

Clinical placement in Jordan: qualitative views of final year nursing students

AUTHORS

Noordeen Shoqirat
PhD, MSc, RN, Neuro-SN,
Department of Adult Health Nursing, Faculty of Nursing,
Mu'tah University, Mu'tah, Jordan
noorshoq@yahoo.com

Ma'en Zaid Abu-Qamar
DN, MScn(educ), BSc, RN,
Lecturer, School of Nursing and Midwifery, Curtin
University, Perth, Western Australia

Associate Professor, Department of Adult Health
Nursing, Faculty of Nursing, Mu'tah University,
Mu'tah, Jordan

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ABSTRACT

Objective

This study explored the nurse student's experience of the final year placement, and uncovered contributing factors to a positive clinical experience in Jordan.

Design

A qualitative explorative approach was used. Two focus group discussions were conducted in Arabic language with a total of 12 participants selected randomly from the list of students who completed the period of pre-graduation intensive clinical placement. The focus discussions were digitally recorded.

Setting

The setting for this study was a public faculty of nursing located in the southern province, Jordan.

Subjects

Twelve final year nursing students including seven males and five females took part in the study.

Main outcomes measures

The recorded discussions were translated independently into English text and were uploaded into Nvivo 9 for thematic analysis.

Results

Three themes emerged from the data. The first theme related to the environment of clinical placement and included two sub-themes: 'from orientation-to-team work' and 'from tiredness-to-ignorance'. The second theme is about the faculty and preceptors as reflected by the lack of coordination between the clinical settings and the faculty, plus inconsistency in students' evaluation. The third theme concerned patient preferences that included a lack of interest in receiving care from students.

Conclusion

Creating a supportive learning environment guided by issues identified and implications put forward by this research is a prerequisite for successfully executed nursing programs. Failure to do so could lead to a stressful transitional journey and detachment from the classroom and the real world of clinical work.

INTRODUCTION

Clinical placement is a vital component of nursing education because it links theory to practice, (Wang and Chen 2010; Chapman and Orb 2000; Gray and Smith 2000) enhances communication skills (Pigott 2001) and coping with realities of the work life, and therefore helps students to develop their professional roles (Hartigan-Rogers et al 2007). Upon graduation, nursing students often return to the area in which their clinical placement was positive (Edwards et al 2004) that is more related to how students are valued than aspects of the physical environment (Hartigan-Rogers et al 2007). Accordingly, the supportive learning environments are paramount for securing the required teaching and learning experiences (Chan 2002).

Students often experience diverse difficulties during their clinical placement (Bashford 2002; Chapman and Orb 2000) because of a lack of competence, uncertainty and overload among others (McKenna et al 2010; Zupiria et al 2007). Earlier work found that students experienced anxiety and dissatisfaction with the clinical placement (Chan 2002) and noticed the gap between what they learned and what nurses actually do (Sharif and Mousumi 2005). Specifically, the negative experience of clinical placements leads to a feeling of isolation, and so affecting competency, team work skills and job satisfaction among newly qualified nurses (McKenna et al 2010; Ross and Clifford 2002).

Offering students a suitable learning environment is a difficult objective to achieve for a wide range of complex and overlapping issues including absence of friendly learning environments, lack of general resources and limited access to training areas (Jackson and Daly 2009; O'Flanagan and Dajee 2002). Within certain societies, male students experience discrimination within the placement because of low status of nursing as well as gender bias (Wang and Chen 2010). In review, a wide range of studies offer valuable information for developing students' placements (Wang and Chen 2010; Hartigan-Rogers et al 2007; Chapman and Orb 2000). These studies however were carried out in selected countries (the United Kingdom and Australia) and therefore the applicability of available evidence to other countries might be questioned. Therefore, studies are required from other countries to bridge this gap in the existing body of the literature. From this perspective, a decision was made to conduct the current study in Jordan.

Why Jordan?

In the last 15 years, many nursing schools have been established in Jordan creating extra pressure on the clinical settings. Importantly, clinical practice represents nearly half of the requirements of a bachelor of nursing program including an intensive course that is offered in the pre-graduation semester. The course is defined as starting with an ending, followed by a period of confusion and distress because it leads to a new beginning (Williams 1999). Scholars argue that the pre-graduation clinical course is a stressful stage because nursing students lack knowledge on professional issues (Ross and Clifford 2002; Edmond 2001). During such a stage students' needs and expectations might alter closer to graduation (McKenna et al 2010) and they begin to understand boundaries that define safe and ethical practice (Nash et al 2009). Consequently, such a transitional stage of students will inevitably involve students' views, experiences and future plans. The success of their entire nursing program depends largely on the effectiveness of their clinical experiences (Pearcey and Elliott 2004). Therefore, it is necessary that Jordanian educators assess students' experiences in order to offer them a supportive learning environment where learning needs can be met. Once students' experiences of the final year placement are understood, efforts will be made to create a smooth and positive transitional journey from training to professional practice. The purpose of the present study was to explore the nurse student's experiences of the final year placement, and then uncover factors shaping the clinical experience.

METHODS

As the problem under investigation has not been examined before within the Jordanian context, a qualitative explorative approach through focus group discussions was used. This method was considered appropriate to elicit a deeper understanding about the fourth year nurse students' experiences of clinical placements. Students' interactions during the group discussion become a vital aspect of empirical contribution to the development of shared stock of knowledge and experience (Leshem and Trafford 2006; Holstein and Gubrium 1995).

Ethics approval was granted by the Research Ethics Committee of the Faculty of Nursing, Mu'tah University, Jordan. Written informed consent was obtained from each participant before data collection. Participation in the study was voluntarily. Both authors were not involved in instructing, supervising and marking assignments related to the intensive clinical placement. Confidentiality was achieved by using codes and all data were kept in a secured office, and access to data was restricted to the authors.

DATA COLLECTION

Once permission to conduct the study was granted, two focus group discussions were undertaken. Each group included six participants selected randomly from the list of students who completed the period of pre-graduation intensive clinical placement. The group discussions were held in the faculty meeting room that had good illumination and ventilation, upholstered chairs and space for group activities.

Using the brain-storming technique, participants were encouraged to engage actively in the group discussions on their clinical placement of the transitional stage. The first author moderated the group discussions in Arabic language, and drove the dialogue towards the purpose of the study. All discussions were digitally recorded and each discussion lasted about 45 minutes.

At the end of the second focus group discussion, the moderator decided no further focus group discussions were needed because key themes became repeated. This could be explained by less heterogeneity between participants of the current study who were students from the same age group and cultural background.

DATA ANALYSIS

Preparation for analysis

The digitally recorded focus group discussions were translated from Arabic into written English texts. Several measures were employed to ensure that the English transcripts were comparable to the original data. First, translation was made independently by the first author and a nursing researcher who were speakers of both Arabic and English languages. Second, the two translated versions were examined by the authors, and in the case of difference, the recorded discussions were reviewed until consensus was reached.

The final version of the translated transcripts was uploaded into NVivo 9, a computer software for working with qualitative data, for analysis using the thematic approach. The translated transcripts were analysed in two stages: firstly, transcripts generated from each focus group discussion were examined separately. Secondly, all sets of data emanating from all the focus group discussions were examined together in order to identify commonalities between different transcripts.

Data analysis commenced with data collection, continued with the translation of data plus re-playing, many times, the digitally recorded focused discussions as well as working with the translated transcripts. Such a process of analysis enhanced familiarity with data.

The transcripts were read many times using different strategies including reading the whole transcript of each

individual focus group discussion. After that, transcripts were scanned line-by-line to identify the central themes. Once the main themes were highlighted, a category system was created for each transcript. Data emanating from the process of analysis involved examples of the discursive nature of the method by reporting two or more participants in any extracts rather than focusing on an isolated excerpt offered by a certain individual.

The trustworthiness of data

Several strategies were employed throughout the study to enhance trustworthiness of the obtained results. The participants were given the chance to correct the moderator summaries, and they were given the opportunity to add further information. In so doing, credibility of data was established. The involvement of an independent researcher in the process of translation and data analysis achieved independability as well as conformability in the study (Porter 2007). Additionally, conformability was enhanced by the bilingual competencies of the authors. Finally, the transferability was assured by offering the reader sufficient details about the research and how rich descriptions were developed from the data.

FINDINGS

Participants Profile

The sample included a total number of 12 full time fourth year nursing students. Out of the 12 participants, seven were females and five were males. The average age was 23 years. The mean of their accumulated university averages was 71.3 which were considered good.

Qualitative Data

Data were categorised into three main themes; one theme is concerned with the environment of clinical placement, another theme is related to the faculty and preceptors. The third theme is about patient preferences. Themes and sub-themes are given in table 1.

Table 1: Themes and Sub-themes about Student experiences

Themes	Sub-themes	Cluster of meanings
Environment of Placement	Clinical Placement: from orientation-to-team work	Opportunity to work independently Good orientation to the placement Learning advanced skills Working as a member of the team Being confident
	Clinical Placement: from tiredness-to-ignorance	Exhaustion Being ignored by nursing staff Feeling incompetent
Clinical Placement: between the Faculty-and-Preceptors		Poor communication Unfair evaluations Lack of preceptors Crowded placement areas Taking the advantage of students Lack of coordination Lack of consistency in student evaluation
Clinical Placement: Patient preferences		Patients' gender Cultural issues

Environment of Placement

Analysis of the focus group discussions revealed two sub-themes concerning the environment of placement; namely 'clinical Placement: from orientation-to-team work' and 'clinical placement: from tiredness-to-ignorance'.

Clinical Placement: from orientation – to – team work

All participants highlighted how the placement had contributed to their knowledge and skill development. Although each experience was unique in its own right, participants shared similar feelings and reflections.

...I worked in the hospital and the orientation was good from day one. The supervisor told me everything about the area. I was a bit scared in the beginning, but in general I felt happy (student 1).

Another participant moved beyond the importance of orientation to the importance of how nurses deal with students.

...I agree, ...how other nurses deal with you and show you the area would make a huge difference to your placement. My experience was good as I felt that I am like a real nurse and I can work alone (Independently) (Student 2).

Participants pointed out how the placement was a valuable opportunity to gain further knowledge and skills about many cases. The dynamic interaction between participants is shown in the following extracts.

My previous training for the course of Adult Health Nursing was in the emergency room... but this time (The Pre-graduation Course) I was more confident to practice more advanced skills with the medical team, such as CPR... (student 3).

Another participant confirmed the role of the transitional clinical placement in alleviating worries of dealing with emergency situations.

...that is rightwhen I was a second year nursing student, I was so worried about how to deal with a patient in the emergency area...I felt that the final year placement (The Pre-graduation Course) helped me to enjoy learning and not escaping from cases! (laughing) (student 4).

In light of the above findings, it is evident that a supportive placement environment helps students to develop competencies as well as enhances their confidence and professional growth. However, it is necessary to document that participants highlighted events that made the clinical placement not up to their expectations. These events are presented below under the sub-theme 'from tiredness-to-ignorance'.

Clinical Placement: from tiredness – to – ignorance

Participants considered unpleasant events like "salt in a nice cup of tea". They mentioned that unhelpful nurses with demanding patients made the placement tiring.

....I worked a couple of shifts in the male surgical ward, it was really bad...I had to work with many demanding patients.... I felt so tired every shift and the other nurses did not help that much...(student 1)

Participants sometimes felt disappointed due to poor communication from the side of nursing staff and preceptors (nurses allocated by hospitals to train the students). Such feelings were associated with delegating much of the physical work to students of the pre-graduation clinical placement.

... nurses do not communicate well with us... I worked with an in-charge nurse, and she delegated all her work to me...I was tired, but I need to complete the course and get graduated... (student 3).

Participants moved beyond tiredness to the feeling of incompetence in certain areas that made the placement unpleasant.

....while was working in the emergency, I was left alone with complex cases and felt incompetent and a bit confused ... (student 5).

Another participant confirmed that nursing staff can dramatically change the experience to the extent of feeling ignored during the clinical placement.

...yes, I agree with my colleague. Sometimes after you have a good shift, your experience might change once you start working with some nursing staff...One day, I felt like being ignored by nursing staff and kept walking in the corridor like a visitor! (Laughing) (student 6)

Given evidence demonstrates that although all participants in this study had undertaken their placements in teaching hospitals, it seems that the learning environment was not always supportive. This has contributed to a negative experience of placement.

Clinical Placement: between the faculty – and – preceptors

When participants spoke about the supervision during the clinical placement, they reported limited level of coordination between the faculty teaching staff and clinical settings.

... there is something missing between teaching staff in our faculty and hospital's preceptors ...I felt sometimes that they do not cooperate well with each other.. (student 5).

In addition to the perceived lack of adequate coordination between faculty staff and hospital settings, participants' performance was not always well monitored by some preceptors. This lack of monitoring could be attributed to, first, deficient in skills “...monitoring skills were very poor, and the [preceptor] visit was not effective”. Second, students were not the first priority of the preceptors who are responsible for many patients and nurses.

...I agree, but to be fair they [preceptors] are busy with their workYou know if you are the in-charge of the ICU and have lots of patients and newly employed staff, are you going to train students!! (student 1).

Participants considered the increasing number of students an obstacle for achieving the learning objectives.

... yah...the number of students is very high... we find ourselves with many other nursing students from different courses. You know, this affects the way how the learning objective is achieved (student 6)

Participants expressed their concerns about the overall evaluation process of the final year nursing students. In this context, one participant claimed that “... the criteria of evaluation were okay, but they do not use it in the right way... (students 4). Another participant declared that “...the exam was more about theoretical knowledge than practical skills”, despite of the fact (participants' impression) that the curriculum gives lots of attention to the development of psychomotor skills.

In light of the above evidence, it seems that students' clinical placements have a lack of monitoring and training opportunities. Reasons for such a lack of opportunities range from poor coordination between the faculty and clinical preceptors, poor student supervision to improper usage of the evaluation criteria.

Clinical Placement: patient preferences

Participants considered patient gender preferences and cultural issues as factors that limit the training opportunity. Specifically, the analysis revealed that patients do not prefer students to get involved in delivering care to them. This is illuminated by the following extract:

I think that sometimes patients do not like us (students) to work with them...Once they see us wearing the faculty uniform, they refuse to answers questions and allow us to carry out basic nursing care....(student 7).

One participant claimed that female students have a better chance of training than males in that male students cannot work with female patients. On the other hand, female students can work with both female as well as male patients. Yet, according to participants, some male patients do not allow female students to take care of them.

.....sometimes, male patients do not want to be looked after by female students and vice versa. In the emergency, this issue is less problematic, but in general female students have lots of skills to do with both male and female patients ...you know they can work with many cases regardless their gender..(smiling) (student 3).

The claim that male gender limits training opportunities is supported by a female participant.

“...well, I think that is true as female students we can freely work with different patients regardless their gender...but male students are often not allowed to work with female patients except in emergency and ICU areas (student 8).

It is worth noting the above findings reflect the fact that the reality of the hospital ward and the gender of its patients play an important role in shaping students' experiences of the clinical placement and thus achieving its goal.

DISCUSSION

The study examined fourth year nursing students' experiences of the clinical placement in Jordan. The findings confirm earlier evidence that clinical placement might be frustrating for students if the setting is not supportive and the expectations are unclear (Sharif and Mousumi 2005; Chan 2002).

The experience of students in this study is consistent with earlier reports showing that the clinical placement environment does not only allow them to develop competency, but also enhances their confidence and professional growth (Robinson et al 2008). These findings outline that being alone in the placement with little support from nursing staff have a negative impact on students' confidence. In line with this, it is not surprising that the worst aspect of the transition experience among nursing graduates is the feeling of being “thrown in at the deep end to sink or swim” (James et al 2002). To avoid this situation, students need to be aware of the possible options for future placement and how this might affect their underdeveloped skills. When students are encouraged to reflect on their practice and highlight the training needs, a mechanism to address such needs can be designed.

As graduates, students will be required to have adequate knowledge and skills to be able to transform competencies into real scenarios (Papp et al 2003; Zhang et al 2001). Accordingly, efforts need to be made to create a clinical practice-based teaching that enhances students' learning and enriches the learning environment (Wang and Chen 2010; Billay and Yonge 2004; Koh 2002). That is, students' career development goals and the experience of clinical placements are interrelated. In this context, a national Australian study found that nursing students and health care staff both desire clinical placements which provide students with quality learning experiences that meet the growing demands placed upon graduates on completion of their studies (Clare and Loon 2003). Graduates are more likely to seek employment in areas where they had positive experiences (Talbot and Ward 2000).

Whilst in Jordan nursing students consider themselves as independent learners (Abu-Moghli et al 2005) this study, to some extent, challenges this postulation. In the light of the emerging evidence, it can be argued that students might not take an active learning role where the clinical environment is not supportive and encouraging. In reality, and as evident by this study, some students are left on their own and thus are forced

into a context of performance and learning (Bjørk and Romyn 1999). In particular, students might be seen as fully employed nurses in contrast to learners seeking the fulfilment of their placement and professional development goals. Accordingly, in order to address the nursing employment issues in Jordan (e.g. increase numbers of unemployed male nurses), attention should be given to the nature of clinical placement prior to graduation. Such placements need to provide an environment for gaining nursing skills, but also to establish and promote networks that help in creating job opportunities.

Although statistical correlations cannot be made in this study as a qualitative one, participants made links between good preceptors and good clinical experiences. Preceptors often provide the real-world experience that students seek, and so reduce reality shock (Lockwood-Rayermann 2003). Yet conflict can exist in preceptorship experiences, creating negative outcomes for students, preceptors and faculty (Altmann 2006; Myrick et al 2006). In congruent with this, the current study indicated that preceptors might not be consistent in terms of the use of evaluation methods, and the time devoted for student training. Accordingly, students experience anxiety as a result of incompetency and lack of professional nursing skills and knowledge to take care of patients (Sharif and Mousumi 2005; Billay and Yonge 2004). Locating adequate number of preceptors is challenging due to the lack of experienced staff nurses (Leners et al 2006). In Jordan, this is complicated by low nursing salaries and migration of nurses to Gulf countries where living standards are higher. However, increasing the number of preceptors is not enough to guarantee consistency in the process of preceptorship. Accordingly, there is a need for continuous evaluation of preceptors and updating their skills to monitor students. Based on this, the faculty of nursing would collaborate with hospitals in order to develop a framework enhancing the placement environment for students. It was found that a better system of monitoring students and effective preceptorship is a reason for students' higher satisfaction with their clinical studies (Papp et al 2003; Saarikoski 2002).

Finally, the study reminds us that there are complex and overlapping issues involved in shaping students' experiences of the clinical placement. Indeed, the challenges are not about effective preceptors and the availability of placement areas, but importantly about what is carried out in the name of training students, cultural and gender issues. In particular, whilst evidence from the present study is limited, some students felt that other nurses took advantage of them by delegating their physical tasks to students. The net results of these factors might lead to alienation of students resulted from unwelcoming clinical environments, and from the dissonance created when their personal and professional values did not match with those experienced in placement. Likewise, it should be considered that hospitals are cultural systems in their own right. Related to this, male students in this study expressed their concerns about their inability to look after female patients and thus learn and gain skills in comparison to female students who had better placement opportunities because they can work with both genders. However, this should not be taken as an excuse for lowering the standard of placement and thus putting patients' lives at risk. A careful distribution of students to the clinical areas taking into account gender issues is needed. Using cooperative learning activities among male students would increase collaboration and decrease competition, and thus enhance the placement experience. Learning lessons from well established international nursing faculties and placement areas is beneficial to enhance students' placement experience. Western organisational ideas however should not be applied in package forms rather than be adapted to the local environment and culture (Suliman 2001). In general, the placement culture, as a reality, is much more complex than offering resources and applying ideas. The factors that are involved in shaping students' experiences of clinical placement should be taken into account in future developments in nursing education. So doing might avoid the situation when students felt that the stressful time during the placement was like "salt in a nice cup of tea."

Study Limitations

To the best of the researchers knowledge, this present study is the only Jordanian research that examined specifically the final year nursing students' experiences of the placement. The study, however, suffers from some limitations to keep in mind. The sample was small totalling 12 participants that were recruited from only one nursing faculty. Although the aim of qualitative research is an in-depth understanding of the problem, these limitations compromise the generalising of findings. Future research with a larger sample size in different contexts will verify or add knowledge from this study. A possibility for misinterpretation of participants' views during the translation process is another limitation to be acknowledged. Finally, the findings are limited to the students' perspective and experiences. Therefore including the perspective of faculty educators and hospital preceptors could provide a more complete picture about the overall placement environment and complement the study data.

CONCLUSION

The study examined qualitatively the nurse student's experiences of the final year placement in Jordan. Each student had a unique experience thereby considering students' preferences is important for successful clinical placement. Thorough assessment of the placement settings prior to student allocation is a recommended strategy enhancing the success of placement. Failure to do so could lead to a stressful transitional journey and detachment from the classroom and the real world of clinical work.

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