

ORIGINAL PAPER**Problems Experienced by Midwifery And Nursing Students in Turkey During Clinical Practice and their Recommended Solutions to the Problems****Gulbu Tanriverdi, PHN, PhD**

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Fax: +9028 6217 6057 Email: gulbu@comu.edu.tr**ABSTRACT****AIMS:** The purpose of this research was to identify nursing and midwifery students' problems during clinical practice, their recommended solutions for problems and to use the research results to improve midwifery and nursing education.**METHODOLOGY:** The population of this descriptive study was comprised of the second, third and fourth year students at Çanakkale Onsekiz Mart University School for Health Science. No sampling was done, 169 (84.5%) of the students participated voluntarily in the study. Research data were collected on a questionnaire. Prior to beginning the study written permission was obtained from the school administration and verbal consent from all participants. Research data were analyzed with descriptive statistics were used to analyse the data.**RESULTS:** According to the study results 94.1% of the students reported that the teaching staff were not with them during clinical practice, 92.9% that they were not able to transfer theoretic knowledge they had learned into practice, 87% that they were used to do tasks other than their primary patient care on the ward, 81.1% that the teaching staff was not able to establish cooperation with the hospital employees, 79.9% that they were excluded from clinical practice, 75.1% that the teaching staff were not able to form objective assessment criteria for students on the ward, 74.4% that the students were not shown tolerance and patience, and 60.9% that they perceived being closely checked according to guidelines to be a problem.**CONCLUSION:** The students were found to have problems with teaching staff about clinical practice and problems with hospital employees, and inadequate supplies and physical conditions on the wards. Recommendations were made based on the results.**KEY-WORDS:** Clinical practice, midwifery, nursing, student, problem, recommendation**INTRODUCTION**

Clinical practice is a necessary and important part of education (Chapman & Orb 2000, Ip Kit Chan 2005, Clynes & Raftery 2008). Clinical practice gives students the opportunity to transfer basic nursing principles and theory into practice. It also helps students learn a variety of skills, such as how to establish communication, make decisions and work as a member of a team. Successful nursing and midwifery education is possible with successful clinical practice (Atalay et al. 1993, Chapman & Orb, 2000).

Making a clinical setting as productive as possible for education is important for

increasing the quality of education. However studies in Turkey and other parts of the world show that students experience problems that caused by different aspects of clinical practice settings (Atalay et al. 1993, Erdil 1993, Bayraktar 1993, Ozcan et al., 1993, Fadiloglu & Durmaz 1996, Alaz & Ersan 2000, Deniz & Karakulak 2006, Keskin & Çalışkan 2006, Aytakin & Gokozer 2006, Aydın et al. 2007, Akaya & Soydan 2007, Tulubas & Karadag 2007). Some of the common problems students face in clinical practice are not being able to transfer theoretic knowledge into practice, not having objective assessment criteria for students, not giving students feedback about clinical practice, teaching staff checking

closely according to guidelines and not being tolerant. In addition students commonly are given duties on the wards that are outside of primary nursing care, they are excluded from wards and not shown tolerance (Atalay et al. 1993, Erdil 1993, Bayraktar 1993, Ozcan et al., 1993, Fadiloglu & Durmaz 1996, Alaz & Ersan 2000, Chapman & Orb 2000, Sharif & Masoumi 2005, Deniz & Karakulak 2006, Keskin & Çalışkan 2006, Aytekin & Gokozer 2006, Aydın et al. 2007, Akaya & Soydan 2007, Tulubas & Karadag 2007).

Administrators of University Schools for Health Science and Nursing Schools in Turkey are aware of problems in clinical practice and interventions directed at identifying and rectifying these problems have been made and are ongoing. In a study by Atalay, one of the leaders in nursing in Turkey, and her colleagues (1993) it was recommended that these types of studies be done and used in educational life. Atalay directed a workshop at Harran University School for Health Sciences (28-30 May 2008) titled, "Improving the Quality of Education and Graduates in University Schools for Health Sciences," which was attended by all university schools for health sciences and nursing schools' teaching staff and student representatives (<http://saglikyo.harran.edu.tr/duyuru.htm>). The workshop reports showed that problems are experienced by students in clinical practice in nearly all of the nursing and midwifery baccalaureate programs in Turkey. To rectify this negative situation the conclusion was reached that it was necessary for recommendations to be made for Turkey in general and by universities for their specific situations. Although in general the university problems are common there are differences in the negative situations in clinical practice. It is anticipated that these differences will be revealed and universities will discover their own resources for developing solutions.

In this context the purpose of this research was to identify nursing and midwifery students' problems during clinical practice, their recommended solutions for problems and to use the research results to improve midwifery and nursing education. The research results would be prepared as a report to present to the dean of the university to give to the director of the school for health sciences.

Support would be requested from school administration and the office of the dean for every intervention directed at rectifying problems in clinical practice and researching the effectiveness of clinical practice.

BACKGROUND

There are research reports from Turkey that show that students are experiencing many problems in clinical practice (Özaltın 1993, Erdil 1993, Tulubas & Karadag 2007, Aydın et al. 2007). There is evidence that sources of these problems may be the teaching staff, the hospital employees, and the inadequacies in supplies and equipment and physical conditions of the clinical settings. In one study conducted in nursing schools it was determined that 21.6% of the students had experienced problems with teaching staff in the clinical settings (Tulubas & Karadag 2007). In a study conducted at Aydın School for Health Sciences 51.3% of the students reported that their clinical instructor did not give adequate guidance in the clinical setting, 62.4% that they were closely checked by the guidelines, that the teaching staff did not introduce the student on the ward, and 56.9% that they were not fairly assessed on the ward (Deniz & Karakulak 2006). At Samsun School for Health Sciences 63% of the students reported that teaching staff had judgmental attitudes on the wards (Aydın et al. 2007). In another study 84.2% of the students thought that they were not given an objective assessment in clinical practice (Erdil 1993). The results of another study identified that 26.4% of the students thought that there should be a clinical instructor helping them on the ward (Özaltın 1993). At Antalya School for Health Sciences 84% of midwifery and nursing students expected the teaching staff to be in control of the ward, to prepare students for new procedures, to know ward procedures, and help the ward staff and students form positive relationships. At the same time 31% of the students wanted teaching staff to trust the students, be tolerant, respectful and supportive (Keskin & Calikan 2006). In a study by Özcan et al. (1993) 56.3% of the nursing students thought that the clinical instructors needed to take more responsibility and 55% that there

needed to be more communication between clinical instructor and nurses.

According to the results of a study by Gozum et al. (2000) 43.8% of the students perceived that their relationships with ward nurses were bad or very bad. In a study conducted with Pamukkale School for Health Sciences nursing students it was determined that the students experienced the most problems with health care employees (Aytekin & Gokozer 2006). In another study 73.9% of the nursing students experienced problems with ward nurses (Tulubas & Karadag 2007). In a study by Ozcan et al. (1993) 61.4% of the nursing students stated that the ward nurses were demanding, critical, and belittling and 42.6% that they were expected to do tasks that were outside nursing. In a study conducted with one foundation (not-for-profit) and two public university nursing students 69% stated that they expected the ward nurses to help them learn procedures and 64.5% to establish good communication with students (Ataş et al. 2006).

In a study by Bayraktar (1993) 21.9% of the students perceived the lack of a room to change clothes and 15.8% the lack of a break room on the ward to be problems. In a study by Atalay et al. (1993) 95% of the students thought that the equipment, supplies and physical conditions of the wards were inadequate.

In a study by Ozcan et al. (1993) 56.3% of the nursing students thought that clinical instructors needed to take more responsibility on the ward, 55% that there needed to be more communication between the student, clinical instructor and nurse, 35% that nurses needed to give more support to students, and 43.7% that they should not be made to do non-nursing tasks.

The available study results show that students wanted teaching staff to be in control of wards, to prepare students for new procedures, to know ward procedures, and to establish positive communication between students and ward personnel. Students thought that teaching staff needed to be understanding, tolerant, supportive, helpful, trusting, and to be people who did not offend, listened and had open communication. Students also expected the ward personnel to appreciate them, not to offend them, to be tolerant, and to help them

with their practice (Atalay et al. 1993, Fadiloglu & Durmaz 1996, Chapman & Orb 2000, Aylaz & Ersan 2000, Keskin & Caliskan 2006, Atas et al. 2006).

METHODOLOGY

Sample

This was a descriptive study. The research population was a total of 220 students in the second year (n=59, 34.9%), third year (n=53, 31.4%), and fourth year (n=57, 33.7%) at the Çanakkale Onsekiz Mart University School for Health Sciences during the fall semester of the 2006-2007 school year. No sampling was conducted and 79 (56%) midwifery and 90 (53.3%) nursing for a total of 169 (84.5%) students voluntarily participated in the study.

Data Collection

Data were collected on a questionnaire. This questionnaire was developed with the help of the literature (Özaltın 1993, Erdil 1993, Tulubas & Karadag 2007, Aydın et al. 2007) and a 10-person group of students randomly chosen from the second, third and fourth year classes. The questionnaire was divided into four sections: the first section defined problems students had with teaching staff in clinical practice; the second section defined problems with ward personnel; the third section defined problems with inadequate equipment, supplies and physical conditions; and the final section defined students' recommendations for resolving the problems they experienced. The problems were written as statements in each section next to which were the choices of "I agree" and "I disagree". At the end of every section other choices were given for problems that might be experienced other than those written on the questionnaire. These 10 students were not included in the study.

Ethical Issues

Prior to beginning the study permission was received from school administration. The purpose of the study and how the data would be used were explained to the students. Names were not written on the questionnaire. Verbal consent was obtained

from the students. The ten students who participated in the development of the questionnaire also did so voluntarily.

Data analysis

The data analysis was performed using the statistical software package SPSS 10.0 for windows. Descriptive statistics (frequency, distribution, mean) were used to analysis the data.

RESULTS

The findings were presented within two main headings. The first of these was the problems students experienced in clinical areas and the second was their recommendations about solutions to the problems they experienced.

1. Problems students experienced in clinical areas

Problems with teaching staff

Almost all (94.1%) of the students reported that the teaching staff (In table 1, it is Clinical instructors, need to clarify this) were not with them during clinical practice, 92.9% that they were not able to transfer theoretic information they had learned into practice, 81.1% that cooperation with the hospital employees was not provided, 75.1% that there were no objective assessment criteria for students on the ward, 60.9% that they perceived being closely checked according to guidelines was a problem, and 56.2% that the students were treated inconsistently (Table 1).

Problems with ward personnel

The majority (87%) of the students stated that they were used for tasks other than primary patient care, 84 % that an appropriate setting was not created for them on wards to practice subjects that they had learned and 79.9% that ward personnel were critical of them because they slowed down the work on the wards (Table 2).

Table 1. Distribution of students' problems with teaching staff

Problems	I Agree n (%)	I Disagree n (%)
I am not able to find teaching staffs to be able to practice one-on-one	159 (94.1)	10 (5.9)
I hesitate getting guidance or asking questions of teaching faculty	69 (40.8)	100 (59.2)
I am not able to get feedback about tasks done from teaching staff	58 (34.3)	111 (65.7)
Teaching staff talk about my inadequacies in inappropriate settings and with an inappropriate manner	37 (21.9)	132 (78.1)
Teaching staff cause students to lose their confidence with severe criticism	75 (44.4)	94 (55.6)
Teaching staff do not give positive feedback	45 (26.6)	124 (73.4)
Teaching staff do not support students doing interventions	54 (32.0)	115 (68.0)
Teaching staff do not give enough encouragement to students	67 (39.6)	102 (60.4)
Teaching staff do not conduct enough case study discussions	92 (54.4)	77 (54.4)

I cannot transfer theoretic knowledge into practice	157 (92.9)	12 (7.1)
Teaching staff do not give adequate support to students in problems experienced on wards	66 (39.1)	103 (60.9)
Teaching staff are inconsistent with students	95 (56.2)	74 (43.8)
Teaching staff do not treat students equally	54 (32.0)	115(68.0)
Teaching staff evaluate students very closely with guidelines	103 (60.9)	66 (39.1)
Teaching staff do not assess students objectively	127 (75.1)	42 (24.9)
Teaching staff are not able to ensure cooperation with ward personnel	137 (81.1)	32 (18.9)

Problems on wards associated with inadequacies in supplies, instruments and physical conditions

Environmental problems experienced by the students on the wards were not having a room for changing clothes (94.7%), not having an area for meetings together with teaching staff (86.4%), not having sterile gloves to use during procedures (76.3%), and not having antiseptic solution and towels for their hands (60.4%) (Table 3).

2. Students’ recommendations for improving clinical practice

Students’ recommendations for solving problems with teaching staff

1. Teaching staff need to be together with the student on the ward (58.6%)

2. Teaching staff need to give guidance to students in their clinical practice (45.5%)

Table 2. Distribution of students’ problems with hospital employees

Problems	I Agree n (%)	I Disagree n (%)
Not supporting students’ taking initiative on wards	109 (64.5)	60 (35.5)
Being excluded by ward personnel	135 (79.9)	34 (20.1)
Not being able to be use knowledge and experience	115 (68.0)	54 (32.0)
Not being able to comfortably establish communication with ward personnel	118 (69.8)	51 (30.2)
Not being treated with patience and tolerance by ward personnel	125 (74.0)	44 (26.0)
Not serving as teachers for case studies	127 (75.1)	42 (24.9)
Not being able to work completely effectively in primary patient care	132 (78.1)	37 (21.9)
Facing negative behaviors	104 (61.5)	65 (38.5)
Being used to do tasks other than patient care	147 (87.0)	22 (13.0)
Not creating an environment in which procedures learned in class could be practiced	142 (84.0)	27 (16.0)

3. Students need to assess interesting cases together with the teaching staff (41.5%)
4. Teaching staff need to show more tolerance with students (48.5%)
5. Teaching staff need to be present on all wards (28.4%)
6. Teaching staff need to tell students about their weaknesses in a non-offensive manner in an appropriate setting (14.8%)
7. Teaching staff need to give information to ward personnel about what students are expected to do in clinical practice (26.6%)
8. More time could be set aside for case discussion on the wards (18.9%)
9. Work standards could be developed on the wards in cooperation with charge nurses (12.4%)
10. Standardized assessment forms need to be developed for all clinical sites (20.7%)
11. Opportunities could be created for students to practice on university hospital wards; at the least university hospitals could be required for summer clinical practice (19.5%)
12. The appropriateness of wards could be determined according to theoretic classes and necessary time set aside (10.1%)
13. The accumulation of students on wards needs to be prevented so that the number of procedures they see would be increased (11.2%)
14. More permanent solutions need to be found for the problems on wards (15.4%)
15. Teaching staff need to be like-minded in clinical practice areas (24.3%)
16. Teaching staff need to avoid making distinctions between students (15.4%)
17. Agreements need to be made between schools and hospitals to avoid having too many students on wards (14.2%)

Students' recommendations for solving problems with ward personnel

1. Ward personnel should not assign students non-nursing tasks (33.2%)

2. More understanding should be shown to students (15.4%)
3. Students need to be accepted as co-workers (12.4%)
4. Ward employees need to be involved in students' education (26.0%)
5. Ward employees need to be given information about the roles of students on the ward (27.8%)

Table 3. Distribution of students' problems with inadequate equipment, supplies and physical conditions on wards

Problems	I Agree n (%)	I Disagree n (%)
Wards being inadequate for student practice	37 (21.9)	132 (78.1)
Not having a room for students to change clothes and lockers	160 (94.7)	9 (5.3)
Not having a room for joint meetings with teaching faculty and students	146 (86.4)	23 (13.6)
Not having enough sterile/disposable gloves for use	129 (76.3)	40 (23.7)
Not always having available antiseptic solution and towels for hands	102 (60.4)	67 (39.6)
Not being able to adequately meet nutritional needs	47 (27.8)	122 (72.2)

6. There needs to be continuous communication between ward personnel and students (11.2%)
7. Ward personnel need to help more with cases (10.1%)
8. Information needs to be given to ward personnel about what to expect from students regarding their practice (22.5%)
9. They need to be a guide to students in the implementation of new procedures (52.1%)

Students' recommendations for solving ward problems associated with inadequate equipment, supplies and physical conditions

1. Having a shared budget between the school and hospital to provide students with a room and lockers (45.0%)
2. Use of education rooms for teaching staff to meet with students (26.6%)
3. Having gloves available for students to use on the wards (22.6%)
4. Being informed about ward procedures (26.7%)
5. Using university hospitals for clinical sites (16.6%)
6. Ensuring more finances in hospital budgets for hygiene (10.1%)

DISCUSSION

In this study a variety of students' problems with teaching staff in clinical practice (Table 1), with ward personnel (Table 2), and with ward supplies, equipment and physical inadequacies (Table 3) were determined.

According to the study results the most common problem experienced by students was not being able to transfer topics that they had learned into practice. National and international studies have shown that students are not able to transfer topics they learned as theory into practice, that there were gaps between theoretic and practical classes, and that students believe that they have not met the objectives of practical classes. The results of this study are consistent with the national and international study results (Erdil 1993, Sharif & Masoumi 2005, Rolfe 1998, Chapman & Orb 2000, Williamson & Webb 2001, Buyukyoruk 2007, Tan 2007, Ayverdi et al. 2007). In a study by Atalay et al. (1993) students have difficulty transferring theoretic

knowledge into practice because of their fear of harming patients, fear of health care personnel and teaching staff reactions, and difficulty getting patients to accept their practice. The results of our study implies the most of teaching staffs in our health college not have PhD, there are inadequate numbers, not having a laboratory for students to acquire professional skills prior to clinical practice, being forced to use patients in general for students' first practice, having one teaching faculty member responsible for all wards in a hospital on clinical days, teaching staff assuming duties on wards outside their area of expertise, and students' fear of their first practice and incorrect practice are the reasons why our students are not able to transfer their theoretic lessons into practice.

Another common problem experienced by our students on the wards was not having a teaching staff member with them (Table 1). This problem is not just one at our university or with our students but is a general problem in university schools for health science in Turkey (<http://saglikyo.harran.edu.tr/duyuru.htm>). The most obvious reason for this problem is the inadequate number of teaching staff. However at our university there is a reason for this problem that is different from the other universities. That is not assigning more than one teaching staff at the same time in clinical sites.

According to our research results the teaching staff were not able to establish cooperation with ward employees, were not able to develop objective assessment criteria for students on wards, were not patient and tolerant with students, supervised students more from the guidelines, and acting inconsistently with students. The results of other studies on this subject are consistent with ours (Table 1). In this study it was shown that students thought that the teaching staff were inadequate for guidance in clinical settings, that they were closely checked according to the guidelines, that the teaching staff did not recognize students on the wards, that students were not assessed fairly, that the teaching staff were judgmental, and that they were merely judged. Students wanted the teaching staff to show them more positive attitudes and behaviors (Erdil 1993, Atalay et al. 1993, Fadiloglu & Durmaz 1996, Chapman & Orb

2000, Aylaz & Ersan, 2000, Keskin & Caliskan 2006, Deniz & Karakulak 2006, Atas et al. 2006).

Other problems widely experienced by our students in clinical sites were being used for tasks other than primary patient care, being excluded from clinical practice and not being shown tolerance. In other studies conducted on this subject as well students reported widespread experience with problems associated with health care employees on wards (Ozcan et al. 1993, Aytakin & Gokozer 2006, Tulubas & Karadag 2007). In the study by Özcan 61.4% of nursing students reported that ward nurses were demanding, critical and belittling and 42.6% that they were expected to do non-nursing tasks (Ozcan et al. 1993). In the study by Atalay et al. (1993) ward nurses wanted students to do tasks of assistant personnel or had them do their own personal tasks. Students who refused to comply with these requests were subjected to negative behavior by nurses. The results of the Atalay et al. study are consistent with the results of our study. In our universities our students are taught patient-centered care and are directed by teaching staff to refuse to do task-centered procedures and non-nursing tasks. However because students do not always have teaching staff with them they may be excluded from wards for rejecting non-nursing tasks and may perceive themselves to be unnecessary on the ward. Health occupational high school students who agree to do every task given them on wards are better choices by ward nurses. Other studies support our study results that students are used for tasks other than primary patient care.

According to our research results students experienced problems with inadequate supplies, equipment, and physical conditions on wards, such as not having a place to change clothes, not having areas where they can have joint meetings with clinical instructors, not having sterile gloves available for doing procedures, not having antiseptic solution and towels for their hands (Table 3). In the study by Bayraktar (1993) 21.9% of the students perceived not having a place to change clothes and 15.8% not having a break room to be a problem. In the study by Atalay et al. (1993) 95% of the students thought there were inadequate supplies, equipment and physical

conditions on wards. The results of our study are consistent with other study results.

In our study the students made many recommendations about teaching staff, ward personnel, and inadequacies in supplies, equipment, and physical conditions on wards to correct the negative situations in clinical practice. All of these recommendations were included in the Findings section.

The results of our study are also consistent with the results of workshops conducted in Turkey titled, "The Future of Health Science University Education in the 2000's Symposium" and "Improving the Education and Quality of Graduates in University Health Science Schools Workshop."

CONCLUSION

According to the results of this study it was determined that students experience problems with teaching staff, ward personnel, and inadequacies in ward supplies, equipment, and physical conditions. The students experience widespread problems with teaching staff and ward nurses. Students gave many recommendations for solving problems in clinical practice.

The recommendations made by students for resolving problems in clinical practice can be considered carefully. This subject can also be studied at other universities and the results used to improve clinical practice.

The study results were integrated into a workshop by the researcher and presented to the office of the dean in a report to be given to the director of the school for health sciences. The dean showed sensitivity to this subject and work was begun to resolve the negative situations in clinical practice sites with the support of the office of the dean.

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