Effectiveness Of A Different Approach In Clinical Practices

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Abstract

Objective: Clinical practices are essential for adaptation and assimilation of nursing students to nursing profession. The aim of this study is to determine present views of students, who have surgical nursing lesson, about clinical practices and evaluate effectiveness of education given about clinical practices. Materials and Methods: This is an intervention research, carried out between 24 February - 24 May 2014 with 97 students, who had medical surgical nursing lesson and agreed to participate in the study, in Eskisehir Osmangazi University, Eskisehir School of Health. The datas were collected with personal information form and clinical practice evaluation form (CPEF). CPEF is consisted of 41 items with yes, no, sometimes options. The highest score taken from the form is 82 and high score means positive views about clinical practices. Data collection forms were filled by students before and after 12-weekly education. Education was given by hospital care managers, nursing managers and teaching instructors. The datas were analyzed with IBM SPSS 21 statistical software package. One-way analysis of variance analyzes, Student's t test and Paired t test were used. Results: The age of study group was between 18-25 with mean of 20.05 ±1.08. 84 of students (86.6%) were female and 13 (13.4%) were male. Students' CPEF pre-test scores were between 26.00-68.00 with mean of 48.08 ± 9.67. There was found no difference between age, gender, living places, family type and CPEF scores (p>0.05). It was found that students who chose nursing department willingly had higher scores (p <0.05). Students' CPEF post-test scores were between 27.00-68.00 with mean of 50.24 ± 9.31. Students' post-test mean scores were higher than pre-test mean scores (t = 2.350; p = 0.021). Conclusion: There was found positive effect of education on students' views about clinical practices. There should be collaboration between schools and hospitals, more studies should be conducted in larger groups.

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1. Introduction

Nursing is a profession which consists of both theoretical and practical teaching and learning, and possesses the objective of cultivating individuals who are able to use their full potential (Karadag & Ucan, 2006). From the first year of their nursing education, nursing students take on responsibility in the practical areas under the supervision of service nurses and teaching staff, and learn the profession by taking on responsibilities such as transforming theoretical knowledge into practical knowledge (Aydin & Argun, 2010), being able to cope with illnesses, become competent in psychomotor and intellectual skills, critical thinking, problem solving, making observations, taking decisions and participating in teamwork (Aytekin, Ozer & Beydag, 2009).

Nursing is a professional occupation where there is constant change and development (Kosgeroglu, 2013). The changes expose the need for the review of teaching systems (Bolukbas, 2006). Problems such as the failure to attach importance to the individual characteristics and individual learning requirements of the student, the adoption of classical instructor based approaches, and the inability to integrate theory and practice are prevalent in the nursing education in our country (Celikkalp, Aydin & Temel, 2010). This raises the need for increasing the quality of the teaching – learning, and the use of approaches directed at providing the best teaching to students (Aydin & Argun, 2010; Karaoz, 2003). The fact that clinical applications possess a fundamental and integrating characteristic for students to embrace the profession and for their concordance with changes and the determination of new strategies in this area essential. It is stated that the relationship between students – nurses – trainers – other health workers in clinical applications have a positive effect on learning (Karaoz, 2003). Therefore, endeavours for cooperation between schools and hospitals have risen at pace in recent years (Findik, 2006; Gumral and Cosar, 2006; Keser, Caliskan, Keskin & Gordebil, 2008). It is further stated that making the necessary arrangements for clinical nurses and managers to take part in the training of students by entering into cooperation with them, and benefiting from the experiences of nurses in the training of students can support clinic training. Instructors in clinical applications, nurses who are employed in clinical areas, school and patient managers and students have significant responsibilities on this matter (Karaoz, 2003). The aim of this study is to determine the existing views of students who receive the subject of nursing for surgical illnesses concerning clinical applications, and to assess the impact of a different approach to clinical applications.

2. Materials and methods

The study is a research on intervention on students who receive the subject, ‘Medical Surgical Nursing’, at Eskisehir Osmangazi University, Eskisehir School of Health of the which was carried out between the dates of 24 February – 24 May 2014.

The number of students who are attending the Eskisehir School of Health is 467, while the number of students who take the subject, ‘Medical Surgical Nursing’, is 108, and 97 of these agreed to take part in the study, thus constituting the study group.

The literature directed at the aims of the study was benefited from and a personal information form and clinical practice evaluation form (CPEF) were drawn up (the sources). The personal information form is comprised of questions related to certain socio-demographic characteristics, such as the age, gender, place of residence, family type, whether they chose the course of their own will and whether they are satisfied with the course. The CPEF, on the other hand, is comprised of questions of knowledge on clinical applications.

Institutional approvals were obtained prior to beginning the collection of data in the study. The students were later provided information on the subject and aim of the study. The questionnaire forms, which had been prepared previously, were completed by the students themselves, while under supervision. The same questionnaire forms were completed again by the same students following a 12 week period of training. During this period, the students received training from the lecturers who were teaching the subject and the care services managers and clinic supervisor nurses of the hospitals to which they had gone for clinical applications.

There are a total of 41 statements concerning the assessment of the clinical application, in the CPEF. The statements consist of “yes”, “no” and “sometimes”. The answer, “yes” is given to the statements numbered 1, 2, 4, 7, 8, 9, 10, 16, 18, 19, 20, 21, 22, 24, 26, 27, 29, 30, 31, 32, 33, 34, 36, 38, 40 and 41 scores 2 points while the answer, “no”1 scores 0 points and the answer, “sometimes” scores 1 point. On the other hand, the answer “no” to the
statements numbered 3, 5, 6, 11, 12, 13, 14, 15, 17, 23, 25, 28, 35, 37 and 39 scores 2 points, the answer, “sometimes” scores 1 point and the answer, “yes” scores 0 points. The total number of points which can be obtained from these statements varies between 0 – 82, and as the score increases, so do the positive views of students to clinical application.

The data which was obtained was assessed in the computer environment, using an IBM SPSS (version 21.0) statistics package programme. Variance analysis, the student t test and paired t test were used during the analyses. The statistical significance level was accepted as being p<0.05.

3. Findings

The ages of those who constitute the study group ranges from 19-25, with the mean being 20.5 ± 1.08 years. 84 (86.6%) of the students were female and 13 (13.4%) were male. The number of those who resided in Eskisehir city centre was 53 (54.6%) and in halls of residence was 59 (60.8%). 87 (89.7%) of the students had a nuclear type family structure. Those who had chosen the nursing course of their own will numbered 62 (63.9%) and 69 (71.1%) people were satisfied with their course. The distribution of the mean scores obtained by members of the study group from the CPEF according to certain specifications, has been shown in Table 1.

### Table 1. The distribution of the mean scores obtained by the students from the CPEF according to certain specifications

|                        | n (%) | \( \bar{x} \pm s\) | Statistical analysis |
|------------------------|-------|--------------------|---------------------|
| **Age**                |       |                    |                     |
| 19                     | 29 (29.9) | 49.44±10.07       | F=0.445             |
| 20                     | 48 (49.5) | 47.70±8.63        | p=0.642             |
| >20                    | 20 (20.6) | 47.00±11.60       |                     |
| **Gender**             |       |                    |                     |
| Women                  | 84 (86.6) | 47.91±9.61        | t=0.427             |
| Male                   | 13 (13.4) | 49.15±10.39       | p=0.670             |
| **Residence**          |       |                    |                     |
| Within Eskisehir       | 53 (54.6) | 49.43±8.08        | t=1.520             |
| Outside Eskisehir      | 44 (55.4) | 46.45±11.18       | p=0.132             |
| **Type of place**      |       |                    |                     |
| Halls                  | 59 (60.8) | 47.55±9.89        | F=1.484             |
| House                  | 24 (24.7) | 47.00±9.05        | p=0.232             |
| With Family            | 14 (14.4) | 52.14±9.40        |                     |
| **Family type**        |       |                    |                     |
| Nuclear family         | 87 (89.7) | 48.29±9.89        | t=0.648             |
| Extended family        | 10 (10.3) | 46.20±7.72        | p=0.519             |
| **Whether course selected of own will** |       |                    |                     |
| Yes                    | 62 (63.9) | 50.03±9.89        | t=2.728             |
| No                     | 35 (36.1) | 44.62±8.33        | p=0.008             |
| **Whether satisfied with course or not** |       |                    |                     |
| Yes                    | 69 (71.1) | 48.79±9.85        | t=1.144             |
| No                     | 28 (28.9) | 46.32±9.14        | p=0.256             |
| **Total**              | 97 (100.0) | 48.08±9.67        |                     |

The scores achieved by the students in the preliminary test ranged from 26-68, with a mean of 48.08 ±9.67. On the other hand, the scores achieved in the final test ranged from 27-68, with a mean of 50.24 ± 9.31. The distributions of the mean scores obtained by the members of the study group from the preliminary test and final test are shown in Table 2.
Table 2. The distribution of the mean scores obtained by the students from the preliminary and final CPEF questionnaires

| Mean scores achieved from the knowledge tests | Min | Max | $\bar{x}$ ±sd |
|---------------------------------------------|-----|-----|----------------|
| Preliminary test                            | 26  | 68  | 48.08±9.67     |
| Final test                                  | 27  | 68  | 50.24±9.31     |

The responses given by the students to the 41 statements directed at the course, clinical applications, clinic staff, patients, teaching staff have been shown in Tables 3, 4, 5, 6 and 7 respectively.

Table 3. The statements of the students on the CPEF, concerning the course

| Statement                                                                 | Yes | Yes % | No | No % | Sometimes | Sometimes % |
|--------------------------------------------------------------------------|-----|-------|----|------|-----------|-------------|
| 1. I had the opportunity to put the knowledge I obtained during the course to use. | 6   | 62.9  | 8  | 8.2  | 28        | 28.9        |
| 2. I had the opportunity to implement different applications, which I had not seen during the course, at the clinic. | 2   | 22.7  | 27 | 27.8 | 48        | 48.5        |
| 3. The knowledge I obtained in the course was different from the applications at the clinic. | 2   | 39.2  | 8  | 8.2  | 51        | 52.6        |
| 4. The course was enjoyable.                                             | 1   | 11.3  | 27 | 27.8 | 59        | 60.8        |
| 5. The course was boring.                                               | 1   | 11.3  | 27 | 27.8 | 59        | 60.8        |
| 6. I had worries related to the course.                                 | 71  | 71.1  | 9  | 9.3  | 19        | 19.6        |
| 7. I learnt the subject during the course.                              | 33  | 33.0  | 13 | 13.4 | 52        | 52.6        |

Table 4. The statements of the students on the CPEF, concerning clinical applications

| Statement                                                                 | Yes | Yes % | No | No % | Sometimes | Sometimes % |
|--------------------------------------------------------------------------|-----|-------|----|------|-----------|-------------|
| 8. I adapted quickly to the clinic.                                      | 5   | 58.8  | 8  | 8.2  | 3         | 33.3        |
| 9. I felt that I belonged at the clinic where I worked.                  | 2   | 25.0  | 1  | 19.0 | 5         | 54.0        |
| 10. I felt safe.                                                         | 5   | 8.2   | 9  | 13.6 | 4         | 43.0        |
| 11. I felt as if I was in a foreign environment.                         | 1   | 11.3  | 3  | 36.0 | 5         | 52.0        |
| 12. I saw myself as someone who reduced the workload of the nurses.     | 6   | 69.0  | 2  | 21.0 | 2         | 28.0        |
| 13. I observed the medical treatment of the patients.                   | 7   | 10.0  | 1  | 10.0 | 1         | 6.6         |
| 14. I was constantly criticised during clinical applications.           | 5   | 5.2   | 7  | 77.0 | 1         | 17.0        |
| 15. I was reluctant during clinical applications.                        | 1   | 12.5  | 5  | 5.0  | 2         | 29.0        |
| 16. I was very tired but very happy after clinical applications.         | 2   | 4.0   | 6  | 57.7 | 9         | 9.0         |
| 17. I found the clinical applications enjoyable.                        | 31  | 31.0  | 3  | 3.0  | 28        | 28.0        |
| 18. I was reluctant during clinical applications.                       | 3   | 3.0   | 7  | 70.0 | 1         | 17.0        |
| 19. I was very tired but very happy after clinical applications.         | 2   | 2.0   | 6  | 57.7 | 9         | 9.0         |
Table 5. The statements of the students on the CPEF, concerning the clinic staff

| Statement                                                                 | Yes | No  | Sometimes |
|--------------------------------------------------------------------------|-----|-----|-----------|
| 17. I felt worn out after clinical applications.                         | 8   | 2   | 7          | 5 | 2 | 3 |
| 18. The clinic staff were warm and accepting towards me.                 | 3   | 6   | 1          | 3 | 1 | 3 |
| 19. I introduced myself to the employees.                                | 8   | 3   | 1          | 3 | 1 | 3 |
| 20. I was introduced to the staff by the nurse in charge.                | 6   | 3   | 1          | 3 | 1 | 3 |
| 21. I was introduced to the service by the nurse in charge.              | 2   | 6   | 1          | 3 | 1 | 3 |
| 22. Health Care Workers addressed me by my name.                        | 3   | 6   | 1          | 3 | 1 | 3 |
| 23. I had difficulty establishing communication with the nurses.         | 4   | 5   | 1          | 3 | 1 | 3 |
| 24. The clinical staff provided guidance to me.                         | 5   | 5   | 1          | 3 | 1 | 3 |
| 25. I felt that I was not valued by the clinical staff as a student.     | 1   | 3   | 1          | 3 | 1 | 3 |
| 26. I felt that I was respected as a student.                            | 3   | 6   | 1          | 3 | 1 | 3 |
| 27. I like my profession thanks to the clinical staff.                  | 2   | 3   | 1          | 3 | 1 | 3 |
| 28. I have grown cold from my profession because of the clinical staff. | 1   | 7   | 1          | 3 | 1 | 3 |
| 29. When I made mistakes I was given the opportunity to correct them with constructive language. | 5   | 1   | 7          | 2 | 1 | 3 |
| 30. Positive feedback was given for clinical applications.               | 9   | 2   | 1          | 3 | 1 | 3 |
| 31. I was given guidance for the development of my clinical skills.      | 5   | 5   | 1          | 3 | 1 | 3 |

Table 6. The statements of the students on the CPEF, concerning the patients

| Statement                                                                 | Yes | No  | Sometimes |
|--------------------------------------------------------------------------|-----|-----|-----------|
| 32. I was able to care for patients independently.                       | 38  | 20  | 20.6      | 39 | 40.2 |
| 33. Patients were satisfied with the care I provided.                   | 76  | 2   | 2.1       | 19 | 19.6 |
| 34. The patients accepted me as a student.                              | 60  | 1   | 1.0       | 36 | 37.1 |
| 35. I was rejected in my communication with the patients due to the fact that I am a student. | 6   | 6.2 | 49 | 50.5 | 42 | 43.3 |

Table 7. The statements of the students on the CPEF, concerning the teaching staff

| Statement                                                                 | Yes | No  | Sometimes |
|--------------------------------------------------------------------------|-----|-----|-----------|
| 36. The teaching staff played a supportive and educational role at the clinic. | 65  | 7   | 7.2       | 25 | 25.8 |
| 37. The teaching staff played a repressive and judgmental role.          | 7   | 7.2 | 72 | 74.2 | 18 | 18.6 |
| 38. The teaching staff was with me when I had problems.                  | 56  | 13  | 13.4      | 28 | 28.9 |
4. Discussion

It is fundamental that the two underlying factors of nursing training, which are theory and practice, are integrated and are based on the experiences of the learning (Yurtsever et al., 2006). In the studies which have been conducted it has been determined that students are not happy with their education and the application of their occupational subjects (Beydag, Gunduz & Ozer, 2008; Unlu, Ozgur, & Gumus, 2008) and that they have experienced problems related to theoretical and subject applications (Beydag et al., 2008). As the real learning for nursing students is achieved through clinical practice (Yurtsever et al., 2006), it is important that the approaches which ensure the best education for students are used, by determining the sections of the students and their views on clinical applications, as well as the problems they are facing (Aydin & Argun, 2010; Karaoz, 2003).

It has been determined that 63.9% of the students who constitute the study group selected nursing of their own will and that 71.1% are satisfied with their course. While Celikkalp et al (2010) determined a higher percentage of teachers who chose nursing of their own will (73.6%), these figures were determined as 52.7% in the study by Tufekci & Yildiz (2009) and 54.9% in the study by Sirin, Ozturk, Bezcii, Cakar & Coban (2008). On the other hand, Dinc, Kaya & Simsek (2007) determined that the first choice of 42.2% of the students had been nursing, while Goz & Erkan (2006) determined that 41.7% of students placed nursing among their top five choices, while Karagozoglu (2009) puts this figure at 42.1% in his study. Thus, the percentage of students who selected nursing of their own will was determined as being lower than in our study, in certain other studies (Aytekin et al., 2009; Beydag et al., 2008; Bolukbas, 2009; Ergol & Kizgut, 2011). The choice of an occupation is an extremely important event during the life of an individual. While choosing an occupation, an individual selects a specific type of work and lifestyle for himself / herself. The individual is successful, productive and happy in occupations he/she chooses in line with his/her skills, interests and wishes, and unsuccessful, unproductive and unhappy when leaving the choice to chance (Yanikkerem, Altiparmak & Karadeniz, 2004). The fact that more than half of the students who took part in our study have chosen the profession of their own will and that they are satisfied with it carries great significance as it may create positive results in terms of the development of the profession and its contribution to the community. The CPEF scores of the students who chose nursing of their own will are higher than those of students who chose it unwillingly, while the fact that the CPEF scores of students who are satisfied with their course are higher than those who are not (Table 2), can also be assessed as being positive in respect of the adopting of the profession.

Clinical applications are an environment which is unknown for students, and it is natural for them to have fears of the unknown (Unlu et al., 2008). The issues faced by student nurses during both theoretical lessons and during application influence anxiety levels and reduce learning (Chapman, 2001; Keser et al., 2008; Moscaritolo, 2009). While 52.6% of the students who constitute the study group stated that they sometimes felt themselves to be in a foreign environment, 54.6% have stated that they sometimes feel as if they belong at the clinic where they are working, and 57.7% have stated that they are not reluctant to be involved in clinical applications. These can all be accepted as being positive. Cope, Cuthbertson & Stoddart (2000) have determined that student nurses experience a professional acceptance by other clinical staff, based on both social acceptance and the exhibiting of occupational competence, in the field of clinical applications. This result is consistent with our own study findings. In other studies there have been lower rates of students who find themselves to be foreign to the application (6.6% and 21.7%) (Unlu et al., 2008; Yurtsever et al., 2006). The fact that 57.7% of students within the study stated that they participated as observers in medical treatments supports the thinking that the fear felt of clinical application does influence participation in the application. Our study findings are also supported by the conclusions of studies which state that students wish to actively take part in applications (Unlu et al., 2008), that they do not participate sufficiently in active work (Cinar, Altun & Kose, 2011) and that students cannot find the opportunity to intervene in the patient (Aydin & Argun, 2010).

Positive cooperation with those working in the clinic, the participation of clinic nurses in student training and their skills in their own areas, as well as their communication with the students have an impact on the adaptation of
the students to the clinic and on their learning (Yurtsever et al, 2006). 50.5% of students within the study stated that they sometimes felt that clinic staff did not value them, 52.6% stated that they did not find it difficult to communicate with the nurses, and 51.5% stated that clinic staff acted as guides for them. These results can also be assessed as being positive. Yurtsever et al. (2006), achieved the result that the majority of those from whom support was received in terms of adapting to the clinic were clinic nurses (67.2%). In contrast with our study, in that same study more than half of students stated that they did not consult with nurses (65.6%), and they stated problems such as being unable to get answers to their questions, the requirement for the performance of routine work, etc.. In two separate studies 18.1% and 28.8% of students respectively stated that they felt they were not valued during clinical applications, and these results can also be assessed as being positive, similar to our own study (Cinar et al, 2011;Unlu et al, 2008). On the other hand, in their study, Tortumoglu et al. (2008) determined that students were mostly alienated at clinics (79.9%) and that they had difficulties cooperating with the clinic staff (81.1%) (trans. Unsal et al, 2013). However, students do need direction, support and to sense this report during clinical applications (Hughes, 2004; Killam & Carter, 2010). When the conclusions of different studies are assessed, it is necessary that instructor nurses cooperate with students by sharing their feelings and thoughts, and that they ensure that students feel valued by acting as guides for them. This carries great importance in terms of ensuring a suitable learning environment.

It is seen that the expectations of students from instructors who are in supervisor positions are the same. These expectations are that the opportunity for individual applications is presented in order that their autonomy is increased (Harrison, Stewart, Ball & Brat, 2007; Mailloux 2006), positive feedback be given, that they should motivate, and that they should understand their feelings and thoughts (Cooper, Taft & Thelen, 2005; Hesdlop, McIntyre & Ives, 2001). In another study, it was determined that students expect understanding and tolerance, respect, not being treated like a primary school student, mistakes being accepted positively, and that instructors have faith in them, as well as that their relationship with teaching staff was insufficient and that the best relationship was established in the clinical area (Khosrhid, Eser, Zaybak, Gunes & Cinar, 2007).

The interaction of students with teaching staff is important for them to be able to develop a professional identity. In studies directed at determining the problems faced by students of nursing, in the areas of application, problems such as insufficient assessment of the performance of the application student by the teaching staff, lack of sufficient time being set aside for the student and a lack of sufficient numbers of teaching staff have been determined (Aydin & Argun 2010, Brathwaite & Lemonde, 2011; Yanikkerem, Aycan, Kitapcioglu, Korkmaz & Calik, 2006). Teaching staff acting as role models and providing support to students during both theoretical lessons and fields of application will have an impact on the way the student perceives the profession (Yanikkerem et al, 2006). The following statements were made by the students in the study: 67.0% stated that they were supported by teaching staff in the clinic, 74.2% stated that teaching staff were not repressive and judgmental and 51.5% stated that the teaching staff had played a role in their acquiring a perception of the profession. We can assess these as being positive results. In the study conducted by Unlu et al (2008) the percentage of students who stated that they were supported by teaching staff was slightly higher than in our study (73.3%). In the study conducted by Beydag et al (2008), it was determined that teaching staff were partially effective in causing students to embrace the profession by a percentage lower than in our study (45.23%). In the study conducted by Cinar et al (2011), one of the problems stated by the students is the lack of interest by teaching staff during application (17.0%). In the study conducted by Unsal et al (2013), which is directed at determining the behaviour of teaching staff during clinical applications, it was found that 87.4% of students had stated teaching staff were with them, and this figure is higher than that of our own study. In the same study 11.4% of students stated that teaching staff offended them. When the results of the study are assessed, it is seen that the establishment of an effective and non-judgmental communication and showing the student respect are fundamental to the forming of a good student – teacher relationship. The results that 13.4% of students had stated that teaching staff were with them when they suffered problems (our study), and that students had not been able to perform a one-on-one application with teaching staff in the clinical environment, in another study (trans. Unsal et al, 2013), are significant results, and this shows that, with the increasing number of nursing students in recent years, the number of students per instructor has also risen, and supports the premise that students are unable to receive sufficient support from teaching staff.

There are also studies which have concluded that theoretical knowledge and clinical applications, which are the foundation of nurse training, are not parallel, and that they are not concordant with each other (Bektas et al., 2004; Cinar et al., 2011; Khorshid et al., 2007). In our study, 48.5% of students stated that the knowledge they acquired during lessons were “sometimes” different to the knowledge they acquired in the clinical application, and 62.9%
stated that they had had the opportunity to see applications, which they had not seen in lessons, at the clinic. This supports the studies. In the study conducted by Yigit et al. (2007), 62.3% of students stated that they found institutional training to be partially sufficient. In the study conducted by Kuzu et al. (2003), this figure was 40.3%. In the study conducted by Unsar (2005), 67.4% of students found theoretical teaching to be sufficient, while only 52.2% found practical training to be so. In our study we used a different approach and it was determined that the CPEF scores of the students had increased following the training (Table 2). According to this result, it can be said that the views of students towards clinical applications had been influenced positively, and that it may be able to provide a solution to the lack of coherence between schools and hospitals during their cooperation on theoretical knowledge and practice. According to Findik (2006), the Association of American Nursing Colleges (AACN), has emphasised the need for cooperation in practical and theoretical training. Different approaches to ensure this cooperation may be the employing of nurses in academic careers in schools and the establishment of joint programmes in clinical applications and theoretical training.

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