






ORIGINAL ARTICLE

First Clinical Placement: Nursing Students' Views

Fatos Korkmaz¹ , Gul Hatice Tarakcioglu Celik¹ , Gulhan Erkus Kucukkelepce² , Sevdia Arslan³ , Senay Gul¹ 

¹Division of Fundamentals of Nursing, Hacettepe University School of Nursing, Ankara, Turkey

²Department of Nursing, Adiyaman University Faculty of Health Sciences, Adiyaman, Turkey

³Department of Nursing, Munzur University Faculty of Health Sciences, Tunceli, Turkey

Abstract

Objective: Analyzing students' experiences about clinical practice will help instructors prepare learning settings where students can have more positive experiences. The purpose of this article is to identify nursing students' views regarding their clinical placement.

Method: This descriptive study was conducted with fresher's in a nursing department of university during spring term of the 2014-2015 academic year in Ankara/Turkey. The data was collected with the question forms prepared by the researchers after the final exam of the "Fundamentals of Nursing Course". 253 students were provided questionnaires to answer, which were collected after completion.

Results: Students mean age was 20.2; 85.4% of them were female and 40.3% of them choose this department for employment opportunities. Students evaluated professional competence and presence of nurses, as "Good" and "Very Good" (with 80% to 90%) and, communication between nurse and patient as "Moderate" and "Bad" (with 60%). Prejudices regarding clinical practice (with 38.7%), fear of making mistake (with 55.3%), prejudices toward clinical setting (with 58.5%), and grade anxiety (with 29.2%) were stated as factors that affect clinical learning negatively.

Conclusion: Students' learning was affected by healthcare professions especially nurses, they worked with, instructors as well as some factors stem from themselves (fear of making a mistake, grade anxiety).

Keywords: Clinical environment, clinical practice, education, nursing, nursing student

1. Introduction

The purpose of nursing training, which is composed of both theory and practice, is to develop students' cognitive, affective, and psychomotor knowledge, skills, and attitudes. As an indispensable part of nursing training, clinical practice enables students to practice what s/he has learnt in a real setting by integrating and experiencing their knowledge (Arribas Marin et al., 2021; Harris & Stamp, 2016; Levett-Jones et al., 2006; Ostrogorsky & Raber, 2014). In this sense, clinical settings are of great importance to attain learning outputs (Dyar et al., 2019; Salminen et al., 2010; Sundler et al., 2014).

Clinical settings include many variables such as student, healthcare staff, patient, and instructor. It is known that a favorable regulation of clinical settings contributes students to develop nursing knowledge/skills, to interact with other members of the team, and to increase self-confidence and professional readiness (Chuan & Barnett, 2012; Edwards

et al., 2004; Woo & Li, 2020). Ineffective planning in these settings may cause an arduous and stressful practice experience for the learner/teacher that (Adribas-Marin et al., 2021; Chuan & Barnett, 2012; Hosoda, 2006; Moscaritolo, 2009) instructors need to assess the adequateness of equipment and their suitability for use, number of healthcare staff in case of necessity, physical settings suitability for student's needs (space for personal belongings, restroom, meeting room, etc.), and student's progress as well as the planning process (Karaöz, 2013). Besides, instructors also need to assess the contribution of clinical settings (equipment, healthcare professionals, physical, and psychological environment) to the desired learning objectives (Dağ et al., 2019).

There are various studies analyzing nursing students' levels of anxiety, and effects of different clinical settings on learning experience in the literature; they also analyze factors affecting the learning experience, which cause stress and students' stress levels in clinical settings. In these studies, it was

Corresponding Author

Fatos Korkmaz, E-mail: korkmazfatos@gmail.com

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found that students' levels of stress were high at the end of the first clinical day (Atay & Yılmaz, 2011), students became stressed during their first year (Gale et al., 2015), clinical experience and assignments were sources of stress (Shaban et al., 2012), clinic nurse and instructors were the first two stressors for learning (Taşdelen & Zaybak, 2013). Also it was found that students did not feel ready for clinical practice due to lack of knowledge, skills, and confidence, and therefore, their anxiety levels were high (Levett-Jones et al., 2015), fatigue and stressing attitudes of the clinical staff affect their learning negatively (Bisholt et al., 2014) and imposing expectations on them, vague assessment process, limited communication with health professionals, not receiving sufficient guidance, and lack of assessment standards were threatening safety in clinical settings (Killam et al., 2013). Those studies revealed that atmosphere of clinical settings was stressful for students but not give in detail what were expected and gained during clinical placement according to the course objectives.

In order for clinical training to fulfill its aim, it is critical to know the difficulties students encounter, the positive experiences of them, and evaluate their views on clinical practice. Among all student groups, freshers need special attention since they experience clinical atmosphere for the first time and deal with many factors. Consequently, this study was planned to identify views, positive and negative learning experiences of freshers in a nursing department. The result of the study will help both school and hospital management to design settings according to the students' needs, and desired outcomes of courses.

2. Material and Methods

2.1. Design

This was a descriptive study.

2.2. Setting and Sample

The study was conducted with freshers in a nursing department of state university in Ankara/Turkey. The population of the study was composed of 278 students enrolled "Fundamentals of Nursing Course" and completing their first clinical experience in the spring term of the 2014-2015 academic year. All students were contacted without selecting a sample and the study was conducted with the 253 students who agreed to participate in the study.

It is the first course students take as part of their professional education, and is composed of 112 hours of theory, 80 hours of laboratory practice, and 160 hours of clinical practice. After completion of their theoretical part of course,

students complete laboratory practice after which they start their clinical practice under the supervision of at least one instructor. Mainly, the clinical settings are general internal medicine, surgery, and oncology clinics. In addition, students practice in an outpatient clinic for 1 to 3 days under the supervision of an outpatient nurse.

2.3. Instruments

The data was collected with the question forms prepared by the researchers in accordance with the literature (Fitzgerald et al., 2012; Heidari & Norouzadeh, 2015; Nasrin et al., 2012; Taniyama et al., 2012). The question form was composed of three parts. In the first part, there were nine questions about students' socio-demographic characteristics. The second part was composed of 26 questions related with observation about healthcare professional' roles, communication style, etc. Students were supposed to choose one option from "Very Good, Good, Moderate, Bad, to Not Observed". The third part was included 44 propositions about students' views and evaluations regarding clinical experience. The propositions were grouped as "Patient and Patient's relatives, Clinical Setting, Instructor, and the Student". Students were asked to share their views by choosing one answer from three "It affected my learning positively," "It did not affect my learning," and "It affected my learning negatively".

2.4. Data Collection

The data were collected after the final exam following the completion of clinical practices from June, 2015. Students were both informed about the study and asked to participate within the same time. The participating students were informed that they had the right to withdraw from the study at any time. Those who accepted voluntarily were asked to answer the questions in the form.

2.5. Data Analysis

The data was analyzed using the statistical package program IBM SPSS software version 16.0 (SPSS Inc.; Chicago, IL, USA) for windows, and numbers, percentage were used to evaluate the data.

2.6. Ethical Considerations

Written approval of the institution and students was obtained and the ethical appropriateness of the study was approved by the ethical committee of the Hacettepe University (G015/385-18).

3. Results

Mean age of the students was 20.2; 85.4% of the students were female, 85.4% had a grade point average between 2.51 and 3.50, 64.8% lived in dorms, and 40.3% of them choose this department for employment opportunities.

Students evaluated the suitability for use and quantitative adequateness of equipment, professional competence of nurses, and presence of healthcare staff when they need to as "Good" and "Very Good" with 80-90% (Table 1).

Main Points

- Physical settings suitability to fulfill personal needs and opportunity for practice need to be organized.
- Instructors' attitudes, expectations, levels of professional knowledge, and teaching methods are factors affect learning positively.
- Prejudices toward clinical practice, fear of making mistake, grade anxiety and patient's emotional state and attitudes are factors affect learning negatively.

Table 1
Student Nurses' Evaluations of Clinical Setting (N = 494*)

	Very Good		Good		Moderate		Bad		Not Observed	
	n	%	n	%	n	%	n	%	n	%
Physical Learning Setting										
Number of equipment	85	17.2	263	53.2	112	22.7	33	6.7	1	0.2
Suitability of equipment for use	84	17.0	271	54.9	115	23.3	24	4.9	0	
Number of nurses	67	13.6	233	47.2	160	32.4	34	6.9	–	–
Nurses' competence	102	20.6	283	57.3	90	18.2	12	2.4	7	1.4
Presence of healthcare staff	101	20.4	274	55.5	107	21.7	12	2.4	–	–
Suitability of physical settings to student's individual needs	126	25.5	163	33.0	124	25.1	81	16.4	–	–
Applicability of information and skills taught in courses	75	15.2	200	40.5	161	32.6	57	11.5	1	0.2
Communication Between										
Nurse and nurse	152	30.8	273	55.3	50	10.1	8	1.6	11	2.2
Nurse and student nurse	133	26.9	201	40.7	124	25.1	36	7.3	–	–
Nurse and physician	77	15.6	224	45.3	91	18.4	12	2.4	90	18.2
Nurse and patient	80	16.2	248	50.2	149	30.2	15	30.0	2	0.4
Nurse and healthcare staff (dietitian, physiotherapist, technician, etc.)	62	12.6	197	39.9	80	16.2	5	1.0	150	30.4
Roles and Functions of Nurse (According fulfillment)										
Care giver	67	13.6	249	50.4	142	28.7	28	5.7	8	1.6
Patient defender	29	5.9	178	36.0	155	31.4	15	3.0	117	23.7
Educator	76	15.4	191	38.7	148	30.0	40	8.1	39	7.9
Researcher	40	8.1	109	22.1	155	31.4	42	8.5	148	30.0
Manager	80	16.2	196	39.7	134	27.1	15	3.0	69	14.0
Providing individualized care	36	7.3	146	29.6	190	38.5	58	11.7	64	13.0
Providing integrated approach (individual, family, physical, psychological, social)	55	11.1	183	37.0	175	35.4	29	5.9	52	10.5
Being a role model	59	11.9	171	34.6	172	34.8	79	16.0	13	2.6
Contributions of Clinical Practice										
Developing professional knowledge	94	19.0	253	51.2	122	24.7	21	4.3	4	0.8
Developing professional skills	102	20.6	246	49.8	120	24.3	25	5.1	1	0.2
Developing professional awareness and identity	98	19.8	253	51.2	115	23.3	19	3.8	9	1.8
Developing professional responsibility	126	25.5	256	51.8	91	18.4	17	3.4	4	0.8

Table 1
Student Nurses' Evaluations of Clinical Setting (N = 494*) (continued)

	Very Good		Good		Moderate		Bad		Not Observed	
	n	%	n	%	n	%	n	%	n	%
Increase students' comfort	119	24.1	203	41.1	123	24.9	47	9.5	2	0.4
Increase students' safety	120	24.3	221	44.7	109	22.1	41	8.3	3	0.6

*Folded n.

Appropriateness of physical setting to meet students' needs was evaluated as "Moderate" and "Bad" with 34.6% whereas the applicability of skills and knowledge taught within the context of the course was evaluated as "Moderate" and "Bad" with 28.8% by students (Table 1).

Communication between nurse and nurse, between nurse and student, and between nurse and physician evaluated by students as "Good" and "Very Good" with 80-90%. On the other hand, communication between nurse and patient evaluated by students as "Moderate" and "Bad" with 60%. Students stated to not have observed nurses' fulfilling the role of defending patient (with 23.7%) and role of researcher (with 30%). In terms of giving individualized care for patients, approaching the patient in an integrated way, and being a role model for students, nurses evaluated as "Moderate" and "Bad" by students with 40-50% (Table 1).

With 60% to 70% students evaluated clinical settings in terms of "Contributing to develop professional knowledge, professional skills, professional awareness and identity, professional responsibility and safety" as "Good" and "Very Good" (Table 1).

Students stated the physical settings of the clinic was not suitable for meeting their personal needs (with 23.6% "Moderate," with 11% "Bad") and for skills and knowledge practice (with 17.3% "Moderate," with 11.5% "Bad"). Further, students evaluated the number of equipment and their suitability for use, the number of nurses and their professional competence, and presence of other healthcare staff as "Good" and "Very Good" (Table 2).

Communication between physician and nurse and between nurse and other healthcare staff were evaluated as "Not Observed" and "Bad" with 37.7% and 34.6% by the students, respectively. Students chose "Not Observed" for defender role of nurse (with 25.1%), researcher role (with 28.8%), and providing individualized care (with 45%) (Table 2).

They evaluated the contribution of clinical settings to develop professional knowledge and skills, professional awareness and identity, professional responsibility, and increase students' safety and confident as "Good" and "Very Good" (Table 2).

Patient's emotional state (being angry, sad, anxious, and in pain) and attitudes were stated to be factors affecting students' learning negatively with 37.9% and 16.6%, respectively. Students stated that providing care to patients with infection risk (with 42.7%), terminal illness (with 56.9%), and patients who are healthcare staff (with 51.8%) had no effect on their learning (Table 3).

Workload of nurses (with 27.2%), nurses' attitudes and evaluations regarding the profession (with 24.5%), increased number of students per instructor (with 60.1%), prejudices regarding clinical practice (with 38.7%) and setting (with 58.5%), fear of making a mistake (with 55.3%), grade anxiety (with 29.2%), and the difference between theoretical knowledge and practice (with 32%) were stated to be factors affecting learning negatively (Table 3).

Professional knowledge levels of instructors (with 94.5%), theoretical (with 80.6%) and practical readiness (with 76.3%), initiating communication with the patient (with 79.8%) and the instructor (with 85.8%) was stated to be a factor affecting learning positively (Table 3).

4. Discussion

The views of the students on their first clinical practice, views regarding clinics/outpatient clinics and their first clinical placement experience were discussed under two headings.

Views regarding Clinical Settings and Outpatient Clinics

In this study, it was found that students assessed the suitability of equipment for use and their quantitative adequateness, the number of nurses and their professional competence, and presence as "Good" and "Very Good". However, suitability of physical setting to fulfill students' personal needs, opportunity of skill, and knowledge practice they learnt in the course were assessed as "Moderate" and "Bad" (Table 1, Table 2). In a study conducted by (Kapucu & Bulut, 2011), students expressed their ideal clinical setting as: "there should not be a lack of equipment, students have to have dressing and meeting rooms, and clinics should prepare as learning environments for students". Organization of the clinical settings according to the students' needs and expected outcomes of the course is one of the most

Table 2
Student Nurses' Evaluations of Outpatient Clinics (N = 191)

	Very Good		Good		Moderate		Bad		Not Observed	
	n	%	n	%	n	%	n	%	n	%
Physical Learning Setting										
Number of equipment	93	48.7	81	42.4	15	7.9	1	0.5	1	0.5
Suitability of equipment for use	95	49.7	85	44.5	9	4.7	1	0.5	1	0.5
Number of nurses	77	40.3	77	40.3	28	14.7	8	4.2	1	0.5
Nurses' competence	129	67.5	50	26.2	12	6.3	–	–	–	–
Presence of healthcare staff	104	54.5	71	37.2	12	6.3	1	0.5	3	1.6
Suitability of physical setting to student's individual needs	73	38.2	50	26.2	45	23.6	21	11.0	2	1.0
Applicability of information and skills taught in courses	77	40.3	59	30.9	33	17.3	22	11.5	–	–
Communication Between										
Nurse and nurse	108	56.5	67	35.1	8	4.2	1	0.5	7	3.7
Nurse and student nurse	121	63.4	52	27.2	18	9.4	–	–	–	–
Nurse and physician	56	29.3	49	25.7	13	6.8	1	0.5	72	37.7
Nurse and patient	90	47.1	78	40.8	16	8.4	5	2.6	2	1.0
Nurse and healthcare staff (dietitian, physiotherapist, technician, etc.)	65	34.0	53	27.7	7	3.7	66	34.6	–	–
Roles and Functions of Nurse (According fulfillment)										
Care giver	85	44.5	57	29.8	19	9.9	1	0.5	29	15.2
Patient defender	53	27.7	62	32.5	25	13.1	3	1.6	48	25.1
Educator	97	50.8	69	36.1	16	8.4	2	1.0	7	3.7
Researcher	52	27.2	52	27.2	28	14.7	4	2.1	55	28.8
Manager	80	41.9	57	29.8	22	11.5	1	0.5	31	16.2
Providing individualized care	41	21.5	36	18.8	25	13.1	3	1.6	86	45.0
Providing integrated approach (<i>individual, family, physical, psychological, social</i>)	71	37.2	73	38.2	24	12.6	2	1.0	21	11.0
Being a role model	93	48.7	69	36.1	18	9.4	7	3.7	4	2.1
Contributions of Clinical Practice										
Developing professional knowledge	95	49.7	66	34.6	26	13.6	4	2.1	–	–
Developing professional skills	104	54.5	55	28.8	23	12.0	9	4.7	–	–
Developing professional awareness and identity	85	44.5	79	41.4	25	13.1	1	0.5	1	0.5
Developing professional responsibility	92	48.2	79	41.4	19	9.9	1	0.5	–	–
Increase students' comfort	108	56.5	63	33.0	19	9.9	1	0.5	–	–
Increase students' safety	109	57.1	64	33.5	16	8.4	1	0.5	1	0.5

Table 3
Student Nurses' Views regarding Clinical Practice (N = 253).

	Affected my learning positively		Did not affect my learning		Affected my learning negatively	
	n	%	n	%	n	%
Factors Regarding the Patient and Patient's Relatives						
Situations stemming from the patient's clinical status (being angry, sad, in pain, anxious, etc.)	83	32.8	74	29.3	96	37.9
Nursing care practices	221	87.4	16	6.3	16	6.3
Providing care to the patient with infection risk	109	43.1	108	42.7	36	14.2
Providing care to the patient with a terminal illness	80	31.6	144	56.9	29	11.5
Patient's attitude toward the student	155	61.3	56	22.1	42	16.6
Patient's relatives' attitude toward the student	143	56.5	61	24.1	49	19.4
Patients who are healthcare staff	80	31.6	131	51.8	42	16.6
Factors Regarding Clinical Setting						
Nurse's attitude toward the student	176	69.6	31	12.3	46	18.2
Auxiliary staff's attitude toward the student	110	43.5	117	46.2	26	10.3
Physicians' attitude toward the student	93	36.8	143	56.5	17	6.7
Communication between staff	145	57.3	96	37.9	12	4.7
Learning opportunities	212	83.3	26	10.3	15	5.9
Workload of the nurse	92	36.4	92	36.4	69	27.2
Sharing nurse workload with the student	197	77.9	34	13.4	22	8.7
The diversity of the equipment	197	77.9	43	17.0	13	5.1
Feedback of the nurses	183	72.3	56	22.1	14	5.5
Transition of theoretic knowledge to practice	195	77.1	25	9.9	33	13.0
Nurses' attitudes and evaluations	112	44.3	79	31.2	62	24.5
Charge nurse's attitudes	158	62.5	60	23.7	35	13.8
The presence of nurses	190	75.1	28	11.1	35	13.8
Factors Regarding the Instructor						
Attitude toward student	229	90.5	13	5.2	11	4.3
Expectations from student	211	83.4	22	8.7	20	7.9
Knowledge level	239	94.5	12	4.7	2	0.8
Professional skill	234	92.5	18	7.1	1	0.4
Feedback style	232	91.7	17	6.7	4	1.6
Communication style	211	83.4	41	16.2	1	0.4
Teaching methods	218	86.2	32	12.6	3	1.2

Table 3
Student Nurses' Views regarding Clinical Practice (N = 253). (continued)

	Affected my learning positively		Did not affect my learning		Affected my learning negatively	
	n	%	n	%	n	%
Number of students per instructor	58	22.9	43	17.0	152	60.1
Factors Regarding the Student						
Theoretical readiness for clinical practice	204	80.6	20	7.9	29	11.5
Practical readiness	193	76.3	25	9.9	35	13.8
Prejudices regarding clinical practice	47	18.6	108	42.7	98	38.7
Initiation of communication with the patient	202	79.8	26	10.3	25	9.9
Fear of making a mistake	44	17.4	69	27.3	140	55.3
Fear of harming patient	34	13.4	71	28.1	148	58.5
Prejudices regarding clinical setting	35	13.8	116	45.8	102	40.3
Previous experience	56	22.1	157	62.1	40	15.8
Sense of belonging	113	44.7	102	41.3	38	15.0
Communicating with the instructor	217	85.8	28	11.0	8	3.2
Grade anxiety	40	15.8	139	55.0	74	29.2
Communication with other nursing students	175	69.2	62	24.5	16	6.3
Unknown medical terms and illnesses	102	40.3	58	22.9	93	36.8

important steps that educators should consider to gain the desired outcomes. In this study, a university hospital was chosen as the clinical setting for the "Fundamentals of Nursing Course", because it has the largest patient population and was accredited by Joint Commission International (JCI) in 2007. The patient clinics in the institution were renovated and customized according to present day needs. One of the prerequisites of being recruited as a nurse in this hospital is having completed undergraduate study. In this context, it is expected from students to have positive views about the settings.

Students evaluated communication between nurse and nurse, nurse and student, and nurse and physician as "Good" and "Very Good" in clinics, but surprisingly, more than one third of students from outpatient clinics evaluated communication between physician and nurse as "Not Observed". However, more than half the students evaluated communication between nurse and patient as "Moderate" and "Bad". Nearly one third of the students from clinics stated they did not observed communication between nurse and other healthcare staff (Table 1). Since students learn their professional roles, responsibilities and develop

professional awareness in those settings, it is important for them to observe the communication between nurse and other healthcare staff because, appropriate and effective communication" affects their learning positively (Antohe et al., 2016; Kapucu & Bulut, 2011). The results of this study may be explained by the short duration of the clinical placement. Students may not be able to observe whole communication process of these professions.

Clinics were accepted to be real learning settings regarding nurses' roles and functions and in this study it was found that students did not observe nurses' role of defending the patient and that of researcher (Table 1, Table 2). However, in terms of providing individualized care to patients, approaching patients in an integrated way, and being a role model for students, students evaluated nurses as "Moderate" and "Bad" (Table 1). This finding might have two explanations, the first of which is that students who focused on practicing knowledge and skills may be missed the overall roles of nurses. Second, when nurses who work in a hospital with high nurse-patient ratio/proportion strive to finish the patients' work, they do not perform enough the expected responsibilities.

Students evaluated the contribution of clinical settings to develop professional knowledge, skills, awareness, identity, responsibility, and safety as "Good" and "Very Good" (Table 1, Table 2). Yucha et al. (2009) found that to controlling the settings beforehand can (home hospital model) reduced some of the clinical stress and help students gain expected outcomes. Generally, students looking forward to have clinical experience so that they have positive perspective about these settings and learning because they feel like a real nurse for the first time. Moreover, they worked in these settings more calmly and comfortably and felt less anxious. Therefore, they defined these settings as places where they felt safe.

Views regarding the First Clinical Placement Experience

Students stated patient's emotional state (being angry, sad, anxious, and in pain) and attitudes were factors affecting their learning negatively. However, they stated that providing care to patients with infection risk, with terminal illness, had no effect on their learning (Table 3). First clinical placement can lead anxiety but it may differ if they feel welcomed by the team at the beginning of the placement (Cooper et al., 2015; Grealish & Ranse, 2009). The first clinical practice gives students the first chance to live their first real experience regarding their profession. During this process, they feel most anxious about starting communication with the patient and the patient's relatives. Also anxiety about occupational hazards like patient infection risks, etc., can undermine the clinical learning and performance of nursing students (Cheung & Au, 2011). Consequently, these anxieties impede their learning. Students may sometimes prefer to skip clinical practice due to the patient's behavior and attitudes or to ignore the patient without asking for the instructor's help.

Factors such as heavy workload of nurses in the clinic, nurses' attitudes and evaluations regarding their profession, and difference between theoretical knowledge and practices were affect learning negatively (Table 3). An internal medicine clinic and surgery clinic were chosen for the clinical practice. The patient circulation and high number of patients admitted to these clinics cause nurses to burn out. In such settings, students are affected by nurses' feedback. Furthermore, the difference between theoretical knowledge and practices (different equipment, differences in practice steps, different methods employed, individual preference differences, and so on) may have caused students to make negative evaluations regarding the settings.

In this study, instructors' attitudes and expectations from students, professional knowledge level, feedback styles and content, communication with healthcare staff, and teaching methods were stated to affect students' learning positively like related literature (Cooper et al., 2015; Esmaeili et al., 2014; Reising et al., 2018). Instructors act as role models for students both professionally and personally. Thus, in many studies it was shown that instructor's presence, support, motivation reduced students' stress and anxiety levels (Payne, 2016). Instructors who has lack knowledge and

experience cannot develop self-confidence, therefore, they affect students' learning negatively (Yousefy et al., 2015). In addition, insufficient support from the instructor also may decrease the satisfaction of students from the clinical learning environment (Salamonson et al., 2015) because students place responsibility of quality learning on their instructors (Cooper et al., 2015). Instructors have a great importance in terms of giving students a chance to experience a real and controlled professional experience. Students are affected by instructors' professional knowledge and competence, ability to communicate, and personal characteristics, so it is important that these instructors empower themselves. Besides instructors' characteristics, instructor/student ratio is a significant determinant of learning and when this ratio is 1/10-1/15, effective learning might occur (YÖK, 2017). However, when this ratio increases, students cannot focus on learning and reach the instructor when they need to. The ratio was 1/25 in this study; hence, students stated that this factor had a negative effect on their learning.

Students stated that theoretical and practical readiness for practice, initiating and continuing communication with the patient, and instructor were the factors that affected learning positively; but prejudices toward clinical practice and settings, fear of making mistake, and grade anxiety were stated to be the factors affected learning negatively (Table 3). The results of this study were similar to the literature. In some studies, it was found that students had different feelings regarding their first clinical day and practice. While some mentioned excitement and happiness, some felt afraid, angry, and different level of anxiety (Karagözoğlu et al., 2014; Payne, 2016; Rafati et al., 2017; Taşdelen & Zaybak, 2013). Fear of being alone in the clinic and harming or being harmed by the patient might be causes for these feelings (Payne, 2016).

This study was conducted in a single institution and the data sources of the study were limited to 253 students studying at undergraduate level. The data collection form can be another limitation of the study. Although the reliability and validity of collection form is not available, the content of questionnaire was constructed with the consideration of guidelines, literature and experts like instrument development (Dağ et al., 2019).

Being aware of what students' experience during their first clinical practice will help instructors prepare settings and course content where students can have more positive experiences. This study showed that students' learning was affected by healthcare professions especially nurses, they worked with, instructors as well as some factors stem from themselves (fear of making a mistake, grade anxiety).

Ethics Committee Approval: Written approval of the institution and students was obtained and the ethical appropriateness of the study was approved by the ethical committee of the Hacettepe University (G015/385-18).

Informed Consent: Written informed consent was obtained from the students who participated in this study.

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