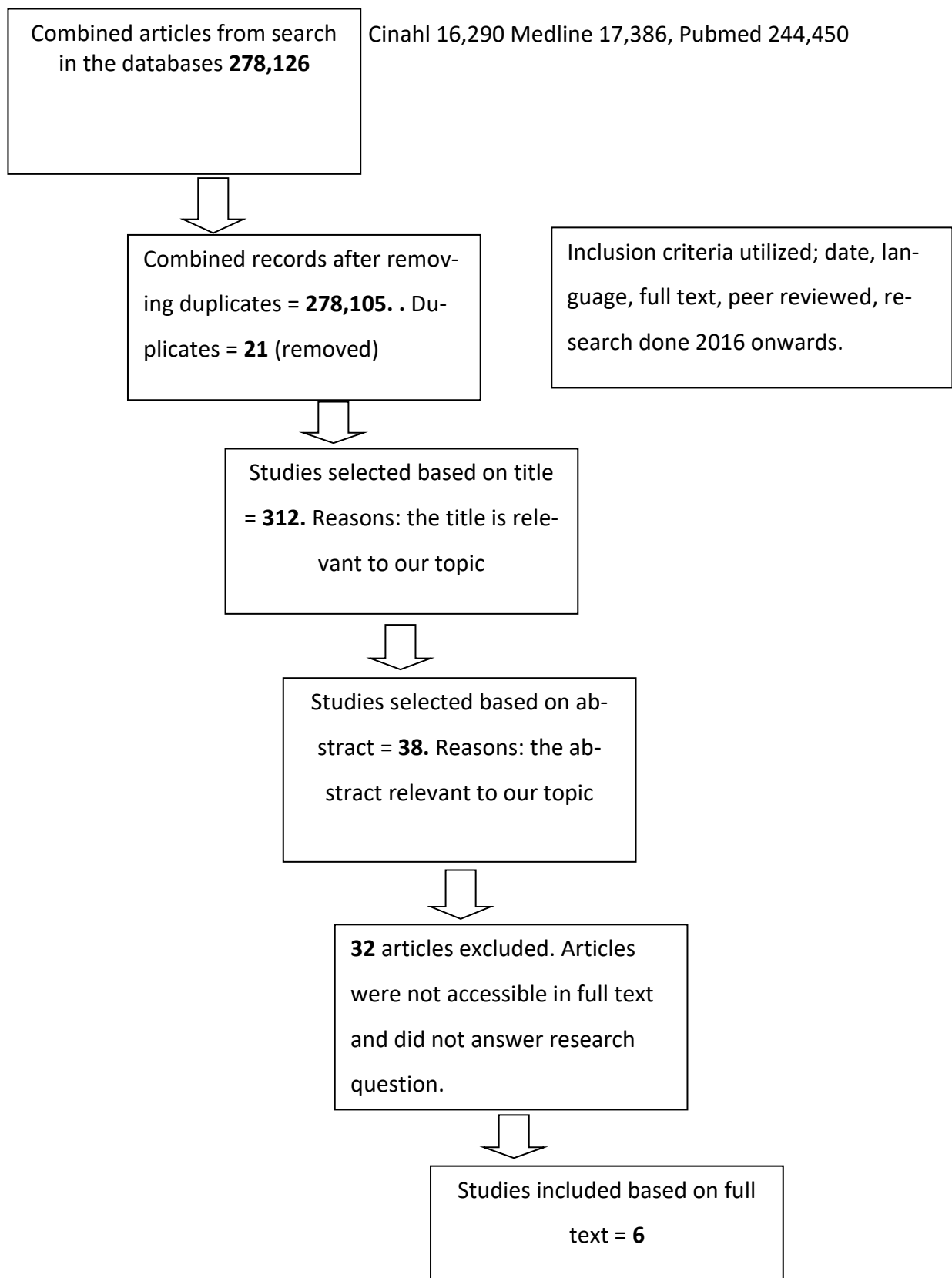


Figure 1. Prisma chart

4.3 Data analysis

Data analysis is the process the work of a researcher goes through to create a wordily interpretation of raw data (LeCompte, & Schensul, 2012). The process seeks to make sense of largely collected data and comprehend them. This requires the data to be investigated keenly to draw the implications to the research subject. According to Patton 1987, data undergoes organization, summarization, and classification where similar traits are connected. Data analysis is a continuous process in search and should be done promptly to understand the results (LeCompte, & Schensul, 2012). Research relies fully on data as there is the intention of answering a particular question. The question acts like a guide towards the data search and directs the researcher towards a particular direction. When data search is unguided by a question then it is called data mining which has specific interesting trends worth exploring (Bhat, 2024).

Data can be in different forms. It can either be qualitative data – word and description, quantitative data – numerical figures or categorical data – grouped items in one category (Bhat, 2024). The difference in data will determine the kind of approach used to provide useable information. Merriam (1998) offers several approaches to data analysis where ethnographic analysis is relevant to qualitative research as it involves human life and particularly health issues. Qualitative research can be well analysed by content analysis as a systematic approach is employed to create and identify patterns. Interpretation of the scientific data enables the author to understand outcomes and contributes to the social outcome. Qualitative content analysis may be done via inductive analysis or deductive analysis (Cresswell, 2020). Deductive analysis is used when previous theories and frameworks exist concerning the subject. Therefore, the new insight of the researcher is deduced from pre-existing foundations of thought and theory. Inductive Analysis is used when there is a limitation of previous research and framework available, the researcher then must use inductive reasoning to direct the formation of hypotheses and new frameworks for further exploration and research (Armat et al., 2018).

As per the guidelines of this methodology, the authors familiarized themselves with all data available in selected studies via analysis of statements, inferences, and texts (Vaismoradi et al., 2013). Afterwards, Open coding was done to cluster similar data (codes) collected from the studies into higher orders called categories. Similar categories were merged to form sub categories, which

were, in turn, analysed and discussed to provide analytical outcomes that answered the research question.

Content analysis was used because the authors were required to make inductive and deductive analyses of collected data via thematic exploration of patterns and trends in previous studies. It enabled a deeper understanding of the research subject and offered a structured qualitative approach to exploring the research question. The figure below show the example for data analysis (See Figure 2)

Example of Data analysis

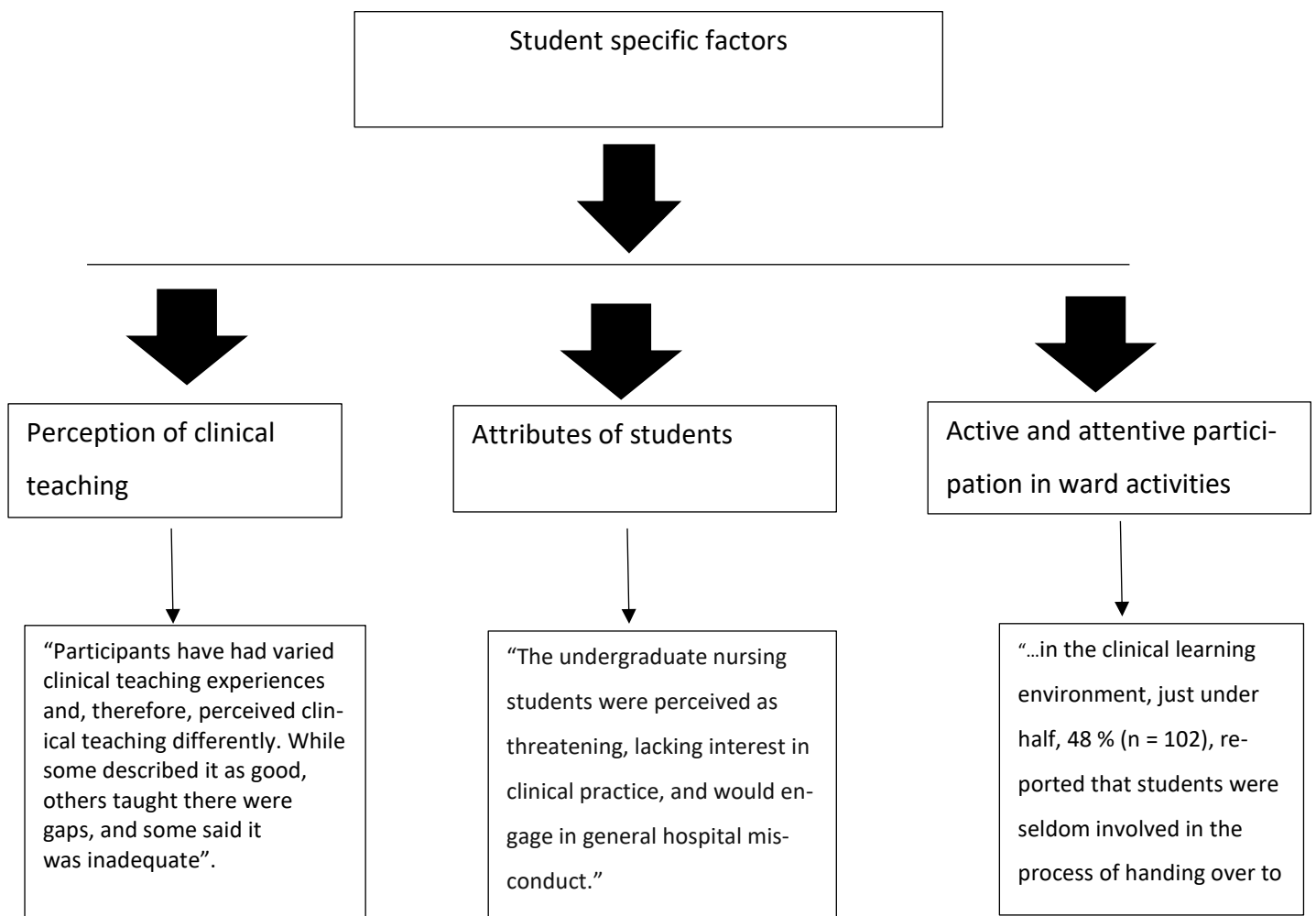


Figure 2. Example of Data analysis.

5 Results

Factors that affect nursing student clinical experience and thus influence their perception of the nursing profession were clustered into four categories. The categories include mentor specific factors, student specific factors, clinical environment specific factors and challenges. These categories were further divided into subcategories which described different factors that contributed to the main category. The following Table 4. shows the classification of the results.

Table 4. Categories and subcategories.

Categories	Subcategories
1. Mentor specific factors	<ul style="list-style-type: none"> • Willingness to teach. • Mentors creative mode of teaching
2. Student specific factors	<ul style="list-style-type: none"> • Perception of clinical teaching • Attributes of student • Active and attentive participation
3. Clinical environment specific factors	<ul style="list-style-type: none"> • Clinical practice environment • Interaction between the student and the mentor • Autonomy • Organization in the workplace
4. Challenges	<ul style="list-style-type: none"> • Challenges faced during clinical practice

5.1 Mentor specific factors.

Aspects discussed under this category were willingness to teach and mentors' creative mode of teaching. These sought to define the mentors' part in directly imparting knowledge and skills to the students.

The clinical area offers the chance for transfer of skills. Teaching is done through different ways and the mentors are the ones in charge. Drasiku et al., (2021) identifies that mentors were willing to teach students based on being experienced in the work. Experience builds confidence and the mentor approaches teaching tasks with skills. Experienced is built on participating in different patient cases. The mentors who have been in the field for many years have seen varied conditions. They have also helped to tackle these conditions making them professionals. The importance of skills transferability was high, and the clinical setting provided the opportune moment for this (Drasiku et al., 2021). Despite all these, mentors face a power struggle when the student have a higher level of education.

The mode of teaching by the mentors can be creative and fun. Simulation in the field and peer learning help to pass the knowledge (Currie et al., 2022). The introduction of new thing for the student was a trigger to making the practice interesting (Amoo et al., 2022). The mentors were creative in the mode of delivery, and this made the students interested. Support and facilitation activities introduced by mentors in clinical learning proved beneficial (Jaganath et al., 2022).

5.2 Student specific factors

Student specific factors were factors that touched on the student. They included the perception of the clinical teaching they received, the mindset they had about the clinical setting which can be seen in the attributes and whether they were active and attentive during their practices.

Sarah et al., (2022) describes that students found the practise places to have gaps in their training. The gaps informed to the fact that the practise places can be improved. The were also good factors that made the student to perceive the clinical practise place as nice. Due to different experiences of the student, their perception was shaped differently (Sarah et al., 2022). Clinical practise places were seen as good when the student was able to practise the theory learnt in school. Sarah et al., further gives testimonials of students who visited a particular hospital. These students described the places to be good and educative for them (Sarah et al., 2022). Currie et al., (2022) described the interprofessional environment as a factor that made the students to enjoy their clinical practices. The vast opportunity to exchange ideas from different professions contributed to the students' knowledge (Currie et al., 2022). Woo & Li, (2020) described satisfaction as having a big impact on the overall outlook of the practise place. Satisfaction went hand in hand with the ability

of the student to demonstrate their skills. This contributed to the general view of the practise place as a good place.

Personal student attributes were seen as factors contributing to student specific factors. Drasiku et al., (2021) reveals that students were seen as rude, unprofessional, and lacking interest in the practice place. These factors made the student be viable for engage in malpractices (Drasiku et al 2021). Lack of interest made the teaching for these students to be difficult as the mentors struggled. The mentors were tasked with taking care of the students and performing their many tasks in the ward. The attitude of the student makes it difficult for the mentor to guide them. The student does not show respect to the mentor, and this affects their relationship (Amoo et al., 2022). Confidence was noted as a big personal attribute for the student to have (AlAzri et al., 2023)

Jaganath et al., (2022) presents the active and attentive participation of student in daily ward activities like handing over. The factor describes involving the students in the actual task while being supervised by their mentors (Jaganath et al., 2022). Simple tasks like handing over to the next nurse on shift was suggested to help acquaint the students. This would also entail giving report on how the patient was during the day and any events. Doctors rounds were also seen as essential to the learning of the students. They were to be involved in giving progress reports to the doctor, alerting the doctors incase the patient's condition deteriorated and general reports of the patient's welfare.

5.3 Clinical environmental specific factors

Environmental specific factors entailed things that affected the student in the place where the practice was been done. They included clinical practice environment, interaction between the student and mentor, autonomy, and organization in the workplace.

The clinical learning environment is the place where students get to practice their theory in real life situations. Clinical skills are developed, and they are necessary for professional nursing practice (Amoo et al., 2022). Different areas provide the student with varied options of learning as a multiprofessional environment. Amoo et al., (2022) described that students get to experience different environment, and if there is a shortcoming on one place, the student will be learning in another place. Students were rotated to different hospitals and thus acquired varied learning

experiences. Drasiku et al., (2021) highlights that the different clinical settings give different kind of patients. Drasiku et al., (2021) further describes the kind of patients received in advanced referral hospitals from small district hospital give a different feel and increases expertise on the students. The variety of condition in different setting offers enhancement of learning and the opportunity to see rare cases. The specialist involved in these cases were willing to involve the students in the care process. The main reason why patients are transferred to different hospitals is because of resources. The hospital may not have adequate resources in terms of equipment, personnel or even space for the patient (Amoo et al., 2022). The students goes to the practical placement with an aim of seeing how the equipment they used in school or learnt in theory are used. The shortage of the resource will then hinder teaching and bring about confusion for the student. Anxiety will then build up as the student is not able to connect the theory and the practical in the clinical setting (Jaganath et al., 2022). Mentors support is therefore important to help deal with this (Woo & Li 2020).

Interaction between the student and the mentor has a profound impact on learning. The student can ask questions easily when they have a good relationship with their mentor. Jaganath et al., (2022) presents the findings that students experienced unfriendliness and inconsiderate reaction from their mentors. Students did not receive any care from their mentors concerning personal problems (Jaganath et al., 2022). Rarely did student observe their mentors' going out of their way to assist them (Jaganath et al., 2022). Woo & Li (2020) present the term 'personalization' which described the interaction between the student and the mentor. Using their clinical learning environment inventory survey, Woo & Li (2020) got high results on mentors not acknowledging the students feelings. On the other hand, mentors were seen to be interested in the students' welfare which is contrary to what Jaganath et al., (2022) found. There seems to be a consensus on how important the relationship between the student and the mentor is (Woo & Li 2020, Jaganath et al., 2022). Good relationships enable the student to voice their concerns and create autonomy.

Autonomy in the clinical practice involves the student having a say on how the shift will go (Jaganath et al., 2022). The student is given the opportunity to make decisions and they are treated fairly (Jaganath et al., 2022). Autonomy can also be seen as being able to choose the type of shift you want and the working pace. Teaching approaches encourage the students to go at their own pace at the ward even though they are not allowed to work at their own pace (Woo & Li 2020).

Tasks similarity all through the practice period was observed by student which made the practice less exciting and created monotony (Jaganath et al., 2022). Autonomy can therefore be improved by looking closely at the organization structure.

Organization structure illustrate the work culture in a place. This entails how tasks are performed, teamwork culture and induction of new staff members. Woo & Li (2020) illustrate in their findings that most student felt the workload was well organized. The mentor had the power to control what the student will do in the ward (Woo & Li 2020). Jaganath et al., (2022) highlights that students felt their mentors were sidetracked while working and thus affected learning flow. Work-flow and tasks assigned received low ranks as there was no clarity (Jaganath et al., 2022). The organization preparedness was low, and student felt that it was disorganized (Jaganath et al., 2022).

5.4 Challenges

Students experienced various difficult situation that informed them against a positive regard to their practice. The challenges being highlighted are aside the hurdles faced in daily tasks at the clinical place.

Evaluation focused challenge is one unique factor. Students noticed that their mentors focused on the evaluation rather than ensuring that they learn (AlAzri et al., 2023). The clinical mentors were keen at identifying where the students went wrong rather than focusing on increasing their knowledge and skills.

Lack of supervisors in another unique challenge. Students have been faced with situations where they did not have a mentor to guide them (Amoo et al., 2022). This fact is true since there is shortage of nurses in many of the healthcare units.

6 Discussion

This literature-based research revealed factors that affect the decision making of nursing students. The results were classified into four categories which highlight different areas. The categories include mentor specific factors, student specific factors, clinical environment specific factors and challenges.

Mentor specific factors sought to inform the factors that affect the mentor on delivering knowledge to the student. Drasiku et al., (2021) highlighted the fact about mentors being willing to teach. Many workers were seen to be reluctant in being mentors as they lacked the confidence. The results further discovered that a power dynamic occurred when the student had a higher level of education than the mentor (Drasiku et al., 2021). All these put together affected the delivery of knowledge to the student. Confidence on the mentor may affect their mode of teaching. AlAzri et al., (2023) presents the approaches to teaching point which builds up the willingness to teach fact. He argues that the approaches used by mentors were not appropriate and their effectiveness was affected. Currie et al., (2022) recommended creativity in presenting information to the students. This would help in making the student concentrate more in the activities offered and thereby facilitate learning. Learning can however be affected by the attitude of the student and whether they are attentive. Interest is also a subjective part where the student must be willing to involve themselves in activities during practice.

Student specific factors were customized to help understand specific hurdles related to the student. The results discovered gaps in the practice places where student did their practice (Amoo et al., 2022). The gaps include inclusion in daily activities and less opportunities for learning. These gaps seemed to be demoralizing for students as they were not able to demonstrate their skills. Frustration is what the students faced after the workday as their efforts to improve their skills were dimmed. These experienced informed the fact that the practice place was not good. The results showed that student thought the practice place was good if they had the opportunity to implement what they learnt at school. Student agreed that an ideal practice place would be where they had potential to apply their knowledge from school and get constructive feedback from their mentors. How students take feedback describes their personal character and how they learn. Drasiku et al., (2021) & Amoo et al., 2022 identified that students were seen as rude and lacked respect for their mentors. This factor seeks to encourage good character development for the

students and professionalism. Professionalisms shows that the student has good work ethics and can be entrusted with more tasks. When the student gets more tasks, they feel as part of the work group. More tasks require them to be more attentive and show personal initiatives. Jaganath et al., (2022) address the issue of students getting involve more in the real-life situation. Experience can only be built by students getting opportunities to perform real-life tasks. Confidence will be built, and the student would like to be in the profession longer.

Clinical environment is where the student and the mentor can work on their challenges. This is the place where the student and the mentor nurture their professional relationship. The student can find their prowess in the profession and make decisions independently (Woo & Li 2020). The organization then creates the playground to make all these possible. More activities for the nurturing of the student's skills need to be dealt with by the organization (Jaganath et al., 2022). This requires planning in advance for the practice and organizing a mentor for the students. The clinical environment needed to pay more attention to students feelings and concerns. A feedback program can be helpful where students get to evaluate their practice and give recommendations for improvement. Mentors should be able to help student to deal with anxiety and maintain their mental health (Woo & Li 2020).

Challenges of evaluation and mentorship can be organized better. Evaluation can be more critical where the student get feedback on how to improve their skills. Pointing out where the student did well can be a starting point to motivate the student. The aim of feedback is not to discourage but to improve the quality of output. The mode of communication will determine how feedback is received. Thus, more attention on care and consideration of students feelings should be a priority.

7 Ethical considerations, validity and reliability, strengths and limitation

Strict respect to ethical guidelines was made sure of in this review to preserve the validity and integrity of the research. Every study that was used was properly referenced and credited, giving the original authors the credit they deserve and recognizing their contributions to the field. The re-evaluation procedure academic honesty, ensuring that all sources were accurately referenced and correctly attributed to prevent plagiarism. The review was carried out with a dedication to neutrality and objectivity, treating the data in an unbiased manner and evaluating the results in an

unbiased manner. The review's methodology was transparently documented, with methods, criteria, and procedures clearly stated and cited. No data was manipulated or distorted to support preconceived notions; instead, all conclusions from the chosen studies were given truthfully. An impartial and trustworthy assessment of the literature was ensured since no possible conflict of interest affected the review procedure or conclusions.

In the context of this study, validity and reliability are described as the set of precautions and steps implemented to guarantee that research is carried out utilizing a consistent, repeatable methodology to yield the best possible results (Foxman, 2012). According to Noble and Smith (2015), reliability gauges the consistency and repeatability of a scientific paper's procedures and findings, whereas validity assesses the accuracy of a research approach. To guarantee the reliability of the study, all techniques and protocols for data collection, appraisal, and analysis were clearly described. It is therefore possible to say that this investigation is precise, reliable, and repeatable.

It is important to recognize the limitations of this study, which were significant. First off, only online databases that satisfied the predetermined inclusion criteria were included in the data, which might have excluded pertinent studies from other sources. Furthermore, only free-access articles were available for access due to the review's lack of financing, which may have prevented important research that need payment to access them. Furthermore, because the study only included publications written in English and released between 2016 and 2024, significant works written in other languages or outside of this period may have been overlooked. Lastly, because the research is qualitative, there is a chance that the analysis and synthesis of the data may have been skewed by the authors' subjective interpretations and opinions (Galdas, 2017). Notwithstanding these drawbacks, the study sought to offer a thorough and objective.

To improve the generalizability of the results, future study could benefit from a more comprehensive search approach and more resources for obtaining premium papers. Moreover, to minimize bias and enhance the breadth of knowledge on the subject, researchers can think about using mixed method techniques.

8 Conclusion

Nursing students are willing to stay in the profession. They choose the nursing profession as they had interest in helping people by offering care. The results presented highlighted challenges that affect the perception of the students concerning the nursing profession. When these factors are dealt with then the nursing students will be willing to stay in the profession as the environment will be conducive. Despite the challenges, nursing expressed positive things about their practice. This shows the value the student lay on practical training and exposes the potential to make them better. Students value the transfer of knowledge from their mentors and constructive feedback enables them to grow. They are willing to work on their challenges to become better future nurses. Mentors must be willing to help in nurturing the skills the students have and support from the organisation will be a good backing. Training for mentors can be organised to ensure quality and prepare them well. With these in play, the situation at the practice place will improve, mentors will be comfortable with students and the students will have a good learning experience. These remedies will work for good to improve the nurse-patient ratio in many countries.

References

- Abbaszade, A., Borhani, F., & Sabzevari, S. (2013). Nursing Teachers' Perception of the Challenges of Clinical Education and Solutions: A Qualitative Study. *Journal of Qualitative Research in Health Sciences*, 2(2), 134-145.
- AlAzri, Z., Al Yahyaei, A., Obeidat, A. A., & Hayudini, J. (2023). Clinical experience of omani undergraduate nursing students: Qualitative study. *Heliyon*, 9(10), e20332.
<https://doi.org/10.1016/j.heliyon.2023.e20332>
- Al-Daken, L., Lazarus, E. R., Al Sabei, S. D., Alharrasi, M., & Al Qadire, M. (2024). Perception of Nursing Students About Effective Clinical Teaching Environments: A Multi-Country Study. *SAGE open nursing*, 10, 23779608241233146. <https://doi.org/10.1177/23779608241233146>
- Amoo, S. A., Aderoju, Y. B. G., Sarfo-Walters, R., Doe, P. F., Okantey, C., Boso, C. M., . . . Ebu Enyan, N. I. (2022). Nursing Students' Perception of Clinical Teaching and Learning in Ghana: A Descriptive Qualitative Study. *Nursing Research and Practice*, 2022, 7222196-9.
<https://doi.org/10.1155/2022/7222196>
- Armat, M. R., Assarroudi, A., Rad, M., Sharifi, H., & Heydari, A. (2018). Inductive and Deductive: Ambiguous Labels in Qualitative Content Analysis. *Qualitative report*, 23(1), 219-221.
<https://doi.org/10.46743/2160-3715/2018.2872>
- Aveyard, H., & Bradbury-Jones, C. (2019). An analysis of current practices in undertaking literature reviews in nursing: Findings from a focused mapping review and synthesis. *BMC medical research methodology*, 19(1), 105. <https://doi.org/10.1186/s12874-019-0751-7>
- Berman, A., Frandsen, G., Snyder, S., Levett-Jones, T., Burston, A., Dwyer, T., Hales, M., Harvey, N., Moxham, L., Langtree, T., Reid-Searl, K., Rolf, F., & Stanley, D. (2020). *Kozier and Erb's fundamentals of Nursing*, volumes 1-3. Pearson Education Australia.
- Bhat, A. (2024, April 16). Data Analysis in research: Types & Methods. QuestionPro.
<https://www.questionpro.com/blog/data-analysis-in-research/> Accessed on 6/5/2024 1426hrs

Bork D. (2002). The life story of Friederike Fliedner. *International history of nursing journal : IHNJ*, 7(2), 60–67.

Creswell, J. W. (2020). *Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research*, Global Edition.

Currie, J., Thompson, C., Grootemaat, P., Andersen, P., Finnegan, A., Carter, M., & Halcomb, E. (2023). A scoping review of clinical skill development of preregistration registered nurses in Australia and five other English-speaking countries. *Journal of clinical nursing*, 32(1-2), 283–297.
<https://doi.org/10.1111/jocn.16239>

Dahlke, S., O'Connor, M., Hannesson, T., & Cheetham, K. (2016). Understanding clinical nursing education: An exploratory study. *Nurse education in practice*, 17, 145–152.
<https://doi.org/10.1016/j.nepr.2015.12.004>

Delaram, M., Raeesi, Z., & Alidousti, M. (2013). Strengths and weaknesses of clinical education from the perspectives of nursing and midwifery students of Shahrekord University of Medical Sciences. *Qom University of Medical Sciences Journal*, 6(2), 1-6.

Deng, F.-F. (2015). Comparison of nursing education among different countries. *Chinese Nursing Research*, 2(4), 96–98. <https://doi.org/10.1016/j.cnre.2015.11.001>

Directive - 2005/36 - en - EUR-lex. EUR. (n.d.). <https://eur-lex.europa.eu/eli/dir/2005/36/oj>

Drasiku, A., Gross, J. L., Jones, C., & Nyoni, C. N. (2021). Clinical teaching of university-degree nursing students: Are the nurses in practice in Uganda ready? *BMC nursing*, 20(1), 4.
<https://doi.org/10.1186/s12912-020-00528-5>

Dumitrascu, D. I., David, L., Dumitrascu, D. L., & Rogozea, L. (2020). Florence Nightingale bicentennial: 1820-2020. Her contributions to health care improvement. *Medicine and pharmacy reports*, 93(4), 428–430. <https://doi.org/10.15386/mpr-1799>

Efendi, F., Nursalam, N., Kurniati, A., & Gunawan, J. (2018). Nursing qualification and workforce for the Association of Southeast Asian Nations Economic Community. *Nursing forum*, 53(2), 197–203.
<https://doi.org/10.1111/nuf.12243>

Flott, E. A., & Linden, L. (2016). The clinical learning environment in nursing education: a concept analysis. *Journal of advanced nursing*, 72(3), 501–513. <https://doi.org/10.1111/jan.12861>

Foxman B. (2012). Determining the Reliability and Validity and Interpretation of a Measure in the Study Populations. *Molecular Tools and Infectious Disease Epidemiology*, 117–132. <https://doi.org/10.1016/B978-0-12-374133-2.00008-3>

Galdas, P. (2017). Revisiting Bias in Qualitative Research: Reflections on Its Relationship With Funding and Impact. *International Journal of Qualitative Methods*, 16(1). <https://doi.org/10.1177/1609406917748992>

Get to know valvira. Valvira. (n.d.). <https://valvira.fi/en/get-to-know-valvira> Accessed on 6/4/2024

Helminen, K., Johnson, M., Isoaho, H., Turunen, H., & Tossavainen, K. (2017). Final assessment of nursing students in clinical practice: Perspectives of nursing teachers, students and mentors. *Journal of clinical nursing*, 26(23-24), 4795-4803. <https://doi.org/10.1111/jocn.13835>

Hashemiparast, M., Negarandeh, R., & Theofanidis, D. (2019). Exploring the barriers of utilizing theoretical knowledge in clinical settings: A qualitative study. *International journal of nursing sciences*, 6(4), 399–405. <https://doi.org/10.1016/j.ijnss.2019.09.008>

Immonen, Kati & Oikarainen, Ashlee & Tomietto, Marco & Kääriäinen, Maria & Tuomikoski, Anna-Maria & Kaučič, Dr. Boris & Filej, Bojana & Riklikiene, Olga & Vizcaya-Moreno, M Flores & Pérez-Cañaveras, Rosa María & De Raeve, Paul & Mikkonen, Kristina. (2019). Assessment of nursing students' competence in clinical practice: A systematic review of reviews. *International Journal of Nursing Studies*. 100. 103414. [10.1016/j.ijnurstu.2019.103414](https://doi.org/10.1016/j.ijnurstu.2019.103414).

Institute of Medicine (US) Committee on Enhancing Environmental Health Content in Nursing Practice. (1995, January 1). Nursing education and professional development. *Nursing Health, & Environment: Strengthening the Relationship to Improve the Public's Health*. <https://www.ncbi.nlm.nih.gov/books/NBK232399/>

Jaganath, C., Bimerew, M., & Mthimunye, K. D. T. (2022). Nursing students' perceptions of the clinical learning environment at a university in South Africa. *International journal of Africa nursing sciences*, 17, 100467. <https://doi.org/10.1016/j.ijans.2022.100467>

Jokiniemi, K., Meretoja, R., & Kotila, J. (2021). Clinical Nurse Specialist role and practice in Finland. In *Advanced practice in nursing* (pp. 125–134). https://doi.org/10.1007/978-3-319-97103-2_9

Lai, Y. C. (2008). Willingness of new nurses graduates devoting clinical nursing and associated factors. Unpublished master thesis, Department of Health Services Administration China Medical University, 33-8.

LeCompte, M. D., & Schensul, J. J. (2012). *Analysis and Interpretation of Ethnographic Data: A Mixed Methods Approach*.

Levett-Jones, T., & Lathlean, J. (2008). Belongingness: a prerequisite for nursing students' clinical learning. *Nurse education in practice*, 8(2), 103–111. <https://doi.org/10.1016/j.nepr.2007.04.003>

Levett-Jones, T., Andersen, P., Reid-Searl, K., Guinea, S., McAllister, M., Lapkin, S., Palmer, L., & Niddrie, M. (2015). Tag team simulation: An innovative approach for promoting active engagement of participants and observers during group simulations. *Nurse education in practice*, 15(5), 345–352. <https://doi.org/10.1016/j.nepr.2015.03.014>

Lima, S., Newall, F., Jordan, H. L., Hamilton, B., & Kinney, S. (2016). Development of competence in the first year of graduate nursing practice: a longitudinal study. *Journal of advanced nursing*, 72(4), 878–888. <https://doi.org/10.1111/jan.12874>

Manninen, K., Scheja, M., Welin Henriksson, E., & Silén, C. (2013). Self-centeredness or patient-centeredness—final year nursing students' experiences of learning at a Clinical Education Ward. *Journal of Nursing Education and Practice*, 3(12). <https://doi.org/10.5430/jnep.v3n12p187>

McLaughlin, K., Moutray, M., & Moore, C. (2010). Career motivation in nursing students and the perceived influence of significant others. *Journal of advanced nursing*, 66(2), 404-412. <https://doi.org/10.1111/j.1365-2648.2009.05147.x>

Noble, H., & Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence-based nursing*, 18(2), 34–35. <https://doi.org/10.1136/eb-2015-102054>

Nordquist, J., Hall, J., Caverzagie, K., Snell, L., Chan, M. K., Thoma, B., Razack, S., & Philibert, I. (2019). The clinical learning environment. *Medical teacher*, 41(4), 366–372. <https://doi.org/10.1080/0142159X.2019.1566601>

Öhman, E., Alinaghizadeh, H., Kaila, P., Hult, H., Nilsson, G. H., & Salminen, H. (2016). Adaptation and validation of the instrument Clinical Learning Environment and Supervision for medical students in primary health care. *BMC medical education*, 16(1), 308. <https://doi.org/10.1186/s12909-016-0809-8>

Patton, Q. M. (1987). *How to use qualitative methods in evaluation*. Newsbury Park, London, New Delhi: Sage Publications.

Riegelman, R. K., & Kirkwood, B. (2015). *Public health 101: Healthy People, healthy populations*. Jones & Bartlett Learning.

Rush, S., Ooms, A., Marks-Maran, D., & Firth, T. (2014). Students' perceptions of practice assessment in the skills laboratory: An evaluation study of OSCAs with immediate feedback. *Nurse education in practice*, 14(6), 627-634.

Salminen, L., Stolt, M., Saarikoski, M., Suikkala, A., Vaartio, H., & Leino-Kilpi, H. (2010). Future challenges for nursing education – A European perspective. *Nurse Education Today*, 30(3), 233-238. <https://doi.org/10.1016/j.nedt.2009.11.004>

Stanford F. C. (2020). The Importance of Diversity and Inclusion in the Healthcare Workforce. *Journal of the National Medical Association*, 112(3), 247–249. <https://doi.org/10.1016/j.jnma.2020.03.014>

Stobinski, J. X. (2020). Continuous Professional Development in Perioperative Nursing. *AORN journal*, 111(2), 153-156. <https://doi.org/10.1002/aorn.12944>

Taghinejad, H., & Mehri, K. (2008). Barriers to clinical education. *Journal of Kerman Nursing and Midwifery School*, 14(1), 8.

Tavakoli, M., Khazaei, T., Tolyat, M., & GHORBANI, S. (2014). The Quality of clinical education from the viewpoints of students and instructors of paramedical and nursing-obstetrics schools of Birjand University of Medical Sciences.

Universities of Applied Sciences - OKM - Ministry of Education and Culture, Finland. Opetus- ja kulttuuriministeriö. (n.d.). <https://okm.fi/en/universities-of-applied-sciences>

Vierula, J., Stolt, M., Salminen, L., Leino-Kilpi, H., & Tuomi, J. (2016). Nursing education research in Finland—A review of doctoral dissertations. *Nurse education today*, 37, 145-154.

<https://doi.org/10.1016/j.nedt.2015.10.014>

What is competence?. What is Competence? - Competence in health and safety. (n.d.).

<https://www.hse.gov.uk/competence/what-is-competence.htm#:~:text=Competence%20can%20be%20described%20as,can%20also%20affect%20someone's%20competence.>

Accessed on 6/4/2024

Western Community College. (2024, January 12). How to become a nurse in Canada?

<https://wcc.ca/blog/how-to-become-a-nurse-in-canada/> accessed on 6/4/2024

Wolff, A. C., Pesut, B., & Regan, S. (2010). New graduate nurse practice readiness: perspectives on the context shaping our understanding and expectations. *Nurse education today*, 30(2), 187–191.

<https://doi.org/10.1016/j.nedt.2009.07.011>

Woo, M. W. J., & Li, W. (2020). Nursing students' views and satisfaction of their clinical learning environment in Singapore. *Nursing open*, 7(6), 1909-1919. <https://doi.org/10.1002/nop2.581>

World Health Organization. (n.d.). Nursing and midwifery. World Health Organization.

<https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery> Accessed on 6/4/2024.

Yeh, M., & Yu, S. (2009). Job stress and intention to quit in newly-graduated nurses during the first three months of work in Taiwan. *Journal of clinical nursing*, 18(24), 3450-3460.

<https://doi.org/10.1111/j.1365-2702.2009.02941.x>

Andrews A. Druye, and Nancy I.E. Enyan (2022)										
Zeinab AlAzri, Asma A. Yahyaei , Arwa A. Obeidat, Jahara Hayudini (2023)	3	3	3	4	4	3	4	4	4	32
Jane Currie, Cristina Thompson, Pam Grootemaat, Patrea Andersen, Alan Finnegan, Michael Carter , Elizabeth Halcomb (2022)	4	3	4	4	4	3	3	3	3	31
Ming W.J. Woo and Wenjie Li (2020)	4	4	4	3	3	4	4	4	4	34

Appendix 2. Summary of reviewed articles

Author/s, year, Country and Title of study	Aim of study	Research Method	Main findings	Critical Appraisal (Hawker et al., 2002)
<p>Amos Drasiku et al (2021) Uganda Clinical teaching of university-degree nursing students: are the nurses in practice in Uganda ready?</p>	<p>This study reports on the perceptions of the nurses in practice regarding their readiness for the clinical teaching of undergraduate nursing students.</p>	<p>A qualitative descriptive research study was conducted among 33 conveniently sampled nurses from Arua Regional Referral Hospital (ARRH) who had been supervising Diploma and/or Certificate in Nursing students. Five focus group discussions and three informant interviews were used to generate the data. Data were transcribed verbatim and analysed using an inductive</p>	<p>The nurses in practice perceived themselves as ready for clinical teaching of undergraduate nursing students. Three themes emerged namely; "Willingness to teach undergraduate students" "Perceived attributes of undergraduate students", and "The clinical practice environment".</p>	<p>34</p>

		approach through thematic analysis.		
<p>Chanthelle Jaganath et al (2022)</p> <p>South Africa</p> <p>Nursing students' perceptions of the clinical learning environment at a university in South Africa</p>	<p>The study aimed to examine nursing students' perception of the clinical learning environment at a university in South Africa.</p>	<p>A quantitative research method with a descriptive survey design was conducted, using a Clinical Learning Environment Inventory (CLEI) (Chan, 2001) to measure perceptions of student experiences in a clinical learning environment. This method was adopted to acquire quantifiable data that reveals facts and</p>	<p>The results indicate that student satisfaction within the clinical learning environment is a key contributor to the teaching and learning process. Educators were found to be creating interesting and innovative approaches to teaching and learning; however, clinical learning experiences are still</p>	36

		patterns that would allow generalisation within a large population	dominated by a rigid learning structure and limited interaction between students and clinical facilitators.	
--	--	---	--	--

<p>Sarah Amoo et al (2022)</p> <p>Ghana</p> <p>Nursing Students' Perception of Clinical Teaching and Learning in Ghana: A Descriptive Qualitative Study</p>	<p>This study aimed at exploring nursing students' perception of clinical teaching and learning in Ghana</p>	<p>A descriptive qualitative study was conducted with 16 final-year nursing students using telephone-based interviews. Individual in-depth interviews were conducted with a semistructured interview guide, and data were analysed by the qualitative thematic analysis.</p>	<p>The findings indicate that being taught new things, being supervised, and having autonomy were the most significant factors that promoted clinical learning. Participants also reported that clinical experience created learning opportunities that helped develop clinical competence. (ey described learning experiences in the clinical setting as good, albeit gaps in practice. Poor staff attitude, lack of equipment, poor student attitude, inadequate learning opportunities, and lack of clinical supervisors were perceived as</p>	<p>36</p>
---	--	--	---	-----------

			challenges in the clinical environment.	
--	--	--	---	--

<p>Zeinab AlAziri et al (2023)</p> <p>Oman</p> <p>Clinical experience of Omani undergraduate nursing students: Qualitative study</p>	<p>This study was conducted mainly to examine, explore and interpret nursing students' perceptions of the challenges they faced as nursing students during their clinical experience</p>	<p>Data were collected using focus group discussions. A total of 32 participants were recruited and six focus groups were conducted. Data was transcribed and it was analyzed using thematic analysis.</p>	<p>Two main themes were identified, and under each theme, several subthemes were merged. The two main themes are: challenges that hindered self-directed learning, which included instructor approach and nurse approach, and challenges that hindered experiential learning, which included theory-practice gap, insufficient practice, lack of confidence and evaluation methods.</p>	<p>32</p>
--	--	--	---	-----------

<p>Jane Currie et al (2022) Australia A scoping review of clinical skill development of preregistration registered nurses in Australia and five other English-speaking countries</p>	<p>The aim of this scoping review is to synthesise current evidence around the clinical skill development of pre-registration registered nurses (RNs) in Australia, United Kingdom (UK), Ireland, United States (US), Canada and New Zealand, to inform nurse education, policy and clinical practice.</p>	<p>A scoping review was conducted of clinical skill development in preregistration nurses. CINAHL Plus, MEDLINE, Health Source (Nursing/Academic edition) and Scopus were searched. Included studies were primary Australian studies and international literature reviews, which focussed on preregistration nursing education. Papers were written in the English language and focussed on clinical skill development. Results were synthesised narratively. The review is reported here in accordance with the Preferred Reporting Items for Systematic Review and Meta-analyses</p>	<p>One hundred fifty-five Australia studies and 89 international reviews were included in the review. Six key themes were identified, namely clinical skills, approaches to teaching and learning, interprofessional education, assessment of learning, clinical placement and simulation.</p>	<p>31</p>
--	--	--	--	-----------

		Scoping Review extension (PRISMA-ScR) guidelines.		
--	--	---	--	--

<p>Ming Wei et al (2020) Singapore Nursing students' views and satisfaction of their clinical learning environment in Singapore</p>	<p>This study aims to investigate final-year nursing students' actual perception of their clinical learning environment in Singapore.</p>	<p>An online survey based on the clinical learning environment inventory (CLEI; "Actual" version) was administered to final-year (third year) nursing students (N = 301) in a polytechnic in Singapore between May–July 2018.</p>	<p>Most nursing students reported moderate satisfaction with their clinical learning environment, reflecting their positive (although not strongly positive) perceptions. Among the six constructs of the CLEI, the higher scores of the constructs of "Personalization" and "Task orientation" implied their greater contribution to the positive view. Conversely, the lower scores of "Individualization" and "Innovation" implied their lesser contribution. Additionally, the positive correlation between "satisfaction"</p>	<p>34</p>
---	---	---	--	-----------

			and the other five CLEI constructs was found to be statistically significant.	
--	--	--	---	--