

Examining the Influence of Clinical Instructors' Competency and Feedback Quality on Nursing Students' Clinical Performance: A Mixed Method Study

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DOI: <https://doi.org/10.47772/IJRISS.2026.100600578>

Received: 06 June 2026; Accepted: 11 June 2026; Published: 30 June 2026

ABSTRACT

Clinical education is essential in preparing nursing students to translate theoretical knowledge into safe and effective clinical practice. This mixed-method study examined the influence of clinical instructor competency and feedback quality on nursing students' clinical performance and explored their lived experiences during clinical exposure in selected higher education institutions in Northern Mindanao, Philippines. Anchored on Social Cognitive Theory and Benner's Novice to Expert Theory, the study emphasized the role of modeling, guided learning, feedback, and experiential development in fostering clinical competence. This study employed an explanatory sequential mixed-methods design, in which quantitative data were collected first, followed by qualitative data to explain the findings. Data were collected from third and fourth year nursing students using validated questionnaires and semi-structured interviews. Findings revealed that students generally perceived their clinical instructors as highly competent, the feedback they received as of high quality, and their clinical performance as very good. Significant relationships were identified between clinical instructor competency and students' clinical judgment and teaching skills, and between feedback quality and teaching skills. Among the dimensions of clinical instructor competency, mentorship and support emerged as the most influential factor associated with students' clinical performance. Qualitative findings highlighted students' experiences of adapting to the clinical environment, managing challenges and stress, developing confidence and competence, benefiting from mentorship and constructive feedback, and strengthening their professional identity. These findings underscore the importance of supportive clinical learning environments in promoting student growth and readiness for practice. The study concludes that while effective instruction and quality feedback contribute to learning, mentorship and supportive guidance play a particularly important role in enhancing nursing students' clinical performance. Strengthening mentorship programs and faculty development initiatives is therefore recommended to further improve clinical learning experiences and prepare competent, practice-ready nursing graduates.

Keywords: Clinical Education, Clinical Instructor Competency, Clinical Performance, Feedback Quality, Mixed-Methods

INTRODUCTION

Clinical education serves as the cornerstone of nursing preparation, bridging theoretical instruction with hands-on practice in real-world healthcare settings. Within these clinical environments, nursing students develop essential competencies, including clinical judgment, technical proficiency, and professional conduct (Yang et al., 2024). The quality of experiential learning is heavily influenced by the competency of clinical instructors and the feedback mechanisms they employ. Soroush et al. (2021) emphasized that students perceive effective instructors as those demonstrating clinical expertise, clear communication, and supportive teaching behaviors. Such attributes foster a psychologically safe learning environment, which is essential for student engagement and skill acquisition.

Given the importance of the clinical learning environment, both clinical instructor competency and feedback quality have emerged as key factors influencing student learning and performance. Clinical instructor

competency encompasses not only clinical expertise but also teaching, mentorship, and interpersonal skills that support students' professional growth (Beiranvand et al., 2021; Mselle et al., 2022). Similarly, feedback serves as an essential educational tool that helps students identify strengths, address weaknesses, and enhance their clinical competence through continuous learning (Johnson et al., 2020).

International research consistently highlights the significant influence of clinical instructors on nursing students' learning and performance. Studies have shown that instructors' clinical competence, teaching effectiveness, and interpersonal skills enhance students' confidence, critical thinking, and professional development (Buanz et al., 2024). Furthermore, evidence across diverse educational and cultural settings indicates that students who perceive their instructors as competent, approachable, and communicative tend to report higher levels of clinical competence, learning satisfaction, and overall clinical performance (Buzieh, 2024; Fibriansari et al., 2023).

Clinical instructors' competency extends beyond technical expertise to include evidence-based teaching, mentorship, and the ability to foster a supportive learning environment that builds students' confidence, clinical judgment, and professional identity. Recent evidence highlights that effective clinical instructors demonstrate strong pedagogical skills, communication, and interpersonal competence that positively influence nursing students' learning outcomes and clinical development (Carless-Kane & Nowell, 2023). Competent instructors also stay up to date with current clinical practices while guiding students through reflection, application, and skill development in real healthcare settings, thereby supporting the integration of theory into practice (Ye et al., 2022). In addition, structured mentoring and competency-based development programs have been shown to enhance instructors' teaching effectiveness, confidence, and ability to support student learning in clinical environments (Al-Rawajfah et al., 2022). Overall, clinical instructor competency serves as a vital bridge between theory and practice, shaping nursing students' clinical reasoning, performance, and professional growth.

Clinical instructors' feedback in clinical education is increasingly viewed not as a one-way transmission of information but as an interactive, learner-centered process that promotes reflection, self-regulation, and psychological safety through timely and constructive communication (Johnson et al., 2020). Evidence indicates that while students actively seek and interpret feedback from multiple sources, they still require structured guidance to translate it into meaningful improvements in clinical judgment and performance (Nicola-Richmond et al., 2025). Contemporary guidelines further emphasize that effective feedback should be specific, actionable, and grounded in clear performance standards within supportive educator–student relationships, enabling immediate application in clinical practice (Baker, 2024). In addition, recent studies highlight that structured peer and collaborative feedback approaches enhance students' metacognitive abilities, reflective thinking, and clinical competence, reinforcing the value of feedback-rich learning environments (Ferreira et al., 2023). Collectively, these findings position feedback quality as a critical driver of clinical learning that not only corrects performance gaps but also strengthens students' autonomy, critical thinking, and professional judgment.

Nursing students' clinical performance reflects the integration of critical thinking, technical skills, and professional behavior in actual patient care settings (Azizi et al., 2022). It is shaped by the quality of clinical instruction, learning experiences, and feedback received during training. Evidence shows that simulation-based and blended learning approaches, when combined with structured feedback, significantly enhance students' confidence, clinical decision-making, and procedural competence (Casafont et al., 2021). Recent studies further highlight that experiential learning strategies, such as problem-based learning and high-fidelity simulation, strengthen clinical reasoning and skill acquisition, underscoring the value of active learning environments in nursing education (Son, 2023). In addition, instructor competence and supervision quality are shown to influence students' perceived competence and readiness for practice, while inadequate learning environments may hinder skill development (Munangatire et al., 2024). Collectively, these findings suggest that clinical performance is a multidimensional outcome shaped by instruction, feedback, and the clinical learning environment, ultimately determining students' readiness for safe and effective practice.

Despite substantial evidence demonstrating the importance of clinical instructor competency and feedback quality in nursing education, existing studies have primarily examined these variables independently or focused on their general effects on learning outcomes. There is limited empirical evidence identifying which specific dimensions of instructor competency and feedback quality most strongly predict nursing students' clinical

performance within a single analytical model. Furthermore, few mixed-methods studies have explored how nursing students experience and interpret mentorship, support, and feedback within clinical learning environments. This limitation is particularly evident in the Philippine context, where context-specific evidence remains scarce. Consequently, a significant empirical gap exists in determining the relative predictive influence of instructional factors and in explaining how these factors are experienced in real clinical settings.

This study examined the influence of clinical instructors' competence and feedback quality on nursing students' clinical performance and explored nursing students' lived experiences during clinical exposure, using an explanatory sequential mixed-methods design. Specifically, it sought to determine which dimensions of instructor competency (teaching behavior, clinical expertise, and mentorship and support) and feedback quality (timeliness, specificity and clarity, and constructiveness) significantly predict clinical performance. Furthermore, the study aimed to provide an in-depth understanding of how mentorship, support, and clinical guidance contribute to students' professional development and clinical learning experiences. Using a descriptive-correlational design, this study seeks to provide empirical evidence on the predictive power of these instructional factors in shaping students' ability to apply theoretical knowledge in real-world clinical settings. The findings of this study will be beneficial to nursing students, clinical instructors, nursing faculty, and academic administrators by providing evidence on how clinical instructor competency and feedback quality influence students' clinical performance. Nursing students will benefit through improved understanding of how instructional support affects their learning, confidence, and clinical competence. Clinical instructors and faculty members may use the results to enhance their teaching strategies, mentoring approaches, and feedback practices to better support student development. Academic institutions and nursing program administrators can use the findings to strengthen curriculum design, faculty development programs, and the implementation of Related Learning Experience (RLE). Ultimately, the study will contribute to improving the quality of nursing education and to ensuring the preparation of competent, practice-ready graduates for safe and effective patient care.

This study aimed to explore how these two factors, clinical instructor competency and feedback quality, contributed to the clinical performance of nursing students. To guide this study, the following objectives were sought: 1) How do nursing students perceive the competency of their clinical instructors? 2) What is the quality of feedback nursing students receive during clinical practice? 3) What is the current level of clinical performance among nursing students? 4) Is there a statistically significant relationship between clinical instructors' competency and nursing students' clinical performance? 5) Is there a statistically significant relationship between feedback quality and nursing students' clinical performance? 5) Do clinical instructors' competency and feedback quality significantly predict nursing students' clinical performance? 6) What are the lived experiences of nursing students during their clinical exposure?

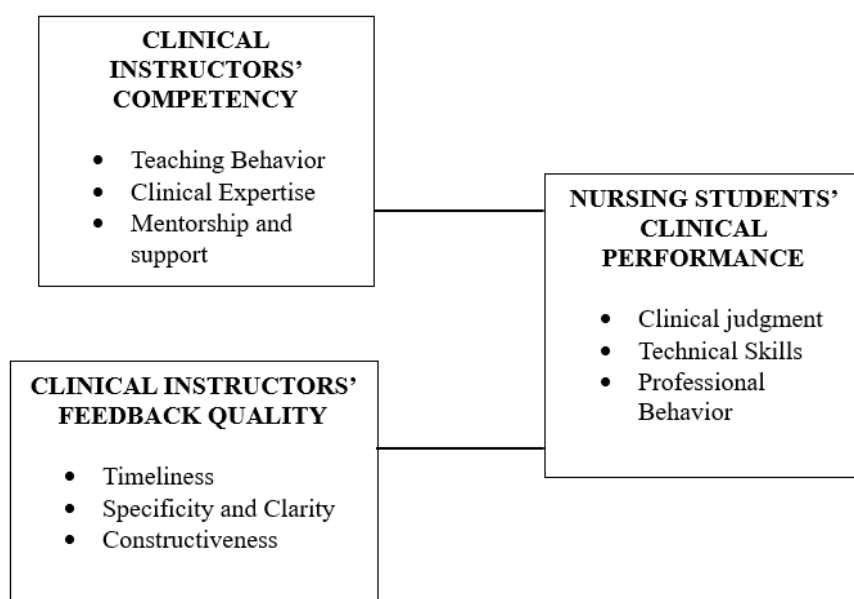


Figure 1. Conceptual Framework

This figure illustrates the hypothesized relationships between clinical instructor competency and feedback quality as predictors of nursing students' clinical performance, grounded in Social Cognitive Theory and Benner's Novice to Expert framework.

This study is anchored on a conceptual framework that illustrates the hypothesized relationships between clinical instructor competency and feedback quality as key predictors of nursing students' clinical performance. Clinical instructor competency is conceptualized across three dimensions, teaching behavior, clinical expertise, and mentorship and support, while feedback quality is defined by timeliness, specificity, clarity, and constructiveness. These variables are proposed to directly influence nursing students' clinical performance, which is measured by clinical judgment, teaching skills, and personal behavior.

The framework is grounded in Social Cognitive Theory and Benner's Novice to Expert Theory. These theoretical perspectives emphasize the role of guided instruction, observational learning, feedback processes, and experiential development in shaping learners' competence. In this context, clinical instructors serve as role models and learning facilitators, while structured, meaningful feedback supports the refinement of students' skills and clinical reasoning. Collectively, the framework explains how instructional competence and feedback mechanisms contribute to the development of clinical performance among nursing students.

METHODS

Research Design. This mixed-method study employed an explanatory sequential design, beginning with a quantitative phase to identify significant relationships, followed by a qualitative phase to explore the reasons underlying these findings (Creswell, 2011). The qualitative phase provided deeper insights into the lived experiences of nursing students during their clinical exposure.

The quantitative component of the study examined the significant relationships between clinical instructors' competency, feedback quality, and nursing students' clinical performance. The qualitative phase further explored the lived experiences of nursing students during their clinical exposure to gain a more comprehensive understanding of the quantitative results.

Setting. This study was conducted in one of the higher educational institutions offering nursing programs in Northern Mindanao, Philippines. This institution was deemed appropriate for the study because it provided structured nursing education with extensive clinical exposure through Related Learning Experiences (RLE), in which students were assigned to various healthcare settings for hands-on practice. Such an environment ensured that nursing students were consistently exposed to real clinical situations that required the application of theoretical knowledge, clinical judgment, and professional behavior.

Respondents. For the quantitative component, 216 third and fourth year nursing students were selected through convenience sampling, with respondents chosen based on their accessibility and availability during data collection, provided they met the inclusion criteria. To ensure an equal distribution between third-year and fourth-year nursing students, strata were identified, with 120 respondents from third-year nursing students and 96 respondents from fourth-year nursing students. Respondents were included if they were (1) officially enrolled as third-year and fourth-year nursing students during the academic year 2025–2026; (2) actively participating in clinical practicum placements; (3) directly supervised by clinical instructors; and (4) willing to provide informed consent. Of 491 eligible nursing students, 216 participated in the study, based on the Raosoft-calculated sample size, yielding a response rate of 44.0%. A priori power analysis using G*Power ($f^2 = 0.15$, $\alpha = 0.05$, power = 0.80, six predictors) indicated a minimum sample size of 98. The actual sample ($N = 216$) exceeded this requirement. For the qualitative component, six participants were purposively selected to capture rich, relevant, and detailed accounts of students' lived experiences in clinical settings. The qualitative sample size ($n = 6$) was considered sufficient based on data saturation principles, which suggest that 6–12 interviews are often adequate to achieve thematic saturation in relatively homogeneous populations.

Instruments. Three questionnaires were used to collect data:

Clinical Instructors' Competency Questionnaire. This instrument was used to assess students' perceptions of their clinical instructors' competency. It consisted of 30 items measuring teaching behavior, clinical expertise, and mentorship/support, rated on a 4-point Likert scale from 1 (Strongly Disagree) to 4 (Strongly Agree). The instrument demonstrated excellent reliability, with a Cronbach's alpha coefficient of 0.96.

Clinical Instructors' Feedback Quality Questionnaire. This instrument was used to evaluate the quality of feedback students received during clinical practice. It consisted of 30 items assessing timeliness, specificity, clarity, and constructiveness, rated on a 4-point Likert scale from 1 (Never) to 4 (Always). The instrument yielded a Cronbach's alpha of 0.97, indicating excellent reliability.

Nursing Students' Clinical Performance Questionnaire. This instrument was used to assess students' self-perceived clinical performance. It consisted of 30 items measuring clinical judgment, technical skills, and professional behavior, rated on a 4-point Likert scale from 1 (Never) to 4 (Always). The instrument demonstrated excellent reliability, with a Cronbach's alpha of 0.95.

Interview Guide. A semi-structured interview guide was used to gather in-depth data on the lived experiences of nursing students during their clinical exposure.

Data Gathering. Data collection adhered to rigorous ethical standards, beginning with approval from the Misamis University Research Ethics Committee and formal permission from the Dean of the Graduate School. Prior to data gathering, the study's purpose, procedures, voluntary nature of participation, confidentiality measures, and informed consent process were clearly explained to all participants. For the quantitative phase, validated questionnaires were administered via secure online platforms such as Google Forms, and participants were given sufficient time to complete the instruments. For the qualitative phase, a purposive subset of participants was invited to take part in semi-structured interviews to gain deeper insights into their experiences with instructors' competence and feedback quality. These interviews were conducted at mutually convenient times, audio-recorded with permission, and transcribed verbatim for analysis. Data collection spanned approximately one to two months. All quantitative data were coded in Microsoft Excel and analyzed using statistical software with descriptive and inferential techniques, while qualitative data were analyzed using Moustakas' transcendental phenomenological approach.

Ethical Considerations. This study adhered strictly to ethical standards for research involving human participants by securing approval from the Misamis University Research Ethics Committee prior to data collection. Guided by the National Ethical Guidelines for Health and Health-Related Research (Philippine Health Research Ethics Board, 2022), the study upheld the principles of respect for persons, beneficence, and justice throughout recruitment, data collection, and reporting. Participation was voluntary, and informed consent was obtained after thoroughly explaining the study's purpose, procedures, risks, benefits, and participants' rights, including the right to withdraw at any time without penalty or consequences. Confidentiality and anonymity were ensured by collecting no identifying information, assigning codes to all responses, and presenting findings in aggregated form. All data were securely stored in password-protected files accessible only to the researcher and were scheduled for permanent deletion six months after the study's completion to ensure proper and responsible data management.

Data Analysis. To address the research questions and test the hypotheses, both descriptive and inferential statistical tools were applied. Mean and standard deviation were used to determine the levels of clinical instructors' competency, clinical instructors' feedback quality, and nursing students' clinical performance. Spearman's rank correlation was used to examine the strength and direction of relationships between clinical instructors' competency and nursing students' clinical performance, as well as between clinical instructors' feedback quality and nursing students' clinical performance. In addition, multiple regression analysis was conducted to determine the combined and individual predictive influence of clinical instructors' competency and feedback quality on students' clinical performance, allowing the researcher to identify which variables significantly contributed to the outcome and the extent of their effect.

For the qualitative component, HyperRESEARCH was used primarily for data organization and retrieval, while coding, theme development, and interpretation were conducted manually following Moustakas' transcendental

phenomenological approach. Moustakas' transcendental phenomenological approach was carried out manually alongside HyperRESEARCH, enabling the researcher to interpret patterns and themes while preserving human-centered insights. The six steps were followed: (1) bracketing (epoche) to set aside researcher biases, (2) horizontalizations to identify significant statements from participants' responses, (3) clustering and thematizing to group related meanings into themes, (4) textural description to describe what participants experienced, (5) structural description to explain how the experiences occurred, and (6) synthesis of meanings and essences to integrate the findings into a comprehensive understanding of students' lived experiences.

RESULTS AND DISCUSSION

Clinical Instructors' Competency

Table 1 presents the respondents' perceptions of clinical instructors' competency and its dimensions, namely teaching behavior, clinical expertise, and mentorship and support. The results revealed that clinical instructors' competency obtained an overall mean of 3.86 (SD = 0.34), interpreted as Very High. Similarly, all dimensions received very high ratings, with clinical expertise obtaining the highest mean score (M = 3.87, SD = 0.33), followed by mentorship and support (M = 3.86, SD = 0.34) and teaching behavior (M = 3.84, SD = 0.35). The relatively low standard deviations across all dimensions indicate consistent perceptions among respondents, suggesting strong agreement regarding the competency of their clinical instructors.

The findings indicate that nursing students generally perceive their clinical instructors as highly competent across all aspects of clinical instruction. The very high ratings suggest that instructors effectively demonstrate sound teaching practices, possess strong clinical knowledge and skills, and provide adequate mentorship and support throughout the clinical learning process. Among the dimensions, clinical expertise received the highest rating, implying that students highly recognize their instructors' professional competence and ability to model clinical practice. Meanwhile, the very high ratings in teaching behavior, mentorship, and support indicate that instructors are also viewed as effective facilitators of learning who foster supportive relationships and provide guidance necessary for student development. Overall, the results reflect a positive clinical learning environment where instructors are perceived as capable of facilitating students' academic, professional, and clinical growth.

These findings are consistent with previous studies emphasizing the multidimensional nature of clinical instructor competency in nursing education. Buanz et al. (2024) highlighted that effective clinical instructors are characterized by strong teaching abilities, professional competence, interpersonal skills, and the capacity to facilitate meaningful learning experiences. Likewise, Egilsdottir et al. (2023) reported that supportive clinical learning environments and effective supervision contribute significantly to nursing students' competence and confidence during clinical placements. The high rating for clinical expertise aligns with the findings of Belita et al. (2021) and Hong et al. (2021), who emphasized that clinical competence and reasoning skills are essential for effective decision-making and quality patient care. Furthermore, the very high ratings for mentorship and support support the findings of Hagrass et al. (2023), Gularte-Rinaldo et al. (2023), and Toh et al. (2022), who reported that mentorship enhances learners' confidence, reduces stress, strengthens professional identity, and improves overall performance. Similarly, studies by Espina and Espina (2026), Oducado et al. (2022), and Cabag and Legaspi (2025) emphasized that effective teaching behaviors promote student engagement, academic achievement, and positive learning experiences. Collectively, these studies reinforce the present findings that competent clinical instructors play a vital role in fostering student learning, competence development, and professional growth.

The findings imply that maintaining highly competent clinical instructors is essential for ensuring quality nursing education and positive clinical learning experiences. The consistently high ratings across teaching behavior, clinical expertise, and mentorship and support suggest that nursing institutions should continue investing in faculty development programs that strengthen instructional effectiveness, clinical proficiency, and mentoring capabilities. Enhancing these competencies may further improve students' confidence, clinical preparedness, professional identity formation, and overall academic success. Moreover, sustaining a supportive and competency-driven clinical learning environment can contribute to the development of future nurses who are well-equipped to deliver safe, competent, and patient-centered care.

Table 1: Clinical Instructors' Competency

Clinical Instructors' Competency	M	SD	Remarks
Teaching Behavior	3.84	0.35	Very High
Clinical Expertise	3.87	0.33	Very High
Mentorship and Support	3.86	0.34	Very High
Overall Mean	3.86	0.34	Very High

Noted: 3.26 – 4.00 (Very High); 2.51 – 3.25 (High); 1.76 – 2.50 (Low); 1.0 – 1.75 (Very Low)

Clinical Instructors' Feedback Quality

Table 2 presents the perceived quality of clinical instructors' feedback. The overall mean score was 3.67 (SD = 0.49), interpreted as Very Good, indicating that respondents generally viewed the quality of feedback provided by their clinical instructors positively. The relatively low standard deviation suggests consistency in respondents' evaluations, reflecting shared perceptions regarding the feedback they received. Across all dimensions, clinical instructors' feedback quality was rated Very Good, demonstrating favorable assessments of feedback practices in the clinical learning environment. Among the indicators, specificity and clarity obtained the highest mean score (M = 3.72, SD = 0.46), followed by constructiveness (M = 3.69, SD = 0.47), while timeliness received the lowest, yet still highly favorable, mean score (M = 3.61, SD = 0.53).

The results indicate that clinical instructors provide effective feedback that contributes positively to the clinical learning environment. The high ratings for specificity and clarity indicate that students receive feedback that clearly communicates expectations, strengths, and areas requiring improvement. Likewise, the strong rating for constructiveness suggests that feedback is delivered in a manner that promotes reflection, skill enhancement, and continuous learning. The positive evaluation of timeliness further indicates that feedback is generally provided at appropriate moments, allowing students to apply recommendations promptly in their clinical practice. Collectively, these findings suggest that feedback serves as an important mechanism for guiding students' professional growth, strengthening clinical competence, and fostering confidence in performing nursing responsibilities.

These findings are supported by contemporary literature emphasizing the importance of high-quality feedback in clinical education. Effective feedback is a critical component of learning because it helps students identify performance gaps, engage in reflective practice, and implement corrective actions to improve competence and professional development (Yoong et al., 2023). Research further indicates that timely, specific, and constructive feedback enhances students' understanding of performance expectations, promotes skill acquisition, and increases confidence in clinical practice (Akhtar et al., 2021; Burgess et al., 2020). Moreover, constructive feedback has been associated with improved learner engagement, stronger professional development, and greater readiness for clinical responsibilities (Wisniewski et al., 2020; Fuentes-Cimma et al., 2024). Studies also highlight that timely feedback contributes to positive learning experiences by reducing uncertainty and supporting immediate performance improvement (Madsgaard et al., 2022). Therefore, the present findings reinforce the view that quality feedback is fundamental to effective clinical instruction and the successful development of nursing students.

The findings have important implications for nursing education and clinical instruction. Since feedback quality was perceived very positively, nursing institutions should continue to strengthen feedback practices through faculty development programs that emphasize the timely, specific, and constructive delivery of feedback. Maintaining high-quality feedback mechanisms can enhance students' clinical competence, critical thinking, confidence, and preparedness for professional nursing practice. Furthermore, institutions may consider establishing standardized feedback frameworks to ensure consistency across clinical instructors and sustain positive learning outcomes among nursing students.

Table 2: Clinical Instructors' Feedback Quality

Clinical Instructors' Feedback Quality	M	SD	Remarks
Timeliness	3.61	0.53	Very Good

Specificity and Clarity	3.72	0.46	Very Good
Constructiveness	3.69	0.47	Very Good
Overall Mean	3.67	0.49	Very Good

Noted: 3.26 – 4.00 (Very Good); 2.51 – 3.25 (Good); 1.76 – 2.50 (Poor); 1.0 – 1.75 (Very Poor)

Nursing Students' Clinical Performance

Table 3 presents the descriptive statistics of nursing students' clinical performance and related constructs, namely clinical judgment, teaching skills, and personal behavior, showing consistently high ratings across all variables with mean scores ranging from 3.73 to 3.88, all interpreted as "Very Good." The standard deviations are relatively low (0.25–0.32), indicating that responses are closely clustered around the mean and suggesting minimal variability among respondents across all measured domains. Overall, the findings reveal a generally high and consistent level of competence across clinical performance and its related components, with personal behavior obtaining the highest mean score ($M = 3.88$, $SD = 0.25$), followed by clinical performance ($M = 3.79$, $SD = 0.29$), teaching skills ($M = 3.77$, $SD = 0.32$), and clinical judgment ($M = 3.73$, $SD = 0.31$). These results suggest that respondents consistently demonstrate very good performance across cognitive, behavioral, and skill-based dimensions, with minimal differences among individuals.

The findings indicate that the respondents benefit from a well-structured clinical learning environment that promotes both competence and consistency in performance. The strong ratings across all domains suggest that students are not only developing technical and cognitive skills, such as clinical judgment and performance, but are also maintaining positive professional attributes, such as personal behavior and teaching-related competencies. This uniformity may reflect effective clinical supervision, standardized teaching approaches, and supportive learning conditions that reinforce both skill acquisition and professional development.

These findings are supported by existing literature emphasizing that structured clinical education, effective supervision, and supportive learning environments play a crucial role in developing nursing students' competencies. Studies have shown that well-organized clinical exposure enhances students' ability to integrate theoretical knowledge into practice, thereby improving clinical performance and judgment (Shahzeydi et al., 2024). Similarly, evidence suggests that student-centered teaching strategies and active learning approaches contribute to improved engagement, skill acquisition, and academic outcomes (Liou et al., 2023; Masih & Rubab, 2025). Moreover, positive behavioral development has been linked to consistent role modeling, reinforcement, and structured environments that promote professionalism and self-regulation (Greitemeyer, 2022; Konstantinidou et al., 2023). Collectively, these studies reinforce the present findings, highlighting that a supportive and structured clinical education system fosters holistic development in nursing students across cognitive, psychomotor, and affective domains.

In terms of implications, the results suggest that maintaining and further strengthening structured clinical training programs, effective supervision, and consistent instructional practices is essential for sustaining high levels of student competence. Nursing education institutions should continue to enhance clinical learning environments that promote not only technical proficiency but also professional behavior and sound clinical judgment. Furthermore, continuous faculty development and standardized evaluation strategies may help ensure the consistency of student performance and further improve learning outcomes in clinical education.

Table 3: Nursing Students' Clinical Performance

Nursing Students' Clinical Performance	M	SD	Remarks
Clinical Judgement	3.73	0.31	Very Good
Teaching Skills	3.77	0.32	Very Good
Personal Behavior	3.88	0.25	Very Good
Overall Mean	3.79	0.29	Very Good

Noted: 3.26 – 4.00 (Very Good); 2.51 – 3.25 (Good); 1.76 – 2.50 (Poor); 1.0 – 1.75 (Very Poor)

Significance Relationship between Clinical Instructors' Competency and Nursing Students' Clinical Performance

Table 4 presents the results of the correlation analysis between three dimensions of clinical instructor competency, namely teaching behavior, clinical expertise, and mentorship and support, and nursing students' clinical performance in terms of clinical judgment, teaching skills, and personal behavior. The data include correlation coefficients (r-values), p-values, and decision outcomes indicating whether the relationships are statistically significant.

The findings show that all three dimensions of instructor competency are significantly and positively correlated with students' clinical judgment and teaching skills ($p < .05$ to $p < .01$), indicating that higher levels of instructor competence are associated with better cognitive decision-making and skill development among students. Among these, mentorship and support demonstrated the strongest relationship with teaching skills ($r = 0.195$, $p = 0.004$). However, no significant relationships were found between any of the instructor competency variables and students' personal behavior ($p > .05$), suggesting that behavioral aspects may be influenced by other external or individual factors rather than clinical instructor competency. Although statistically significant, the observed correlations were weak ($r < 0.20$), suggesting that clinical instructor competency contributes only minimally to variations in nursing students' clinical performance.

The significant positive correlations suggest that as clinical instructors demonstrate stronger teaching behavior, higher clinical expertise, and more effective mentorship, nursing students tend to exhibit improved clinical judgment and teaching-related competencies. The strongest association is observed between mentorship and support and teaching skills, indicating that supportive guidance plays a crucial role in skill acquisition and confidence-building during clinical exposure. The absence of significant relationships with personal behavior suggests that students' personal attributes may be less influenced by instructor characteristics and instead shaped by intrinsic or preexisting factors.

These findings align with recent literature emphasizing the critical role of clinical instructors in shaping nursing students' clinical development. Studies have shown that effective clinical teaching behaviors and supportive learning environments significantly enhance students' clinical reasoning and skill performance (McTier et al., 2023). Similarly, evidence indicates that a positive clinical learning environment and strong instructional supervision are associated with improved competence, confidence, and overall learning outcomes among nursing students (Zhang et al., 2022). Overall, these studies collectively suggest that the quality of clinical instruction and learning environment is a key determinant of nursing students' cognitive and psychomotor development, reinforcing the importance of structured guidance and mentorship in strengthening clinical competence.

The results are also consistent with the Social Cognitive Theory, which posits that learning occurs through observation, modeling, and guided interaction. Clinical instructors serve as role models whose behaviors directly influence students' cognitive and skill development. Additionally, the findings support Benner's Novice to Expert Theory, which suggests that nursing competence develops progressively through guided exposure to expert practice in clinical settings.

The results underscore the importance of strengthening clinical instructors' competencies, particularly in teaching, expertise, and mentorship. These findings indicate that while instructor competency is statistically related to performance, its practical influence is limited. For nursing education, this highlights the need for faculty development programs focused on instructional strategies and mentorship skills to enhance student learning outcomes. In practice, improving instructor effectiveness may lead to better-prepared graduates with stronger clinical judgment and technical skills, ultimately contributing to safer patient care. For research, the findings support further exploration of other factors influencing the development of personal behavior among nursing students.

Table 4: Significant relationship between clinical instructor competency and nursing students' clinical performance

Variables		Clinical Judgement	Teaching Skills	Personal Behavior
Teaching Behavior	r	0.162	0.181	0.092
	p	0.017	0.008	0.180
Clinical Expertise.	r	0.153	0.176	0.099
	p	0.025	0.010	0.149
Mentorship and Support	r	0.167	0.195	0.125
	p	0.014	0.004	0.066

Note: * $p < .05$, ** $p < .01$, *** $p < .001$

Significant Relationship between Clinical Instructors' Feedback Quality and Nursing Students' Clinical Performance

Table 5 presents the correlational analysis between three dimensions of clinical instructors' feedback quality, namely timeliness, specificity, and clarity, and nursing students' clinical performance, namely clinical judgment, teaching skills, and personal behavior. The correlation coefficients (r-values), p-values, and corresponding decisions indicate whether significant relationships exist between the variables.

The table presents that the correlation between clinical instructor competency (teaching behavior, clinical expertise, and mentorship and support) and nursing students' outcomes shows significant relationships in terms of clinical judgment and teaching skills ($p < .05$ to $p < .01$). However, no significant relationships were found between all instructor competency variables and students' personal behavior ($p > .05$). Similarly, while significant relationships were observed, the correlation magnitudes were weak, indicating limited practical influence of feedback quality on clinical performance outcomes.

The results suggest that the instructor's feedback quality is more strongly associated with students' development of teaching skills than with clinical judgment or personal behavior. The consistently significant correlations with teaching skills suggest that structured, effective feedback plays a crucial role in enhancing instructional competencies. The lack of significant relationships with personal behavior suggests that behavioral attributes may be less influenced by feedback dimensions and may instead be shaped by intrinsic traits or longer-term professional socialization.

These findings align with contemporary literature emphasizing that effective feedback from clinical instructors is vital to enhancing nursing students' learning outcomes, particularly in skill-based competencies. Recent evidence demonstrates that timely, clear, and structured feedback significantly improves students' clinical performance, competence development, and self-efficacy in clinical settings (Imanipour et al., 2023). Similarly, studies highlight that feedback interventions, whether verbal, written, or technology-supported, contribute to improved skill acquisition, satisfaction, and confidence among nursing students undergoing clinical training (Yoong et al., 2023). Moreover, emerging research underscores that structured, specific feedback promotes deeper cognitive processing and more accurate skill execution, reinforcing its role in competency development in health professions education (Ghaderi et al., 2023; Gómez et al., 2025). The stronger relationship between feedback specificity, clarity, and teaching effectiveness further supports the idea that detailed, constructive feedback facilitates meaningful learning and improved clinical performance.

From the perspective of Social Cognitive Theory, the findings support the notion that learning occurs through observation, feedback, and reinforcement. Clinical instructors serve as models, and their feedback acts as a form of social reinforcement that shapes students' cognitive processing and skill development. Similarly, the Novice to Expert Theory explains that nursing students progress in competence through guided practice and expert feedback, which helps bridge the gap between novice performance and more proficient skill execution.

The results highlight the importance of strengthening feedback practices in clinical education, with a particular focus on clarity, specificity, and constructiveness to enhance students' teaching and clinical competencies.

Nursing education programs may benefit from faculty development initiatives that improve instructors' feedback delivery strategies. This may ultimately enhance students' readiness for clinical practice and improve patient care outcomes by effectively supporting competency development.

Table 5: Significant relationship between clinical instructors' feedback quality and nursing students' clinical performance

Variables		Clinical Judgement	Teaching Skills	Personal Behavior
Timeliness	r	0.114	0.137	-0.043
	p	0.096	0.044	0.528
Specificity	r	0.150	0.196	-0.011
	p	0.027	0.004	0.871
Constructiveness	r	0.130	0.165	0.027
	p	0.056	0.015	0.688

Note: * $p < .05$, ** $p < .01$, *** $p < .001$

Predictors of nursing students' clinical performance

Table 6 presents the results of a multiple regression analysis examining the combined predictive influence of six independent variables: teaching behavior, clinical expertise, mentorship and support, timeliness, specificity and clarity, and constructiveness, and the outcome variable. Each predictor was analyzed in terms of its standardized coefficient (β), standard error, t-value, and level of significance to determine its influence on the dependent variable.

The findings revealed that among all dimensions of clinical instructor competency and feedback quality, only mentorship and support significantly predicted nursing students' clinical performance. This indicates that relational and supportive aspects of clinical instruction exert a stronger influence on student outcomes than instructional or technical dimensions alone. Students who receive consistent guidance, encouragement, and professional support are more likely to demonstrate stronger clinical judgment, improved skill performance, and greater confidence in patient care. A major limitation of this study is the low explanatory power of the regression model (Adjusted $R^2 = 0.086$), suggesting that most of the variance in clinical performance is attributable to unmeasured variables, such as student motivation, prior academic achievement, and clinical placement characteristics. This finding highlights the complexity of clinical performance as a multidimensional outcome influenced by various individual, academic, and contextual factors.

These findings are consistent with previous literature emphasizing the central role of mentorship in shaping student development. Recent studies show that mentorship significantly enhances learners' confidence, competence, and transition to clinical practice by providing structured guidance, feedback, and psychosocial support (Mlambo et al., 2021). Similarly, evidence indicates that supportive mentoring relationships improve student engagement, reduce stress, and enhance academic and clinical performance in nursing education settings (Lloyd et al., 2023). Furthermore, mentorship has been found to play a crucial role in the formation of professional identity by fostering a sense of belonging, reflective practice, and integration into the nursing profession (Montgomery et al., 2025). Collectively, these findings reinforce that mentorship and support systems exert a stronger and more sustained influence on learner outcomes than isolated instructional strategies, highlighting the importance of relational and supportive educational environments.

From the perspective of Social Cognitive Theory, the significant role of mentorship and support underscores the importance of observational learning, reinforcement, and social interaction in shaping behavior and performance, with mentors acting as role models whose guidance strengthens learners' self-efficacy, a key determinant of learning and behavior change. Similarly, in relation to Benner's Novice to Expert Theory, the findings support the proposition that learners advance more effectively through stages of clinical competence when guided by experienced practitioners, as mentorship facilitates progression from novice to competent practitioner by providing contextualized knowledge, timely feedback, and experiential learning opportunities that extend

beyond formal instruction alone. Together, these theoretical perspectives highlight that mentorship is not merely supportive but foundational in developing confidence, competence, and clinical expertise in nursing education.

In nursing education and practice, these results underscore the need to strengthen mentorship programs in clinical training settings. Institutions should prioritize structured mentoring systems to enhance student development, clinical competence, and confidence. Policymakers and educators may also consider integrating mentorship-focused training for clinical instructors to maximize student learning outcomes. Furthermore, future research may explore how mentorship interacts with other instructional factors to further influence learner performance.

Table 6 Predictors of nursing students' clinical performance

Predictors	Coef (β)	SE Coef	t- value	p-value
(Constant)	2.938	0.207	14.183	<.001
Mentorship and Support	0.312	0.127	2.489	0.014
Adjusted R ²	0.0859			
F value	4.37			
p-value	<.001			

Description of the Lived Experiences of Nursing Students' Clinical Exposure

The qualitative findings strongly corroborate and provide deeper insight into the quantitative results, particularly in highlighting mentorship and support as the only statistically significant predictors of clinical performance. While the quantitative analysis establishes their significance, the qualitative data further elucidate the mechanisms through which mentorship influences students' development, with participants consistently emphasizing the value of guidance, encouragement, and supportive supervision in reducing anxiety, strengthening confidence, and enhancing clinical competence. Emergent themes such as clinical support and mentorship, clinical competency development, and professional maturity demonstrate that mentorship extends beyond technical skill acquisition to encompass emotional adaptation, professional identity formation, and resilience during clinical exposure. Overall, the integration of findings affirms that mentorship and support are not only statistically significant but also experientially meaningful, underscoring their critical role in shaping nursing students' clinical performance.

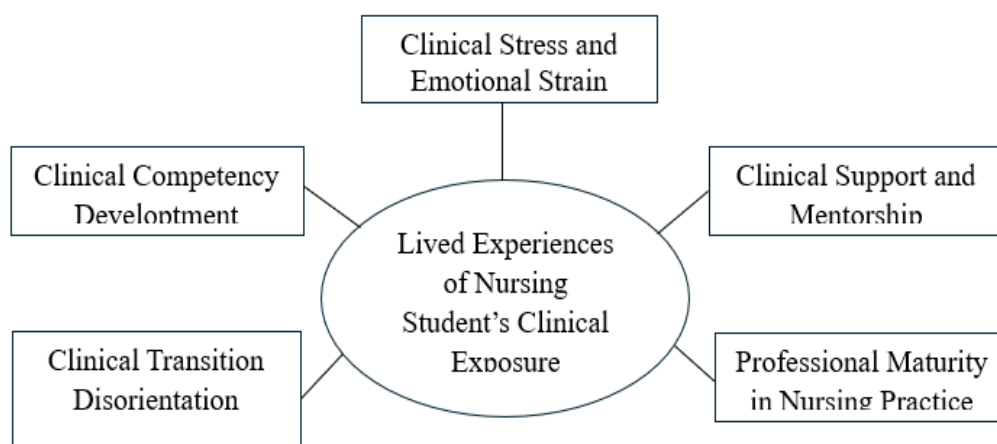


Figure 2. Schematic Diagram of the Lived Experiences of Nursing Students' Clinical Exposure

Theme 1: Clinical Transition Disorientation

Clinical transition disorientation refers to the psychological, emotional, and cognitive disturbances experienced by nursing students as they shift from classroom-based learning to real clinical environments. This phenomenon is characterized by uncertainty, anxiety, fear, excitement, and difficulty adjusting as learners encounter the realities of patient care, institutional workflows, and professional expectations for the first time. It reflects the

gap between theoretical preparation and clinical practice, where students must rapidly adapt to unfamiliar settings requiring technical competence, emotional resilience, critical thinking, and professional accountability.

This theme is strongly reflected in participants' accounts of fear, anxiety, excitement, and adjustment difficulties within the fast-paced and emotionally demanding clinical environment. Participants described their initial exposure as overwhelming yet essential to their development as nursing students. These accounts align with existing literature indicating that early clinical exposure is often associated with heightened anxiety due to limited practical experience, reliance on theoretical knowledge, and increased perception of risk and evaluation pressure. Emotional ambivalence was likewise evident, consistent with studies highlighting fear of committing errors and pressure related to performance and patient responsibility.

The participants' narratives illustrate these experiences:

"On my first day of clinical exposure, I felt extremely nervous and afraid because it was my first time encountering a real patient in a hospital setting." (P1)

"When I first entered the clinical area, I was excited and nervous at the same time." (P2)

"I was afraid that I might make mistakes in caring for the patient." (P3)

Participants also described abrupt immersion in clinical responsibilities and the complexity of the hospital environment. These experiences heightened their awareness of the demanding nature of nursing practice, including heavy workloads, fast-paced routines, and the emotional and physical endurance required in patient care. Such findings are consistent with literature emphasizing the challenges of transition due to discrepancies between classroom preparation and real-world clinical demands.

These experiences are reflected in the following accounts:

"I also felt intimidated by the hospital environment because there were many healthcare professionals who were busy and serious." (P4)

"I developed great respect for the nurses because I could see their practicality and endurance even when they were already exhausted." (P6)

Emotional strain was likewise evident, particularly when participants encountered patients who were suffering or terminally ill. These narratives highlight the emotional labor inherent in nursing and the vulnerability experienced during initial clinical exposure, often associated with compassion fatigue and emotional exhaustion among novice learners. Participants also expressed anxiety related to clinical evaluations and supervised procedures, reflecting the cognitive and emotional pressures of being observed and assessed in real patient care contexts.

These experiences are reflected in the participants' narratives:

"There were also moments that were emotionally draining because you could see patients suffering or who were terminally ill." (P1)

"It was also emotional at times because some of my patients had situations that were heartbreaking." (P2)

"It was emotionally difficult, especially when we were being evaluated by our clinical instructors during procedures." (P3)

Despite these challenges, participants emphasized the importance of a supportive clinical learning environment as a stabilizing factor during their transition. Guidance from clinical instructors and staff nurses helped reduce uncertainty, facilitate skill acquisition, and build confidence in practice. These findings reflect the concept of

scaffolding in clinical education, where structured support bridges the gap between theoretical knowledge and practical application.

These accounts are reflected in the participants' statements:

"The help of our clinical instructors and staff nurses was very significant because they guided us in performing procedures correctly." (P1)

"I received a great deal of support from our clinical instructors and staff nurses." (P3)

Participants further described gradual adaptation and professional growth through repeated clinical exposure. Over time, students reported increased confidence, improved competence, and the development of professional identity, along with enhanced critical thinking and patient safety awareness. They also utilized adaptive coping strategies such as prayer, peer support, reflection, journaling, and rest, reflecting active emotional regulation during the transition process.

These developments are reflected in the participants' narratives:

"My confidence and competence as a nursing student improved." (P1)

"My self-confidence and professionalism grew." (P2)

"My critical thinking skills and awareness of patient safety concerns improved." (P6)

Clinical transition disorientation represents a critical developmental phase in which emotional instability, cognitive overload, and skill uncertainty coexist with early learning and identity formation. This stage may either facilitate or hinder professional growth, depending on the availability of adequate guidance and coping resources. With sufficient support, students can transform anxiety into confidence and develop competence, empathy, and resilience. Conversely, inadequate support may increase stress, reduce self-efficacy, and hinder engagement. Thus, structured mentorship, supportive learning environments, and reflective practice are essential to ease transition shock and promote professional development.

Theme 2: Clinical Competency Development

Clinical competency development refers to the progressive acquisition and refinement of knowledge, psychomotor skills, clinical judgment, communication abilities, and professional attitudes essential for safe and effective nursing practice. This process emerges through experiential learning in real clinical environments, where students transition from theoretical understanding to applied practice. It encompasses not only the performance of technical skills but also the development of confidence, critical thinking, empathy, and adaptability in response to complex and unpredictable healthcare situations. Over time, repeated clinical exposure facilitates the transformation of learners into more competent, reflective, and accountable future healthcare professionals.

This theme is strongly reflected in participants' narratives, which demonstrate an initial phase of anxiety followed by gradual skill acquisition, emotional adjustment, and increasing confidence through repeated exposure. Participants consistently described early fear and uncertainty when encountering real patients for the first time, emphasizing the emotional demands associated with transitioning from classroom-based learning to actual clinical practice. This initial phase is marked by heightened vigilance, self-doubt, and anticipatory anxiety as students engage in real patient care. Such emotional fluctuations, ranging from fear to excitement, illustrate the psychologically complex nature of early clinical immersion.

These experiences are reflected in the participants' narratives:

"On my first day of clinical exposure, I felt extremely nervous and afraid because it was my first time encountering a real patient in a hospital setting." (P1)

"When I first entered the clinical area, I was excited and nervous at the same time." (P2)

"During my first duty, I felt intense fear and pressure because it was my first time handling actual patients." (P3)

"During my first duty, I was very curious but also had slight fear." (P4)

As clinical exposure increased, participants reported gradual development of skills and improved competence through repeated hands-on practice. These included performing vital signs assessment, assisting in patient care and medication administration, conducting patient assessments, and delivering health education. This progression reflects experiential learning processes where knowledge is reinforced through direct patient interaction and reflective engagement. Participants also emphasized improvement in communication skills and empathy, highlighting that clinical competence extends beyond technical proficiency to include therapeutic communication and patient-centered care.

These developments are evident in the participants' accounts:

"During our clinical rotation, I encountered many learning experiences such as taking vital signs, assisting, and providing health teaching." (P1)

"I gained many experiences during duty such as vital signs monitoring, assisting in medication administration, and patient assessment." (P1)

"I also learned how to communicate with patients and their families with empathy and respect." (P1)

"Therapeutic communication is important." (P2)

Participants also identified several challenges encountered during clinical exposure, including anxiety during performance evaluations, emotional distress when witnessing patient suffering, difficulty adapting to a fast-paced clinical environment, and fear of committing errors. These challenges reflect the emotional and psychological demands inherent in early clinical learning and may influence students' confidence and adjustment.

These experiences are reflected in the participants' narratives:

"There are times when I feel nervous when the clinical instructor observes me while performing procedures because I am afraid of making mistakes." (P2)

"The most challenging part for me is adjusting to the fast-paced environment of the hospital." (P3)

"It is not only about the workload but also the emotional attachment to patients." (P5)

"Sometimes patients cannot immediately receive care due to the large number of tasks assigned to the staff." (P6)

Despite these challenges, participants consistently emphasized the critical role of support from clinical instructors, staff nurses, and peers in facilitating learning and enhancing confidence. Structured guidance, supervision, and constructive feedback enabled students to better understand procedures, reduce uncertainty, and adapt to the clinical setting. This supportive environment promoted deeper engagement in learning and encouraged the gradual development of competence and responsibility.

These supportive experiences are reflected in the participants' accounts:

"The help of our clinical instructors and staff nurses was very significant because they guided us." (P1)

"Our clinical instructor is strict but supportive." (P4)

"We are taught not only how to perform procedures but also why they are performed." (P6)

"I became more confident in myself." (P1)

"My self-confidence and professionalism grew." (P3)

"I developed a stronger sense of responsibility." (P4)

Clinical competency development illustrates how repeated exposure to clinical settings transforms nursing students from anxious novices into more confident and adaptive practitioners. This developmental process enhances technical proficiency, critical thinking, emotional resilience, and professional identity. However, it is also inherently demanding and may lead to anxiety or emotional fatigue in the absence of adequate support. Guidance from clinical instructors, staff nurses, and peers is therefore essential in mitigating stress and facilitating continuous learning. Ultimately, this progression fosters professional readiness and supports the delivery of safe, ethical, and compassionate nursing care.

Theme 3: Clinical Stress and Emotional Strain

Clinical stress and emotional strain refer to the psychological and affective responses experienced by nursing students during clinical exposure, characterized by anxiety, fear, pressure, emotional exhaustion, and heightened emotional sensitivity to patient conditions. These responses emerge as students transition from classroom-based learning to real-world clinical environments, where responsibility, accountability, and exposure to human suffering become immediate and tangible. This transition often generates complex emotional reactions as students attempt to integrate theoretical knowledge with the demands of patient care while managing performance expectations and personal emotions.

This theme is strongly evidenced in participants' accounts of fear, anxiety, emotional overwhelm, and psychological pressure during their clinical experiences. These narratives highlight the emotional burden of transitioning to real patient care, where uncertainty, performance expectations, and evaluative scrutiny become prominent. Such findings reflect the psychological challenges inherent in early clinical exposure, particularly when students are still developing confidence and adjusting to the complexities of nursing responsibilities. The observed emotional responses suggest a state of transition shock, marked by emotional disorientation, cognitive overload, and difficulty adapting to clinical demands.

These experiences are reflected in the participants' narratives:

"On my first day of clinical exposure, I felt extremely nervous and afraid because it was my first time encountering a real patient in a hospital setting. I expected it to be difficult, and I thought I might make many mistakes." (P1)

"When I first entered the clinical area, I was excited and nervous at the same time. I was afraid that I might make mistakes in caring for the patient." (P2)

"Sometimes I feel pressured when there are too many tasks to accomplish... there are also times when I feel anxious when we are evaluated by our clinical instructor during procedures." (P3)

Emotional strain was also strongly associated with participants' exposure to patient suffering and critical conditions, emphasizing the affective demands of nursing care. These narratives demonstrate how students begin to internalize the emotional realities of caregiving, particularly when confronted with pain, deterioration, and end-of-life situations. Such exposure may lead to emotional exhaustion, especially when coping mechanisms are still developing. The participants' accounts further illustrate fluctuating emotional states, ranging from empathy and compassion to distress and vulnerability, reflecting the emotionally complex nature of clinical learning.

These experiences are reflected in the participants' narratives:

“There are also moments that are emotionally draining because you see patients who are suffering or terminally ill.” (P1)

“At times, I cry internally when I see the suffering of patients and their families.” (P2)

“I had a patient I became close to, and it hurt me when their condition worsened.” (P5)

“Emotionally, I experienced a roller coaster during clinical duties.” (P3)

Clinical stress and emotional strain have important implications for students’ academic performance and psychological well-being. While moderate levels of stress may facilitate learning and skill acquisition, excessive or prolonged stress can lead to burnout, emotional exhaustion, reduced empathy, and impaired clinical judgment. Continued exposure to patient suffering may also contribute to compassion fatigue when effective coping strategies are lacking. However, when supported by appropriate interventions such as mentorship, debriefing, and peer support, these challenges can foster emotional resilience, empathy, and professional maturity. Ultimately, the ability to navigate clinical stress plays a vital role in shaping both competence and holistic development in nursing practice.

Theme 4: Clinical Support and Mentorship

Clinical support and mentorship refer to the guidance, supervision, and instructional assistance provided by clinical instructors, staff nurses, and peers during clinical exposure. This support system facilitates the development of nursing competence by bridging theoretical knowledge and real patient care experience. Mentorship in clinical settings also includes emotional support, constructive feedback, role modeling, and experiential learning opportunities that enable students to build confidence, enhance clinical judgment, and develop professional identity as they navigate the complexities of healthcare environments.

This theme is strongly reflected in participants’ narratives, which emphasize the critical role of guidance, feedback, and supportive supervision throughout their clinical exposure. Participants described how structured mentorship facilitated their transition from dependent learners to more confident and competent practitioners. Through continuous correction, demonstration, and encouragement, students were able to refine their clinical skills, address uncertainties, and gradually develop clinical reasoning. These accounts highlight the importance of scaffolded learning and guided participation in authentic clinical settings, where mentorship enables the integration of theoretical knowledge into practice.

These experiences are reflected in the participants’ narratives:

“The help of our clinical instructors and staff nurses was very significant, as they guided us in performing the correct procedures and providing patient care. When we made mistakes, they corrected us professionally and taught us how to improve. They were also very supportive and provided tips based on their experiences.” (P1)

“Our clinical instructors were also supportive because they guided our duties step-by-step. They encouraged us to ask questions and not be afraid to admit when we did not understand something.” (P2)

Participants further emphasized that continuous feedback, structured supervision, and role modeling significantly contributed to their clinical development. These experiences illustrate how feedback-rich and supportive learning environments promote skill refinement, reflective practice, and professional growth. Constructive feedback not only enhances technical performance but also fosters critical thinking, self-awareness, and accountability—essential components of clinical competence.

These experiences are reflected in the participants’ narratives:

“I received a great deal of support from our clinical instructors and staff nurses. Our clinical instructor was very patient in teaching and consistently provided feedback to help improve our performance.” (P3)

“Our clinical instructor is strict but supportive because they push us to become disciplined and responsible. Some staff nurses are also willing to share their experiences and practical tips.” (P4)

“Our clinical instructors and staff nurses are truly important parts of our growth... you can see their dedication even when they are already tired from work.” (P5)

Additionally, participants highlighted that mentorship extended beyond procedural instruction to include understanding the rationale behind clinical actions. This approach reflects deeper learning processes, in which students are guided not only in *how* to perform tasks but also in *why* they are performed. Such guidance enhances clinical reasoning, promotes critical thinking, and strengthens the ability to make appropriate clinical decisions in real patient care situations. Across narratives, mentorship is consistently portrayed as both instructional and supportive, helping students manage high-pressure clinical environments.

These experiences are reflected in the participants’ narratives:

“Clinical instructors are very helpful because they teach us not only ‘how to do things’ but also ‘why we do them.’ The staff nurses are also very realistic and honest with us.” (P6)

Clinical support and mentorship play a vital role in transforming nursing students into confident and competent practitioners. They reduce clinical anxiety by providing guidance, reassurance, and corrective feedback while accelerating skill acquisition through observation and guided practice. Beyond technical competence, mentorship shapes professional identity by modeling essential values such as empathy, accountability, and teamwork, and encourages reflective practice for continuous improvement. Conversely, insufficient mentorship may increase anxiety, diminish confidence, and hinder performance. Overall, strong clinical mentorship is essential in promoting safe practice, emotional resilience, and professional readiness among nursing students.

Theme 5: Professional Maturity in Nursing Practice

Professional maturity in nursing practice refers to the progressive development of nursing students’ competence, confidence, emotional regulation, and ethical responsibility as they transition from classroom-based learning to real clinical environments. It encompasses integrating theoretical knowledge with practical skills and the ability to demonstrate accountability, empathy, teamwork, and adaptability in complex and unpredictable healthcare settings. This maturity is reflected not only in technical proficiency but also in the development of professional identity, emotional resilience, and a deeper understanding of patient-centered care in authentic clinical contexts.

This theme is evident in participants’ narratives describing initial fear and anxiety, gradual skill development, increasing confidence, emotional exposure, and eventual professional growth through clinical immersion. Participants consistently portrayed their early clinical experiences as emotionally intense and transformative, marked by uncertainty and anticipatory anxiety as they transitioned from simulated learning to real patient care. These experiences highlight the psychological adjustment required in early clinical exposure, where students must navigate unfamiliar environments, performance expectations, and responsibilities for patient safety.

These experiences are reflected in the participants’ narratives:

“On my first day of clinical exposure, I felt extremely nervous and afraid because it was my first time encountering a real patient in a hospital setting. I also felt excitement.” (P1)

“When I first entered the clinical area, I was excited and nervous at the same time.” (P2)

“During my first duty, I felt intense fear and pressure.” (P3)

As clinical exposure progressed, participants reported developing essential nursing competencies, including monitoring vital signs, patient assessment, communication, and procedural assistance. These accounts illustrate

how repeated engagement in clinical tasks facilitates the translation of theoretical knowledge into practical skills. Through continuous participation in patient care activities, students gradually developed both competence and confidence in performing their clinical roles. Furthermore, participants emphasized that clinical competence extends beyond technical skills to include therapeutic communication, empathy, and teamwork, underscoring the relational dimensions of nursing practice.

These developments are reflected in the participants' narratives:

"I encountered many learning experiences, such as taking vital signs and assisting patients." (P1)

"During clinical exposure, I learned different responsibilities such as assisting in patient care and charting." (P3)

"I also learned how to communicate with patients and their families with empathy and respect." (P1)

"Empathy and patience are important in caring for patients." (P3)

A central dimension of professional maturity is the participants' increasing ability to manage stress, emotional burden, and clinical pressure. Their accounts reveal a growing awareness of the emotional demands of nursing practice, particularly regarding workload intensity, time constraints, and exposure to critically ill patients. While these stressors initially contributed to anxiety and emotional strain, participants gradually demonstrated the development of coping mechanisms and emotional regulation, indicating emerging resilience. These experiences reflect students' evolving capacity to manage both personal emotions and professional responsibilities in clinical settings.

These experiences are reflected in the participants' narratives:

"One of my biggest challenges is managing my anxiety and pressure." (P1)

"One of my challenges is controlling pressure and fatigue, especially when the ward is busy." (P2)

"It is emotionally draining when you see patients suffering." (P1)

"Sometimes I cry internally when I see the suffering of patients." (P2)

Another key indicator of professional maturity is the strengthening of confidence, competence, and professional identity among participants as they progress through clinical exposure. Their narratives illustrate a gradual shift from uncertainty and dependence toward increased self-assurance and autonomy in performing nursing responsibilities. This progression reflects not only skill enhancement but also the development of a deeper sense of responsibility, accountability, and patient safety awareness. Such transformation signifies the growing internalization of professional values and identity.

These experiences are reflected in the participants' narratives:

"Because of my clinical experiences, my confidence and competence improved." (P1)

"My self-confidence and professionalism grew." (P2)

"I became more mature as a student and future nurse." (P4)

"Responsibility and accountability are important in the nursing profession." (P2)

"I became more aware of how important patient safety is." (P4)

Professional maturity in nursing practice reflects a comprehensive transformation that occurs through continuous clinical exposure, influencing students cognitively, emotionally, and professionally. Through repeated

experiences, students progress from anxiety-driven performance to more confident, reflective, and patient-centered care, strengthening clinical judgment and the integration of theory and practice. Although clinical demands and emotional stressors may pose risks for burnout or compassion fatigue, these challenges can be mitigated through effective mentorship, peer support, and reflective practice. Ultimately, professional maturity emerges from integrating experiential learning, emotional regulation, and ongoing professional development in clinical contexts.

The findings of this study have important implications for nursing education, clinical training, and curriculum development. The emergence of clinical transition disorientation highlights the need for stronger preparatory programs that bridge the gap between theoretical instruction and actual clinical exposure. Nursing programs should strengthen simulation-based learning, pre-clinical orientation, and gradual exposure strategies to reduce anxiety and ease the transition shock students experience.

The development of clinical competency through experiential learning underscores the importance of structured clinical placements that provide progressive hands-on experiences. Nursing educators and clinical instructors should ensure that students are exposed to diverse clinical tasks in a supportive and supervised environment to facilitate skill acquisition, clinical judgment, and communication competence.

The presence of clinical stress and emotional strain suggests the need for institutional mechanisms that promote student well-being. Schools of nursing and clinical agencies should integrate stress management programs, debriefing sessions, and accessible psychological support systems to help students cope with emotional demands and prevent burnout or compassion fatigue.

The strong role of clinical support and mentorship emphasizes the critical importance of effective clinical instructors and staff nurses in shaping student learning. Institutions should invest in continuous training for clinical mentors to strengthen their teaching, feedback-giving, and supervisory skills, ensuring that students receive consistent guidance, constructive feedback, and emotional support during clinical exposure.

Finally, the development of professional maturity indicates that clinical exposure is not only a skill-building process but also a formative stage in identity development. Nursing education programs should therefore incorporate reflective practice, mentorship, and values-based education to support the formation of confident, ethical, and resilient future nurses. Overall, the results suggest that a well-structured, supportive, and reflective clinical learning environment is essential in transforming nursing students into competent and professional practitioners.

CONCLUSIONS

The findings of the study indicate that nursing students generally perceive their clinical instructors as highly competent across teaching behavior, clinical expertise, and mentorship and support, reflecting effective instructional and supervisory roles within the clinical learning environment. The quality of feedback provided by clinical instructors is likewise perceived as very good in terms of timeliness, specificity, clarity, and constructiveness, suggesting that students receive prompt, understandable, and development-oriented feedback that supports learning and skill improvement. In terms of outcomes, nursing students demonstrate a very good level of clinical performance in clinical judgment, teaching skills, and personal behavior, indicating consistent and competent performance in clinical settings. Correlational analysis further reveals that clinical instructor competency is significantly related to students' clinical judgment and teaching skills, but not to personal behavior, suggesting a stronger influence on cognitive and psychomotor domains than on behavioral traits. Similarly, feedback quality shows significant relationships with clinical judgment and teaching skills, with specificity and clarity demonstrating the strongest associations, highlighting the importance of clear, structured feedback in competency development. The multiple regression analysis identifies mentorship and support as the only significant predictors of clinical performance, underscoring the dominant role of relational and supportive aspects of clinical instruction in shaping student outcomes. Finally, the qualitative findings show that nursing students' clinical experiences are characterized by an initial phase of transition disorientation, anxiety, and emotional stress, followed by gradual development of competence, confidence, and professional identity, with

clinical support and mentorship playing a central role in facilitating adaptation and resilience throughout the clinical learning process.

RECOMMENDATIONS

Based on the study's findings, it is recommended that nursing education institutions strengthen preparatory and bridging strategies, such as simulation-based learning, structured orientation, and gradual clinical exposure, to help reduce clinical transition-related disorientation among students. Clinical instructors should continue to enhance their teaching practices, clinical expertise, and mentorship by providing consistent supervision, clear guidance, and supportive learning environments that promote the development of clinical judgment and competence. Institutions are also encouraged to establish mental health support systems, including stress management programs, debriefing sessions, and counseling services, to address the emotional strain experienced during clinical exposure. In addition, faculty development programs should be sustained and further improved to ensure the delivery of timely, specific, and constructive feedback, and to integrate reflective practice and mentorship frameworks into the curriculum to support professional growth and maturity. Finally, future studies should include multiple institutions or diverse clinical settings to enhance the generalizability and applicability of the findings.

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