

## CLINICAL EXPERIENCES: MILESTONES IN NURSING EDUCATION

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### **Abstract**

This is a qualitative phenomenological study aimed to explore and describe the lived clinical experiences of Levels II, III and IV nursing students of the University of Northern Philippines. Eighteen students were selected as participants through purposive sampling. Data were gathered through individual unstructured interviews and focus group discussions and analyzed following the Colaizzi's process. Three main themes with their corresponding subthemes emerged from this study: 1) Teaching and Learning Support comprising clinical supervision, mentors and role modeling interplay with theory and practice, 2) Clinical Practice that resulted to character and values development, clinical responsibility, competency enhancement and anxiety and stress. The students likewise developed self-confidence, enjoyed and appreciated clinical practice; and 3) Interpersonal Relations centered on the attitude of staff nurses, doctors, clinical instructors, students' emotions, and coping strategies. The participants perceived some of their Clinical instructors (CIs) as role models who helped them hone their competency skills and developed moral values. They encountered stresses that greatly affected their personal life and academic performance. To adequately prepare students for clinical practice, orientation procedures must be strengthened; the CIs should serve as role models not only in thought and in words but also in deed; pre and post conferences should be conducted regularly to promote meaningful and inspiring clinical experiences. The findings should be disseminated to the affiliating agencies and further studies be conducted on students' clinical experiences in the community.

**Key words:** Lived experiences, Clinical Practice, Clinical instructors, Phenomenological, nursing education

### **Introduction**

The changes which the nursing profession is undergoing are numerous. From the traditional hospital based practice, it diversified into other areas of concern such as research, curriculum improvement, technology upgrade and other social needs which would redound to the improvement of human welfare. The quality of nursing services hinges largely upon the shoulders of nurses who are at the forefront of the profession. As such, it is imperative to look into the main component of the training programs undertaken by nursing students. Against this

backdraft, it is imperative to refine, instill and develop among students a deeper understanding of the value of the Related Learning Experiences (RLEs) attached to their formation as future nurses.

One important component of nursing education is the intensive practicum or the clinical practice. This clinical practice also refers to as the Related Learning Experiences (RLE) of the students. RLE refers to the teaching-learning opportunities designed to develop the competencies of students utilizing processes in various health situations. These could

be sourced from, but not limited to: lying-in clinics, schools, industrial establishments, community, out-patient clinics and general and specialty hospitals (CMO no. 14, s 2009).

The RLE component of the nursing curriculum includes the skills laboratory. Before a student is exposed to the clinical practice, simulation of nursing procedures are performed in the skills laboratory. In colleges and universities, the simulation should be done in a virtual laboratory. Such activities in the simulation/demonstration room is very much different when the practice is done to real setting with real human individuals as the recipient of care.

It has been widely recognized by those engaged in nursing education that clinical practice is a significant and essential part of student nurses' education as the quality of nurse education depends largely on the quality of the clinical experience (Atos et al., 2011), since clinical practice can have an added benefit for the development of the competencies of nursing students. Atos et al. (2011) emphasizes that Clinical practice is fundamental to the nursing students' learning. It stimulates students to use their clinical thinking skills for problem solving.

It is in the clinical laboratory that many skills are honed and perfected. Complex psychomotor skills may be practiced initially in a skills laboratory, but have to be mastered, with the exposure to live situations rather than in a simulated set-up. Problem solving, decision making, and critical thinking skills are also refined in the clinical laboratory. Learners should learn the basics of these skills before entering the clinical setting. Learners also gain organization and time management skills in the clinical setting. No simulation can prepare students as thoroughly as the laboratory

when it comes to organization. It is in the real clinical practice with the help of a Clinical Instructor that learners find out how to organize all the data that bombards them, all the requests made of them, and all the intellectual and psychomotor tasks required of them. They learn to set priorities by having repeated practice in doing so complex situations. It is in the clinical practice that the skill of delegation is practiced and truly learned (De Young (2009).

Cultural competence is a skill that can be learned well in the clinical laboratory. Learners become more comfortable and more expert in cross-cultural care when they care for culturally diverse clients (Kozier et al., 1998). Learners of learning become socialized in the clinical laboratory (Chan as cited in De Young, 2009). They learn about which behaviors and values are professionally acceptable and unacceptable.

The significance of this study can be seen in terms of the literature that this endeavor generated relative to the actual RLE experiences of nurses. Since the study identified experiences that greatly contributed to the competencies of graduates, it could help curriculum planners, in the enrichment of the RLE component of the nursing education to ensure that graduates do not only possess the desired skills but have also acquired and developed the appropriate values expected of a nurse. All this would consequently result to improved human care.

## **Methodology**

Research Design. Qualitative research design was employed utilizing the descriptive phenomenology. Phenomenology is a science whose purpose is to describe particular phenomena, or the appearance of things, as lived experience. Descriptive

phenomenology involves “direct exploration, analysis and description of particular phenomena, as free as possible from unexamined presuppositions, aiming at maximum intuitive presentation.” It stimulates the researcher’s perception of lived experiences while emphasizing the richness, breath, and depth of those experiences (Streubert & Carpenter, 2011).

Population. Participants in the study were the 18 students of the College of Nursing - University of Northern Philippines (CN-UNP) who were chosen through purposive sampling. All of them were able to meet the following inclusion criteria set by the researcher.

#### **Data Gathering Instrument and Procedure.**

Prior to the start of the interviews, the participants were informed about the purpose of the study including benefits and possible risks. The participants’ privacy, confidentiality, anonymity and self-determination was assured by giving them code names. A consent from the participants to participate and permission to use audio recording during the interview was sought. It was emphasized that they had the right to withdraw from the research study anytime they were no longer interested as participants which was made explicit in the informed consent.

The data needed in this study were gathered through the use of individual unstructured interactive interview and focus group discussion. The interview started with a lead question: Please tell me about your experiences during the period of your clinical practice.” It was supported by follow-up questions such as, “how did you feel then?”; “how did you cope with the experience”; “please, tell me more”; “what do you mean?” The

researcher also utilized the short-answer, open ended questionnaire when the participants were reluctant to express their feelings openly or to provide some freedom for the participants to respond to the questionnaire.

Individual in-depth interviews, with permission from the participants, were recorded in written and audio form. Further, the researcher, had face to face interview, raised questions and the participants answered by writing the responses on the pieces of paper provided by the researcher. Data collection continued until data saturation, which means until the time that there were no more new information extracted. The individual-in depth interviews took 30-60 minutes duration at the Dean’s office during Saturdays when the participants were free.

Morse and Field (1995) mentioned that when constructing the questionnaire, it is important to consider the expected length of the answers and the number of lines the questions will require because too many lines are intimidating and make the questionnaire appear as if it will be too much work and take too much time to complete.

Data analysis. After collecting the data, a soft copy of the files for clustering and classifying the data was secured and printed to produce a hard copy. Transcript files were cut and clustered and similar data were grouped into initial themes. The data gathered were analyzed following the steps of Colaizzi’s process for phenomenological data analysis (Streubert & Carpenter, 2011).

#### **Results**

The participants of this study were the 18 nursing students, aged 18-21 years who were currently enrolled

in the CN-UNP during the conduct of the study. Six participants came from each year level (level II, III, and IV) who had been exposed in the clinical areas in the hospitals of affiliation. After a thorough analysis of the responses of the participants, three main themes emerged: teaching and learning support, clinical practice, and interpersonal relations between the Clinical Instructors, students, staff nurses, and doctors.

### **Teaching and learning support**

This main theme consisted of four subthemes namely: clinical supervision, mentor and role modeling, interplay between theory and practice, and feedback to students.

Clinical supervision. The participants claimed that their clinical instructors have been doing their role to guide, direct and supervise them during their nursing practice in the clinical setting. One participant stated: *...the good thing about our CIs is that they really guide and assist us in every move. As first timers, expectedly the anxiety level is high and when you are there you feel nervous and worried. When you commit an error, they do not scold you instead they give pieces of advice....*

One participant was feeling grateful for the she was able to develop basic competencies. *...Thanks to my clinical instructors who patiently taught me the concepts and guided me especially in those moments of my first times... first patient, first V/S, first assist in a delivery, first medication administration, first intradermal, first intramuscular injection, first surgical assist, first cord care, and many more...*

### Mentor and role modeling.

This is a subtheme indicates

that the participants look up to their clinical instructors as role. One participant said:

*...Ma'am H was my CI. She gave me instructions before the case, then she let me prepare the needed instruments while she was checking what I was doing. When the case started, she talked less or when necessary. She would coached me when she knew that I was hard up. She does not embarrass students rather she motivates and inspires us to make the experience more meaningful...*

One participant expressed her thoughts about her CIs:

*...our CIs serve as my motivator, my inspiration and my guide in my journey to attaining my dream. They make me realize that nursing is a noble profession. They serve as my role model of what I want or I will become someday...*

Interplay Between Theory and Practice. This subtheme came out as an observation of the participants asserting that there are shortcuts and violations in the implementation of standard procedures in the clinical setting which contradict principles learned in the classroom. One participant commented by saying:

*...it was frustrating to observe that some of the sterility techniques are not well appreciated at all times. They do so many shortcuts. We were taught the ideal in the classroom and in the skills laboratory but when we are in the hospital setting there are short cuts. It is a little bit confusing...*

On the contrary, one participant admired her CI by saying;

*...as what I have observed, my CI taught me the nursing procedure step-by-step. But it is so disgusting that some staff nurses prefer to do the short*

*cuts when doing a procedure. These are the nurses who have been on the job longer..I really do not know why...*

Feedback to Students. The participants claiming that their clinical practice were fulfilling and rewarding. One participant was feeling inspired upon receiving humbling comments from her CI:

*... what made it my best experience is the instance that Ma'am K said a rewarding "very good" remark after a simple assist. At that instance I felt how it was to be a nurse during my stay there...*

One participant shared his experience:  
*...my presence made my patient comfortable in spite the fact that he is in the hospital due to an illness. He smiled at me, thanked me for the care I gave. I felt elated for the reason that "at the end of the duty, he would say "Thank you, my son, when will you be back again?"*

### **Clinical practice**

The subthemes on Clinical Practice consists of character and values development, clinical responsibility, competency enhancement, anxiety and stress, and enjoyment and appreciation.

Character and Value Development. The clinical setting provides the opportunity for students to adopt character traits and values befitting of a learned person in the caring profession. Caring as the core of nursing is demonstrated when one participant shared her experience. She was very sincere when she said:  
*...I had a patient who was very old, he was already more than 90 years old. I pity him really. I stayed and watched over him during my duty. He was weak, he did not like to eat so I gave everything he needed. He was too weak*

*to talk so I had to turn him to his sides, changed his clothes when wet. I also washed him to make him feel fresh...*

One participant strongly believes that human values are important traits that a nurse should possess. He said:

*...one of the most important lessons that I learned is about the importance of good character.....the values and attitude one must possess. For me, in nursing, the "heart" is most needed more than the "brain". The heart feels the pain that the patient feels. The heart understands why a patient is reacting in a different way. The heart understands what the mind decides. And if you have a heart that understands, you can be a compassionate healer...*

Clinical Responsibility. This participants claimed that they have many responsibilities to their patients, to the members of the health team, and to their chosen profession. One participant proved how committed she was with her responsibility to her patient. She mentioned:

*...it was pressuring on my part because my client was in a critical condition and she was surrounded with expensive equipment that breathed her life. I had to take her BP thrice to be sure that everything was accurate because of the maintenance medications she was taking. I had to make sure that everything was accurate- even having the courage to ask the staff nurse help me take her BP because everything was vital...*

In addition to the clinical responsibility developed by the participants in their clinical practice, one participant reiterated:

*...I should be responsible for my actions and be careful in everything I do because one mistake can harm my patient. I must always remember that dealing with life is my priority...*

### Competency Enhancement.

Competency refers to the knowledge, skills, ability, and behaviors that a person possesses in order to perform tasks correctly and skillfully. The participants claimed that they learned to perform safe, effective and efficient nursing skills at their own level with the supervision of their clinical instructors. One participant said:

*...our experiences were not all smoothly sailing. Some were not good, we have to work under pressure but it taught us to adjust well for our learning and be able to become good nurses in the future...*

Another participant believes that it is in the clinical areas where competency skills are developed:

*...my clinical experience has helped me develop my skills, enhanced my knowledge and helped me develop my deeper appreciation of the responsibilities embraced by the profession...*

### Anxiety and Stress.

The participants claimed that they experienced anxieties and stresses during their clinical practice which produced negative as well as positive impact that made their experiences more meaningful. One participant shared his experience:

*...my unpleasant experience was having a patient who was uncooperative in his treatment, to the extent that he got angry at me and shouted at me...*

One participant claimed that her CI was the stressor when she said:

*...one time, when I was the scrubbed nurse I was feeling nervous, I served the wrong instruments. My CI was so angry at me saying, "What is happening to you?"....*

### Enjoyment and Appreciation.

This subtheme emerged in all the

interviews with the participants claiming that in spite the stressful experiences they had during their clinical practice, they enjoyed and appreciated real life's situations. One participant declared:

*...my experiences with different people, the nurses, patients, doctors, relatives and friends of the patient including my CIs and my group mates changed my perspective in life. I became more mature, learned to accept things that are not so acceptable and to value life...*

In addition, another participant appreciated every part of her clinical experience when she said:

*...for all the experiences that happened to me, whether it was difficult, happy, sad, or it made me cry, or so embarrassing, all of these serve as my inspiration so I can become a better person. I am more determined to face the challenges of life as a student and as a person....*

### **Interpersonal Relations between the Clinical Instructors, Students, Staff Nurses, and Doctors**

Attitude of clinical instructors, staff nurses and doctors. A good interpersonal relationship between and among health care providers promotes efficiency and appreciation. It affects work performance. The following statements of the participants were analyzed:

*...one good thing about the ER nurses, they teach us how to perform a procedure, and not just observing them do the procedure..*

*...in general our CIs are considerate and understanding. Some are strict and terror but they are good teachers. They explain the rationale of the nursing procedures. Their presence lessens our stresses...*

Mixed Emotions. High levels of anxiety can affect student's learning, performance and interpersonal relationships. One participant was emotional when she revealed, *...though there are experiences that made me feel nervous, cry, laugh and feeling toxic, yet I was even inspired more to learn. I was nervous when my CI is a terror teacher, when it is my first time to do such a procedure, when my patient is critical, and even more when the significant others are toxic. It also made me cry when I was scolded by my CI for a certain mistake...*

One participant disclosed:

*...there is one doctor in the OR that if possible I have to ask for an excuse not to assist during the operation. And that I will only scrub for the next case and assist another doctor. The moves or actions of the students are being measured. One must be accurate in everything he does. I was so tense during my first scrub...*

Coping Strategies. Some participants claimed that they had to adopt coping strategies when they were stressed during their clinical practice. One participant mentioned:

*... I realized that I need to know more, to learn more. What I am going to do is to study and study well so that I can prove to them that I am capable of doing things beyond their expectations...*

Another participant considers prayer as a means of getting relief from stress as she said:

*...and before I went to my patient, I made the sign of the cross and say a short prayer to ask God to help me and to guide me with what I am going to do. And I feel relieved for the spiritual enlightenment...*

## Discussions

The most difficult component of the nursing education is the clinical practice. Nursing students encounter many problems related to the activities designed to their formation as professional nurses. This, however, can be dealt with, in part, by mentors or clinical instructors who are responsible, committed and competent. One major evidence of the mentor's competence is her ability to bring about learning, promote a change in the behavior of the learner and the ability of the learner to practice or perform nursing skills with confidence, and to provide nursing care safely, effectively and efficiently (Estrada-Castro, 2009).

A mentor is one who is an experienced and trusted person who gives another person advice and help, especially related to work or school, over a period of time (Cambridge Dictionary, n.d.). He/she employs supervisory skills by directing, guiding, and influencing the outcome of an individual performance of an activity (Finkelman 2006). Since the teacher is at the forefront in educating and training the learner under her direct charge toward what is good, true and beautiful he/she should possess the necessary attitude and competence to effectively create a productive atmosphere related to the teaching learning process (Estrada-Castro, 2009). The competency with which the educator/mentor demonstrates and performs a certain skill, the way he/she interacts with others, the personal example he/she sets, and the enthusiasm and interest he/she conveys about a subject or problem all can influence the learners' motivation levels and the extent to which they successfully perform a desired behavior (Bastable, 2008).

The participants in this study admired their clinical instructors for

the sincerity and commitment to produce a change in their lives of becoming competent nurses. They look up to them for the character traits which they are looking in a professional. Zwilling (2010) suggests that giving the student the praises he deserves for a job well done may serve as a motivation for him to work harder, improve and become better. The success of this endeavor of teaching is measured not by how much content has been imparted, but rather by how much the learner has learned (Mussinski, 1999.)

The participants agree that learning becomes more effective when there is “hands- on-the- job” training coupled with the basic concepts learned in the classroom. However, the participants find it not easy to implement what is the standard in basic skills. The gap between theory and skills has created doubts and confusion on their part. The gap between the theory which is taught in the classroom and nursing as it is experienced by the nurse practitioners has long been a concern by nurse educators, nurse practitioners as well as nursing students (Dong, 2012). Nursing theory should provide the principles that underpin practice and help to generate further nursing knowledge. However, a lack of agreement in the professional literature on nursing theory confuses nurses and has caused many to dismiss nursing theory as irrelevant to practice.

It should be noted that that the participants experienced receiving comments that were very motivating and energizing. Words of praises and positive compliments given to a student in the clinical areas are not commonly said. In this instance, a positive reward strengthens behavior and motivates a person to strive to a higher level. A positive feedback reinforces learning. A reinforcement that is given immediately following the target

behavior is more powerful than one that is delayed (De Young, 2009).

Nursing as a profession embodies many values inherent in those who pursue nursing careers. They include honesty, responsibility, pursuit of new knowledge, belief in human dignity, equality of all patients and the desire to prevent and alleviate suffering (Gokenbach, 2012). Nursing as Caring theory (Boykin & Schoenhofer) posits that nursing care exists within any unique nursing situation. The theorists stated that “Caring is an altruistic active expression of love and is the intentional and embodied recognition of value and connectedness” (Parker & Smith as cited in Gumabay, 2015).

Service to humanity generally means providing compassionate care to people whose lives are touched by competent and caring nurses. According to Palaganas (2014), this is exactly what service to humanity is all about. O’Brien (2011) advocates the following covenant-related concepts: 1) Bonds of loyalty and responsibility, 2) mutual obligation, 3) No conditions put on faithfulness, and 4) Not expecting a return for good services. O’Brien (2011) expounds on the bonds of loyalty and responsibility that it is the nurse’s commitment to employ all of his/ her knowledge and skill to provide the best possible care for the patient, and it is the patient’s responsibility to comply to the best of his/her ability, to the prescribed treatment regimen. It is in the act of caring other people that the participants learned the value of human service that emanated from the true meaning service. The competencies required in human service or caring is enhanced in the clinical settings. Dadgaran, Parvizy & Peyrovi (2012) exposed that clinical learning is one of the important ways of enhancing nursing students’ function



in a clinical setting and affecting the development of the nursing profession. The clinical learning is one of the major parts of nursing in the world. The participants are fully aware that their clinical practice has helped them to become competent in their work.

Smeltzer, et al. (2010) describes stress as a disruptive condition that occurs in response to adverse influences from the internal or external environments. Black & Hawks (2009) consider anxiety as a part of the human reaction to stress. To the participants, stresses were common through out their journey in the clinical practice. Impatient doctors, strict clinical instructors, uncooperative patients and relatives are factors that that caused the participants worries and tensions. These could be attributed to lack of adequate knowledge and preparation. In some instances, the patients' and or significant others' level of trust is low due to their status as being novice. George (2008) explained that "one critical and constant dimension of the nurse-patient relationship relates to the degree of trust engendered between the interacting parties. O'Brien (2011) posits that "the element of trust is lived out in the nurse-patient partnership in terms of a covenant relationship.

The findings of the study of Msiska, Smith and Fawcett (n.d.) revealed that the clinical learning experience is suffused with emotions and students appear to engage in management of emotions, which is commonly understood as emotional labour. In the study of Beck and Srivastava as cited in Masoumi and Sharif (2005), the nursing students reported that their clinical experience was the most stressful part of the nursing program. Lack of clinical experience, unfamiliar areas, difficult patients, fear of making mistakes and

being evaluated by faculty members were expressed by the students as anxiety-producing situations in their initial clinical experience. In this study, however, the participants somehow managed to adapt coping mechanisms to restore balance and sanity.

Dale et al. (2013) mentioned in their study that the student's own preparedness, and expectations regarding focus and learning outcomes in the actual practice learning is an important assumption that would benefit the students during clinical practice.

Student nurses nurture happy memories as well as unforgettable, painful experiences in the clinical practice which affected their human relations to patients, nurses, doctors and their clinical instructors. These experiences are either challenging, ego booster or damaging. In spite of all these, participants were able to survive the rigors of the job, developed competency skills, and imbibed good character. According to them, they have passed through another milestone in their lives.

## Conclusions

Based from the results of the study, the following conclusions were drawn:

1. The participants claimed that their clinical instructors have been doing their role to guide, direct and supervise them during their nursing practice in the clinical setting allowing them to hone their skills. They acknowledged that some of their Clinical Instructors are role models. The theory learned in the classroom differs from what was observed and implemented in the clinical setting which created confusion on the part of the participants. The participants received satisfactory compliments from their patients on good nursing care and patient

interaction which they considered rewarding and fulfilling, the fact that they are still students. However, the negative comments received by a few were considered as challenges for them to strive to study harder.

2. The participants were able to develop human values/virtues. Their clinical practice has helped them enhance their cognitive, communication and nursing skills; they encountered many stresses' however, they were able to surpass the rigors of these challenges having the determination of becoming successful professional nurses.

3: The participants accepted some time in their clinical practice, that their experiences with their CIs, staff nurses and doctors were not so good that greatly affected their personal and academic performance. However, the participants were able to work well under pressure They also considered that prayers are very effective ways of coping, coupled with studying hard, and having the courage and determination to reach their goal.

### **Recommendations**

Based on the findings and conclusions, the following are hereby recommended:

1. The College of Nursing should strengthen the orientation procedure which should start before their exposure to the hospital. A tour to the hospital setting should also be incorporated in the subject Theoretical Foundations in Nursing. The Clinical Instructors should act as role models in thought, in words and in deed. They should diligently and regularly conduct pre and post conferences so that every event whether satisfying or not should be analyzed, shared and help decrease the anxiety level of the students.

2. The students should be provided with good learning memories to keep them inspired in their development as nurses. They should be supported in addressing and

overcoming fear and anger, so as to provide quality nursing care to their patients. Emotional support should be given to enable them to identify and handle conflicts associated with caring for patients.

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