

Clinical Practice Experiences from the Perspective of Senior Nursing Students: A Phenomenological Study

Abstract

Background: Clinical practice plays an important role in the professional development of nursing students and their preparation for the nursing profession.

Aim: The purpose of this study is to explore the perspectives of senior nursing students regarding their clinical practice experiences.

Methods: This qualitative study was conducted with fourth-year nursing students using a purposive sampling method. Face-to-face, in-depth individual interviews were conducted with 23 senior nursing students who agreed to participate in the study. Interviews continued until data saturation was reached. All interviews were recorded using a quick note-taking technique. Data were analyzed using thematic analysis. The study was conducted and reported in accordance with the COREQ (Consolidated Criteria for Reporting Qualitative Research) checklist.

Results: Data analysis revealed three main themes: feelings and thoughts regarding clinical practice, the contribution of clinical practice to professional development, and experiences related to clinical practice. Six sub-themes were also identified: feelings, thoughts, contributions to knowledge, contributions to professional adaptation, experiences related to professional practice, and experiences related to verbal communication and interaction.

Conclusion: Clinical practice experience is an important component in the development of professional awareness. This study highlights nursing students' clinical practice experiences in a comprehensive manner.

Keywords: *Clinical practice, intern student, nursing, qualitative study*

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Introduction

There is an urgent need to improve the quality of the nursing profession and strengthen professional development, due to the growing importance of health services and the increasing demand for a better quality of life.¹ Strengthening professional development and ensuring patient safety at the highest level depend on an adequate integration of both clinical and theoretical teaching during nursing education.²

Nursing students require a diverse range of attitudes, knowledge, and skills to become clinically competent in healthcare settings.³ Nursing education programs aim to provide students with high-quality clinical learning experiences, enabling them to deliver safe and effective nursing care.⁴ Theoretical and practical education supports learning in the affective, cognitive, and psychomotor domains, offering students the opportunity to develop decision-making and problem-solving skills, acquire the competencies necessary for the nursing profession, and grow professionally.⁵ In this context, clinical practice is considered the cornerstone of nursing education.⁶

However, students may encounter various difficulties or problems during clinical practice that can negatively affect their learning.⁷ The goal of clinical teaching is not only to equip students with the ability to overcome these difficulties using the knowledge they have acquired, but also to prepare them to perform effectively in professional practice.⁸ Papathanasiou et al.⁹ reported that significant discrepancies exist between students' expectations and the actual clinical practice environment, often leading to problems for students during their clinical experience.

Studies on the subject have generally focused on the problems that intern students face in the clinical environment.⁷ İşkin and Abay¹⁰ suggest that qualitative research conducted with intern students can be useful in identifying the difficulties related to the implementation of the nursing process. Identifying these challenges is crucial; otherwise, issues such as decreased job satisfaction, a diminished perceived value of the nursing profession among nurses and nursing students, over-dependence on physicians, unquestioning obedience, reliance on routine actions without critical thinking, and an overall decline in care quality may occur.¹¹ In this context, unlike quantitative research, qualitative research offers researchers greater opportunities to uncover and explain the complexities of the clinical setting. It provides a deeper understanding of the challenging aspects of teaching the nursing process and offers insight into the actual dynamics in practice. Furthermore, qualitative research contributes to improving clinical practice by serving as a valuable model for evaluating and enhancing existing processes.¹²

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The aim of this study is to understand the perspectives of final-year nursing students regarding their clinical practice experiences. It is anticipated that the findings will help identify deficiencies or problems in clinical practice and highlight both strengths and weaknesses. Additionally, the results are expected to inform efforts to strengthen clinical education, improve learning environments, address existing challenges, and guide all planning related to clinical teaching.

Research Questions

1. What are the clinical practice experiences of nursing students?
2. What are the problems encountered by nursing students during clinical practice?

Materials and Methods

Type of Research

This study was conducted using a phenomenological research design, one of the qualitative research approaches. Throughout the study, the authors followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) and reported the findings accordingly.¹³

Population and Sample of the Study

The study population consisted of students from the Nursing Department of the Faculty of Health Sciences at a university located in northern Türkiye. Participants were selected using purposive sampling. This method ensures the intentional selection of participants who are most relevant to the research purpose and capable of providing rich data.¹⁴ In this study, fourth-year nursing students who were willing to share their clinical practice experiences and agreed to participate in interviews were selected. Diversity was sought by considering demographic characteristics and clinical practice experiences to capture a range of perspectives. A total of 23 students who met the inclusion criteria formed the study sample. Data were collected between June 15 and 20, 2024.

Research Team and Reflexivity

Both members of the research team are active faculty members at nursing schools and hold PhDs in psychiatric nursing. They have experience working as clinical nurses and have received training in qualitative research methods. In-depth individual interviews were conducted with 23 fourth-year nursing students who met the inclusion criteria and agreed to participate in the study. The inclusion criteria were: (a) being a fourth-year nursing student, (b) being open to communication, and (c) agreeing to participate in the study. The exclusion criteria included: (a) having a language, speech, or hearing impairment that would hinder communication, (b) being a first-, second-, or third-year nursing student, and (c) not agreeing to participate in the study.

Data Collection

A semi-structured interview form was developed by the researchers based on the relevant literature. The form consisted of two parts. The first part included questions about demographic and background information, such as students' age, gender, economic status, reason for choosing the nursing profession, whether they like the profession, and the clinical areas in which they had practiced. The second part consisted of five basic open-ended questions designed for the semi-structured interviews. During the interviews, students were asked to describe their clinical practice experiences through open-ended questions. Probing questions such as "Can you explain your answer a little more?" and "What do you mean by this?" were used to gain deeper insights. All interviews were conducted by the first author. The privacy and confidentiality of all students in the study were carefully protected. Interviews were conducted in private, quiet with only the researcher and participant present. Students' personal information was anonymized using codes. Transcripts were stored on encrypted computers accessible only to authorized researchers. Additionally, students were given detailed information about data confidentiality before the study began, and informed consent was obtained. Data were collected through face-to-face interviews using a rapid note-taking technique and were transcribed verbatim by the researcher. Once all interviews were completed, the data were prepared for analysis. Five main questions guided the interviews as follow:

1. When you evaluate your clinical practice process as a whole, what emotions do you generally feel? Can you describe them?
2. Can you talk about the contributions of the clinical practice process to your professional development?

3. What are your general experiences regarding the clinical practice process? Can you describe your experiences with patient care and the treatment process?
4. Did you experience any interpersonal problems (with hospital staff, nurses, other staff members, cleaning staff, teaching staff, patients, or fellow students) during clinical practice? Can you describe them?
5. Can you tell us about any inappropriate practices or approaches you experienced or observed during your clinical practice?

Data Analysis

Colaizzi's seven-stage phenomenological analysis method was used to analyze the qualitative data obtained from the interviews.¹⁵ These seven stages were as follows:

1. **Transcription of Participant Interviews:** All interviews were transcribed verbatim. The researchers independently and repeatedly read the transcripts to gain a deep understanding of the data.
2. **Identification of Significant Statements:** Meaningful and relevant statements related to the phenomenon were extracted from the transcripts.
3. **Reorganization and Generalization of Significant Statements:** The selected statements were rephrased without altering their essence and were expressed in more general terms.
4. **Formulation of Meanings:** The researchers interpreted and analyzed the underlying meanings conveyed in the participants' statements.
5. **Development of Themes and Sub-themes:** The formulated meanings were grouped into main themes and sub-themes through discussion until consensus was reached.
6. **Validation of Findings with Participants (Member Checking):** The themes and findings were shared with participants to ensure their accuracy and credibility.
7. **Supporting Findings with Participant Quotes:** Direct quotes from participants were included to support the themes and allow readers to verify the interpretation and analysis of the data.

Validity/Certainty

In qualitative research, reliability refers to the consistency and transparency of the research process and the extent to which the findings reflect participants' real experiences.¹⁶ In this context, reliability also implies that the research was conducted rigorously and that the results are as free as possible from researcher bias.¹⁷ Lincoln and Guba (1985) developed the concept of "reliability" in qualitative research and explained it through four criteria: reliability, transferability, dependability, and confirmability. The credibility of the research (connectability) was ensured through peer review, prolonged engagement, the selection of participants with diverse experiences, and external evaluation. The first researcher's long-term interaction with participants helped build trust, which in turn allowed for a deeper understanding of the research setting and more reliable findings. To enhance the dependability of the data, all interviews were transcribed using a rapid note-taking technique, and the coding and data analysis processes were collaboratively evaluated by all members of the research team. Regarding confirmability, transcription began immediately after each interview. Rich descriptions were also provided to ensure that the research process was clearly understood, which supported the objectivity of the study and the data-driven nature of the findings. Transferability was strengthened by maximizing sample diversity, clearly identifying participants, and providing detailed information on the sampling method, as well as the timing and setting of data collection, thus allowing the findings to be applicable in similar contexts. In terms of authenticity, informed consent was obtained from all participants, a trusting relationship was established, and the research methodology was clearly communicated. Additionally, the research report was shared with the participants.

Ethical Considerations

This study was approved by the Giresun University Social Sciences Science and Engineering Sciences Research Ethics Committee (Approval Number: 06/05, Date: 05.06.2024). Prior to the study, institutional approval was obtained, and the study was conducted in accordance with institutional research procedures. Informed consent was obtained from all participants before the interviews began. Recordings and transcripts were stored on a password-protected device. The study was carried out in compliance with the Declaration of Helsinki and the ethical standards of the National Research Committee.

Table 1. Descriptive characteristics of students

Variable	Mean±SD [range]	n	%
Age (years)	22.70±0.82		
Gender			
Female		9	39.13
Male		14	60.87
Economic status			
Good		3	13.04
Middle		18	78.26
Low		2	8.70
Reason for choosing nursing			
Own will		12	52.17
Family influence		8	34.79
Other		3	13.04
Likes the profession			
Yes		11	47.82
No		3	13.04
Undecided		9	39.14
First rotation clinic			
Orthopedics service		3	13.05
Internal medicine service		3	13.05
Internal medicine ICU		2	8.69
Coronary ICU		2	8.69
Reanimation ICU		3	13.05
Neurology ICU		1	4.34
Operating room		3	13.05
Healthy life center		1	4.34
Urology service		3	13.05
Cardiology service		1	4.34
General surgery		1	4.34
Second rotation clinic			
Internal medicine neurology		3	13.05
General surgery service		2	8.69
Urology service		1	4.34
General ICU		4	17.39
Palliative service		3	13.05
Brain surgery service		3	13.05
Neurology service		3	13.05
Orthopedics service		2	8.69
Reanimation ICU		2	8.69

SD: Standard deviation, ICU: Intensive care unit.

Results

The students were aged between 22 and 25. It was found that 60.8% of the participants were male, 78.2% reported having an average economic status, 52.17% had voluntarily chosen the nursing profession, and 47.82% stated that they liked the profession. In terms of clinical placements, during the first rotation, students most frequently worked in intensive care units (eight students), surgical clinics (10 students), and internal medicine clinics (five students). In the second rotation, the distribution was as follows: intensive care units (nine students), surgical clinics (eight students), and internal medicine clinics (Table 1).

Within the scope of the research, three main themes were identified: feelings and thoughts regarding clinical practice, the contribution of clinical practice to professional development, and experiences related to clinical practice. Additionally, six sub-themes emerged: feelings, thoughts, contributions to knowledge, contributions to professional adaptation, experiences related to professional practice, and experiences related to verbal communication and interaction (Table 2).

Main Theme 1: Feelings and Thoughts Regarding Clinical Practice

Sub-theme 1: Feelings

Based on the data obtained from the interviews, students reported experiencing a range of both positive and negative emotions during the clinical practice process. These included feelings of excitement, joy, fun, happiness, satisfaction, anxiety, stress, sadness, fatigue, pride, and competence.

"When I first started, I was excited and cheerful, but now my excitement has diminished and my fatigue has started." (P1, male, 22 years old)

"It was good. I had the opportunity to learn new initiatives, and the nurses were instructive. I was able to get closer to the profession. It was the best internship of my student years." (P10, male, 23 years old)

"I was happy to apply the theoretical knowledge we learned at school here. Seeing the working environment, whether it was in intensive care or the operating room, helped me decide which field I want to work in in the future." (P12, male, 22 years old)

"When I first worked in intensive care, I felt deep sadness for the patients, but I got used to it as I continued." (P21, female, 22 years old)

Sub-theme 2: Thoughts

Students expressed various thoughts related to the clinical practice process, including that it was exhausting, variable, instructive, and contributed to self-confidence, professional satisfaction, and awareness.

"I saw up close that nursing is a difficult profession, both physically and psychologically. Intensive care, in particular, was very psychologically exhausting for me at first, but I got used to it over time." (P11, male, 24 years old)

"Since we were interns, we were able to take responsibility for invasive interventions. The practice was very useful in terms of learning. I feel more conscious, and when I look at the cases I encountered, I see that they affected me in a positive way." (P13, female, 24 years old)

"As interns, being seen more as colleagues than students helped us do our job more willingly. Although we were sometimes still treated as inexperienced, feeling like nurses in general increased my professional satisfaction." (P17, male, 22 years old)

Main Theme 2: The Contribution of Clinical Practice to Professional Development

Sub-theme 1: Contributions to the Level of Knowledge

Students reported that clinical practice contributed to their knowledge through learning new skills, integrating theoretical knowledge into practice, raising awareness, identifying deficiencies, building courage, and reinforcing what they had previously learned.

"The practice process was more useful than the theoretical and practical training in other courses. It gave me self-confidence, and my knowledge increased considerably." (P8, male, 23 years old)

"I learned to approach treatments more knowledgeably and consciously. That was the biggest contribution. Earlier practices weren't very productive because we were more passive." (P13, female, 24 years old)

"It enabled me to perform interventions more courageously and with more awareness. I can now perform procedures and treatments that I was hesitant to do at first more comfortably." (P17, male, 22 years old)

Sub-theme 2: Contributions to Professional Adaptation

Regarding professional adaptation, students made statements highlighting the value of hands-on practice, gaining clinical skills, adjusting to the professional envi-

Table 2. Clinical practice experiences from the perspective of final-year nursing students

Themes	Sub-themes	Codes
1. Feelings and thoughts regarding clinical practice	A. Feelings	A.1. Excited
		A.2. Cheerful
		A.3. Fun
		A.4. Happy
		A.5. Enjoyable
		A.6. Agitated
		A.7. Anxious
		A.8. Stressed
		A.9. Sad
		A.10. Tired
		A.11. Proud
		A.12. Sense of self-efficacy
2. Contribution of clinical practice to professional development	B. Thoughts	B.1. Exhausting
		B.2. Variable
		B.3. Instructive
		B.4. Builds self-confidence
		B.5. Professional satisfaction
		B.6. Increased awareness
	C. Contributions to knowledge	C.1. Learning new things
		C.2. Integrating theory into practice
		C.3. Gaining awareness
		C.4. Recognizing deficiencies
		C.5. Becoming courageous
		C.6. Consolidating knowledge
	D. Contributions to professional adaptation	D.1. Hands-on practice
		D.2. Gaining clinical skills
		D.3. Adapting to the professional environment
		D.4. Orientation to clinical setting
		D.5. Improved professional competence
		D.6. Active participation
3. Experiences related to clinical practice	E. Experiences related to professional practice	D.7. Gaining experience
		D.8. Taking responsibility
		E.1. Exposure to advanced procedures
		E.2. Working with diverse patients
		E.3. Providing holistic care
		E.4. Team collaboration
		E.5. Observing out-of-scope practices
		E.6. Poor hygiene practices
		E.7. Lack of instructional support
	F. Experiences related to verbal communication/interaction	F.1. Communicating with patients and families
		F.2. Facilitating cooperation with patients and their families
		F.3. Lack of empathy toward patients and their families
		F.4. Insensitivity to patient needs
		F.5. Negative attitudes and behaviors toward patients
		F.6. Ignoring patient suffering

ronment, improving professional competence, orienting to clinical settings, actively participating in procedures, gaining experience, and taking responsibility.

"I made many professional advances, such as working directly with patients, gaining practical skills in diagnosis, treatment, planning, and implementation, improving communication skills, enhancing critical thinking and decision-making abilities, receiving feedback, and engaging in continuous learning." (P4, male, 25 years old)

"Being active in practice gave me practical experience. It helped me learn tasks I will need in my professional life, such as completing and processing files early." (P12, male, 22 years old)

"This process contributed significantly to my professional development. I gained experience and took responsibility for a patient on my own. I managed the follow-up and treatment." (P15, female, 23 years old)

Main Theme 3: Experiences Related to Clinical Practice

Sub-theme 1: Experiences Related to Professional Practices

Students shared a variety of experiences related to professional practices, including opportunities to observe or perform advanced procedures, working with diverse patient populations, providing holistic care, and participating in teamwork.

"I saw different stages of pressure sores in patients. I hadn't seen pressure sores during previous clinical rotations, but I had the opportunity to see more in intensive care. I gained more experience there because the patient is cared for as a whole." (P2, male, 22 years old)

"Caring for intubated patients, performing CPR, inserting NG tubes and Foley catheters was very exciting. My clinical practice was very productive, I learned most of the medications. However, I also saw some issues: for example, some nurses take arterial blood gas samples even though it's not part of their job description, and some don't label IV fluids. Sometimes the follow-up of treatments is disrupted." (P5, female, 23 years old)

"Sometimes there are situations where patients are touched without gloves, hygiene rules aren't followed, or patients aren't treated politely." (P10, male, 23 years old)

"I performed all kinds of procedures under the supervision of nurses during clinical practice. Seeing some patients recover and others being discharged was good preparation for what I may face in the future. However, I also observed problems such as a lack of sterility during aspiration and starting care for a new patient without handwashing after moving from one patient to another." (P12, male 22 years old)

"Since there are no male nurses in some wards, male cleaning staff sometimes administer enemas to male patients, or similar tasks are done by cleaning staff. Unfortunately, some nurses are a bit harsh with patients, and sometimes arguments occur." (P15, female, 23 years old)

"There can be confusion because nurses sometimes refer to patients by room and bed number instead of their names. Also, sometimes nurses can be verbally abusive to patients. In Clexane administration, air can be expelled. During aspiration, I observed a catheter being used in the mouth and then reused for lung aspiration without changing it." (P22, female, 23 years old)

Sub-theme 2: Experiences Related to Verbal Communication/Interaction

Regarding verbal interaction, students shared experiences involving communication with patients and their families. These included establishing cooperation, showing empathy, and also witnessing a lack of empathy, insensitivity to patient requests, negative attitudes, and disregard for patients' pain or needs.

"I learned to communicate effectively with patients and their families, such as listening to their concerns with empathy and giving clear, explanatory information ... It also allowed me to provide more holistic care by collaborating with different healthcare professionals and considering multiple perspectives." (P4, male, 25 years old)

"It is very important to empathize while caring for patients. We need to treat them as if they were our own family members, not just strangers. I had the opportunity to put my experiences and observations into practice. I realized that skills are learned through doing, not just observing. I also believe it was wrong for nurses to mistreat patients during morning care or to push them away suddenly. Some nurses ignored patients' wishes and pain." (P7, male, 22 years old)

"The nurse was giving mocking responses to a patient who kept shouting, 'Send me home!'" (P11, male, 24 years old)

"I don't think it's right for nurses to speak harshly or shout at patients during care. The nurses did nothing when the caregiver spoke to the patient in a rude manner, and the patient ended up swearing at the caregiver." (P21, female, 22 years old)

Discussion

Within the scope of this research, three main themes were identified regarding students' clinical practice experiences: (1) feelings and thoughts about clinical practice, (2) the contribution of clinical practice to professional development, and (3) experiences related to clinical practice. Each main theme is discussed separately below.

This study found that intern nursing students experienced a wide range of both positive and negative emotions during clinical practice. Previous research has reported that beginning the internship period and performing nursing tasks independently can be quite stressful for students.¹⁸ Experiencing occupational stress during this phase of clinical education may lead to chronic stress,¹⁹ which can negatively impact both learning efficiency and physical well-being.²⁰ Another study indicated that senior nursing students experience higher levels of stress compared to students in lower grades.²¹ Similarly, other studies have reported that clinical practice can be overwhelming, increasing students' anxiety and stress, leading to burnout, and causing feelings of helplessness, especially when instructors are absent in the clinical setting.²² The emotions expressed by the students in this study align with those findings. The mix of emotions can be associated with their ability to perform clinical tasks more independently while also taking on increased responsibility.

Another key finding of this study was that students described clinical practice as instructive, confidence-boosting, and professionally rewarding. However, some studies report that clinical teaching is not only exhausting but also highly instructive, particularly in terms of developing care and communication skills and supporting students' overall growth.²³ Nursing students may encounter challenging clinical situations such as interpersonal conflict, aggression, acute patient deterioration, cardiac arrest, and patient death. These experiences can contribute to psychological stress, burnout, and anxiety.²⁴ Although exposure to difficult clinical scenarios increases students' anxiety levels, it also appears to improve their command of clinical practices and provides them with opportunities to experience a variety of procedures. This can be associated with increased awareness, professional satisfaction, and self-confidence.

Regarding the contribution of clinical practice to their professional development, intern nursing students stated that they learned new things, addressed knowledge gaps, gained awareness, and successfully integrated theoretical knowledge into practice. In his study, Wallace reported that internship experiences helped students integrate clinical knowledge with critical thinking, improve prioritization and time management, and expand their communication skills within interprofessional teams.²⁵ Another study found that students tried to cope with the stress resulting from a lack of knowledge and skills by enhancing their professional competencies.²⁶ Furthermore, it has been noted that clinical practice fosters awareness, self-reflection, and personal growth in nursing students.²⁷ It can be concluded that the internship process not only contributes significantly to students' professional development but also helps them recognize and address their own deficiencies.

Within the scope of the study, students reported that they adapted to the professional environment, increased their professional competencies, actively participated in clinical practices, gained experience, took responsibility, and engaged in hands-on practice. The literature emphasizes that nursing students must adapt to the clinical education environment to ensure effective learning.¹⁸ Numerous studies report that clinical teaching enhances nursing students' professional competence, helps them feel more confident, competent, and prepared for the profession, increases their self-esteem, improves their caregiving skills, fosters a love for the profession, and supports personal development.²³ In a study examining the impact of the internship program on the self-efficacy and professional readiness of senior nursing students, it was found that students' general self-efficacy was at a moderate level. They felt ready for patient care, educating patients and their families, performing invasive procedures, and demonstrating ethical sensitivity.² In other studies, nursing students' self-efficacy perceptions were reported to be at a high level.²⁸ It is noted that individuals with high self-efficacy are known to approach problems with resilience, maintaining their determination in the face of challenges encountered in both social and professional life.²⁹ Studies on this topic have found that consistently structured learning experiences in clinical settings contribute to the effective management of clinical practices and help develop the self-efficacy of nursing students.³⁰ Additionally, it has been reported that curricular changes in nursing education improve students' self-efficacy and leadership in patient care.³¹ Fostering self-efficacy in nursing education nurtures students' adaptability and enhances their capacity to overcome the difficulties they may encounter during undergraduate education, while also reducing student attrition.³² Although the findings obtained from this study are similar to the literature, it can be said that there is a need for further research specifically evaluating students' experiences in particular clinical settings (e.g., wards, intensive care units, operating theaters, etc.) during their clinical practice.

Within the scope of the study, intern nursing students shared various experiences related to professional practice. These included exposure to different and advanced procedures, working with diverse patient populations, providing holistic care, participating in teamwork, witnessing practices beyond the scope of job descriptions, observing occasional lapses in hygiene practices by nurses, and experiencing moments when nurses were not instructive.

Many studies in the literature have emphasized the importance of staff familiarity with the clinical topics being taught, as well as the effective supervision of students by clinical instructors.³³ Maintaining students' learning motivation under the guidance of clinical instructors and the active role of instructors in facilitating learning³⁴ have been shown to positively influence trainee nurses' experiences. These factors contribute to students developing a sense of belonging and feeling valued in the clinical environment. It has also been reported that contributing to the personal and professional development of nursing students through internships supports their learning processes.³⁵ Additionally, it has been noted that there are relatively few studies on students' perceptions of the quality of care provided by nurses. Regarding nursing care, students have observed factors such as task-oriented approaches, lack of communication with patients, and concerns primarily focused on documentation. These observations suggest that students may find it challenging to clearly define what constitutes good nursing care.³⁶ Previous studies have shown that nursing students often remain passive when they witness poor care practices. They tend to prioritize adapting to the clinical environment, avoid confrontation ("not making a mess"), and focus on successfully completing their clinical practice.³⁷ In this context, it can be said that while students are exposed to positive, instructive, and motivating clinical teaching practices that support their professional development, they may also occasionally witness inappropriate or unethical practices by clinical nurses. Therefore, there is a need for further research aimed at uncovering and analyzing examples of poor practice in clinical settings.

Within the scope of this study, intern nursing students also reported experiences related to verbal communication and interaction. These included being able to communicate effectively with patients and their families, fostering cooperation, observing a lack of empathy from nurses toward patients and their families, insensitivity to patient requests, negative attitudes and behaviors toward patients, and disregard for patients' pain. Many studies emphasize the importance of effective communication and interaction in clinical environments. These include the appropriate attitudes of clinical staff, showing respect for students, supporting them as part of the team, involving them in educational processes, and encouraging nurses to delegate clinical tasks to students.³³

It has been reported that student satisfaction with training, positive attitudes toward them, individual supervision, mutual respect, and the supervisor's trust in the student all have a positive effect.³⁸ Support from nurses also plays a key role in enhancing the clinical experience of trainee nurses Althagafi et al.³⁹ reported that inappropriate behavior by healthcare personnel and the delegation of non-nursing tasks to students negatively affected the clinical performance of nursing interns. Another study stated that the most significant problems in internship programs were related to the clinical environment, supervision, and communication.⁴⁰ Similarly, Al Najjar and Rawas identified unfair treatment of clinical nurse interns, a hostile environment, feelings of restriction, and being ignored by instructors as key factors negatively affecting clinical learning.²⁷ These findings are similar to the results of our study. In this context, further research is needed to investigate the factors contributing to inappropriate communication and interaction by clinical nurses.

Limitations

This research is limited to the responses of the participants, and the results are dependent on the specific group and environment in which the study was conducted. The small sample size does not represent the entire student population.

Conclusion

As a result of this study, it was determined that intern nursing students gained a wide range of experiences during clinical practice. Clinical practice contributed significantly to their professional development; however, students were also disturbed by inappropriate nursing interventions they occasionally observed. This study is important in that it reveals students' clinical practice experiences in a comprehensive manner.

In this study, clear emphasis was placed on students' experiences and observations related to clinical practice. Students were encouraged to recognize examples of malprac-

tice and reflect on them as part of their clinical learning. Thus, a secondary outcome of the study is the suggestion that certain nursing practices may need to be re-evaluated.

Based on the study's findings, it is essential to provide in-service training to promote positive communication and interaction between nursing students and healthcare professionals. It is also important to ensure that negative experiences and observations during clinical practice are properly reported, and that institutional policies aimed at preventing improper practices are reviewed, for the overall benefit of the healthcare team and patient safety.

Ethics Committee Approval: The study was approved by the Giresun University Social Sciences Science and Engineering Sciences Research Ethics Committee (Approval Number: 06/05, Date: 05.06.2024).

Informed Consent: Verbal and written informed consent was obtained from all participants.

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

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