Nursing Students' Expectations of Effective Nurse Educators: A Narrative Review

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DOI: https://doi.org/10.47772/IJRISS.2026.100900644

Received: 30 September 2026; Accepted: 05 October 2026; Published: 20 October 2026

ABSTRACT

Background: Nurse educators prepare nursing students for safe, competent, ethical and compassionate practice. Understanding what students expect of them can inform the quality of nursing education.

Aim: This narrative review synthesizes published evidence on nursing students' expectations of effective nurse educators across four domains: teaching competence, educator–student relationships, clinical supervision and professional role modelling.

Method: A structured literature search and thematic synthesis were used to integrate qualitative, quantitative, intervention and review evidence, together with international and Sri Lankan sources. The paper reports no new data collected from students.

Findings: The literature indicates that students value educators who combine subject and clinical expertise with clear, active and well-assessed teaching; who are respectful, approachable, caring and psychologically safe; who provide purposeful clinical supervision and balanced, actionable feedback; and who demonstrate in their own conduct the professional values they teach. The four domains are analytically distinct but operate interdependently: relationships enable learning and feedback, teaching competence gives supervision its content, and role modelling is expressed through all three. Sri Lankan evidence highlights supervision capacity, hierarchical feedback culture and professional recognition as contextual influences.

Implications: Nurse educator preparation and professional development should extend beyond clinical expertise to pedagogy, communication, feedback, supervision and role modelling.

Keywords: nursing students, nurse educator, student expectations, clinical supervision, role modelling.

INTRODUCTION

Nursing education prepares students to provide safe, ethical, evidence-informed and person-centered care. Unlike many academic disciplines, it requires the integration of theoretical knowledge, psychomotor skills, clinical reasoning, communication and professional values. Students therefore learn not only from lectures and textbooks but also from their interactions with educators, clinical staff, patients and the wider healthcare team. Within this process the nurse educator holds a particularly influential position.

The term *nurse educator* is used throughout this paper. In Sri Lanka and some other settings the same role is commonly called a nurse tutor, and the international literature also uses terms such as nursing faculty, lecturer, clinical instructor and clinical teacher. Where a cited study uses another term, the review reports it as nurse educator for consistency, except where the distinction matters to interpretation.

The nurse educator's role has traditionally been associated with classroom teaching, clinical instruction and assessment. Contemporary frameworks describe a broader role. The World Health Organization (2016) nurse

educator core competencies include understanding adult learning, curriculum development, evidence-based practice, research, communication, ethical and professional practice, program monitoring and leadership. Students, in turn, are not passive recipients of information; the literature describes learners who expect to participate, ask questions, practice skills, receive feedback and connect theory with real patient situations.

Research on students' perceptions shows that both knowledge and relational skill are valued. In a study of 400 Thai nursing students, subject expertise and relational expertise received almost identical mean ratings (4.45 and 4.44 out of 5), illustrating the combination of knowledge and interpersonal competence that students look for (Wanchai et al., 2022). An integrative review of nursing faculty characteristics likewise found that students value both competence and interpersonal skills (Labrague et al., 2020). A systematic review of 38 studies linked positive faculty–student relationships with confidence, motivation, clinical readiness and professional identity formation, and identified disrespect, poor communication and ineffective teaching as barriers (Opoku-Danso et al., 2025).

Asking what students expect of effective nurse educators is therefore not a question about popularity or satisfaction. It is a question about the educational behaviors and professional competencies that can support the development of safe and competent nurses. This paper addresses it by synthesizing existing published evidence on students' expectations. It does not report new data collected from nursing students, and its conclusions should be read as a synthesis of what others have found.

The Concept of an Effective Nurse Educator

In academic writing, therefore, the term effective nurse educator is preferable because effectiveness can be examined through observable competencies, teaching behaviors and educational outcomes.

An effective nurse educator integrates, subject and clinical expertise, pedagogical competence, effective communication, respectful interpersonal relationships, student support and mentorship, effective clinical supervision, constructive assessment and feedback, professional role modelling, appropriate use of educational technology, and commitment to continuing professional development.

Collier's integrative review of 37 studies identified three dominant characteristics of effective clinical instructors: competency, interpersonal relationship development and personality characteristics. Approachability was particularly prominent within the interpersonal dimension.

These findings are important because they challenge the traditional assumption that expertise in nursing automatically translates into expertise in teaching. A nurse may be highly competent clinically but may require additional preparation to become an effective educator. Teaching requires understanding how students learn, how to facilitate discussion, how to assess competence and how to provide feedback.

The WHO competency framework similarly places educational knowledge alongside nursing expertise. Nurse educators are expected to understand adult learning principles, learning domains, curriculum development and contemporary educational approaches while maintaining current professional and clinical knowledge.

Thus, students' expectations should be understood as part of a wider framework of nurse educator competency.

Review Aim and Objectives

The aim of this review is to synthesize available evidence on what nursing students expect from effective nurse educators and to draw implications for nursing education. The review question is: What does the published literature indicate about nursing students' expectations of nurse educators in relation to teaching competence, educator–student relationships, clinical supervision and professional role modelling? The objectives are:

1. To examine the teaching competencies that students identify as important in supporting their learning.

2. To explore the role of nurse educator–student relationships in students' educational and professional development.
3. To review students' expectations regarding clinical supervision, guidance and feedback.
4. To examine the importance of professional role modelling by nurse educators in shaping students' professional values and behaviors.
5. To identify implications for nurse educator preparation, professional development and nursing education practice.

REVIEW METHODOLOGY

Review design

A narrative review with a structured and transparent search and a thematic synthesis was adopted. This design suits the aim because the relevant literature is heterogeneous and the purpose is conceptual integration rather than estimating an effect size. Reporting was guided by the SANRA criteria for narrative reviews (Baethge et al., 2019).

Search strategy

Literature was identified through searches of PubMed/MEDLINE, CINAHL, Scopus and Google Scholar used, supplemented by World Health Organization documents including Sri Lankan literature. Search terms combined concepts for nursing students, nurse educators and students' expectations and perceptions.

Eligibility criteria

Sources were included if they:

- reported students' expectations, perceptions or experiences of nurse educators, teaching, supervision, feedback, relationships or role modelling, or were reviews or authoritative frameworks addressing these topics;
- concerned pre-registration (undergraduate or diploma) nursing education, or, where nursing evidence was limited, a closely related health-professional context that is identified as such in the text;
- were published in English in a peer-reviewed journal or by a recognized international body; and
- were foundational to the field or recent, with priority given to Sri Lankan and regional evidence to support contextual relevance.

Sources were excluded if they focused solely on educators' views without student perspectives, concerned postgraduate or continuing education, or addressed educational technology or teaching methods without reference to educator behavior or student perceptions.

Selection and data extraction

Title and abstract were screened against the criteria, followed by full-text review. For each included source the author extracted the country, design, participants, focus and findings relevant to one or more of the four review domains. The finally, 23 evidences were used, and listed in the references.

Synthesis and allocation of findings to domains

Extracted findings were synthesized thematically. The four domains correspond to objectives 1 to 5 and were specified in advance; the specific expectations within each domain were identified inductively from the sources. Expectations that plausibly belonged to more than one domain were allocated to the domain in which the source placed its emphasis and cross-referenced in the discussion of the other domains. Concepts that recurred across

domains, such as psychological safety, fairness, theory–practice integration, digital competence and sociocultural context, were treated as cross-cutting threads rather than as additional domains.

Appraisal, scope and ethics

No formal quality scoring was applied, as is usual in narrative reviews. Instead, the design and size of each source are reported so that readers can judge the weight it deserves, and evidence from other health professions is labelled as such. Because the review draws on published literature only and collected no new data from students, ethical approval was not required.

Conceptual Framework: Four Domains of Students' Expectations

How the domains are distinguished

The domains are distinguished by the educator function each one concerns and by the central question it asks (Table 1). Teaching competence concerns what the nurse educator knows and how it is taught and assessed. Relationships concern how the educator relates to students as people and learners. Clinical supervision, guidance and feedback concern how the educator guides and evaluates students' performance in practice. Professional role modelling concerns what the educator embodies through conduct, whether or not teaching is intended. An expectation was assigned to a domain by asking which of these four questions it chiefly answers.

Table 1. The four review domains

Domain	Central question	Students expect (as reported in the literature)	Main sources
Teaching competence	What does the educator know, and how is it taught and assessed?	Current subject and clinical expertise; clear, organized and active teaching; fair and transparent assessment; appropriate use of technology	Wanchai et al., 2022; Labrague et al., 2020; Wang et al., 2024; Ma et al., 2024; WHO, 2016
Educator–student relationships	How does the educator relate to students?	Respect, fairness, approachability, communication, caring, encouragement, psychological safety, inclusion	Opoku-Danso et al., 2025; Froneman et al., 2016; Hardie et al., 2022; Jayaweera et al., 2021
Clinical supervision, guidance and feedback	How does the educator guide and evaluate performance in practice?	Purposeful supervision; integration of theory and practice; balanced, specific and actionable feedback	Hill & Abhayasinghe, 2022; Sanchayan et al., 2024; Cant et al., 2024; Imanipour et al., 2023
Professional role modelling	What does the educator's own conduct teach?	Ethical, respectful, compassionate and accountable behaviour consistent with what is taught	Jayasuriya-Illesinghe et al., 2016; WHO, 2016; Opoku-Danso et al., 2025

How the domains are connected

Although analytically separate, the domains depend on one another in at least four ways. First, relationships are an enabling condition. Students who feel respected and psychologically safe are more able to ask questions, disclose uncertainty and accept feedback, so the benefit of both teaching and supervision depends on the relational climate. Second, teaching competence supplies the substance of supervision: an educator who cannot explain why an intervention is performed cannot help a student reason through it at the bedside. Third, clinical supervision and feedback are where the other domains are enacted and tested, because knowledge, relationship

and professional conduct become visible to students in the moment of guiding and correcting practice. Fourth, role modelling runs through all three: students infer the values of the profession from how educators teach, treat students and supervise patient care, so an inconsistency between what is taught and how the educator behaves undermines the credibility of the teaching itself.

The consequence is that weakness in one domain can limit the others. An educator with excellent clinical knowledge who communicates poorly may fail to facilitate learning, and a supportive educator without current clinical knowledge may not prepare students adequately for safe practice. Effective nurse educator practice, as described in the literature, therefore depends on integration rather than isolated competencies.

Table 2. Cross-cutting concepts and the domains in which they operate

Cross-cutting concept	How it links the domains
Psychological safety	Created through relationships; makes questions and disclosure possible in teaching; essential for feedback and safe supervision; reinforced when educators model openness about uncertainty
Fairness and respect	Shapes assessment (teaching competence), everyday interaction (relationships), allocation of clinical opportunities and feedback (supervision) and the example set to students (role modelling)
Theory–practice integration	Begins in teaching, is tested in supervision and feedback, and is demonstrated when educators practice what they teach
Digital competence and innovation	Extends teaching methods; supplements but does not replace supervision, feedback and role modelling
Sociocultural context	Hierarchy, professional recognition and workload influence relationships, feedback culture and supervision capacity

Findings by Domain

Domain 1: Teaching competence

Subject and clinical expertise. Accurate, current knowledge is the most basic expectation. In the Thai study, students rated subject expertise highest among educator characteristics, though this should not be read as showing that knowledge alone is sufficient (Wanchai et al., 2022). Collier's (2018) integrative review of 37 studies identified competency as one of three dominant characteristics of effective clinical instructors, alongside interpersonal relationship development and personality characteristics. Students appear to expect more than reproduction of textbook content: they want to understand why an intervention is performed and how theory applies to patient care. These findings challenge the assumption that clinical expertise automatically translates into teaching expertise, and the WHO framework similarly pairs educational knowledge with continued competence in nursing practice (WHO, 2016).

Clear, organized and active teaching. Labrague et al. (2020) identified teaching characteristics and faculty competence as important components of effective nursing education. Passive delivery, such as reading slides or dictating notes, is contrasted in the literature with teaching that uses clinical examples, demonstration, questioning and case discussion. Active approaches have an evidence base: a 2024 systematic review and meta-analysis examined team-based learning against conventional teaching for knowledge, practical skills and core abilities (Wang et al., 2024), and a 2024 review examined online teaching of practical skills (Li et al., 2024). The evidence does not suggest that any single method is best. Methods are better chosen by learning outcome, student level and resources; for example, demonstration for psychomotor skills, case-based learning for clinical reasoning, simulation for decision-making and team-based learning for teamwork. The nurse educator is thus positioned as a facilitator of learning rather than only a transmitter of information.

Fair and transparent assessment. Assessment strongly influences how students learn. Clinical assessment spans knowledge, psychomotor skills, communication and professional behaviour, so clear criteria, observable evidence and formative opportunities before high-stakes assessment are important. A scoping review of teaching and assessment methods for developing student nurses' evaluative judgement indicates that approaches helping students judge the quality of their own performance are valuable (Henderson et al., 2023).

Digital competence. Qualitative evidence shows that students' experiences of digital technology in clinical education involve both opportunities and challenges, which supports thoughtful implementation rather than simply introducing technology (Ma et al., 2024). Digital competence is best understood as an addition to, and not a replacement for, explanation, demonstration, supervision and encouragement from the educator.

Domain 2: Educator–student relationships

Respect, fairness and dignity. Respect is among the strongest recurring themes. The systematic review by Opoku-Danso et al. (2025) identified respectful and inclusive interactions as facilitators of positive faculty–student relationships and disrespect and discrimination as barriers. Students are described as sensitive to public humiliation, shouting, ridicule and unfair treatment. In Sri Lanka, a study of 161 final-year BSc Nursing students reported an overall DREEM score of 127.1 ± 14.3, within the "more positive than negative" category, while teaching-related concerns such as ridiculing, authoritarian behavior and anger in class were identified as needing attention (Jayaweera et al., 2021). The literature does not equate respect with lowered standards; rather, high standards are expected to be accompanied by respectful communication.

Approachability and communication. Approachability was especially prominent within the interpersonal dimension of effective clinical instruction (Collier, 2018). Students are expected to be able to ask legitimate questions without fear of ridicule, which does not require unlimited availability. Communication in this sense includes listening, questioning, respectful correction and willingness to clarify. Students differ in confidence, so options such as small-group discussion, anonymous questions and one-to-one consultation may widen participation.

Caring, encouragement and inclusion. Froneman et al. (2016) found that nursing students valued caring and supportive environments, respect, patience, motivation and additional support from educators. Caring does not lower academic expectations; it recognizes the student as a whole person while maintaining standards. Encouragement is most useful when specific and linked to a path for improvement. Because student groups differ in age, language, culture, prior experience and digital literacy, the review of Opoku-Danso et al. (2025) also identified inclusivity and appreciation of diversity as facilitators of positive relationships.

Psychological safety. Hardie et al. (2022) conceptualize psychological safety in clinical nursing education as students' belief that it is safe to take interpersonal risks such as asking questions, suggesting improvements and speaking up for patient safety, and they identify an accessible and approachable educator or preceptor as crucial. Their paper offers guidance for preceptors informed by a literature review, and it does not itself report students' expectations, so it is used here as conceptual support. Psychological safety does not mean tolerating unsafe practice; it creates conditions in which students disclose uncertainty before unsafe behavior occurs.

Domain 3: Clinical supervision, guidance and feedback

Clinical supervision. Clinical education is a defining feature of nursing, and the literature describes students as expecting supervision that bridges classroom knowledge and real patient care. Elements include orientation, clear objectives, demonstration, observation, guided practice, questioning, reflection and progressive independence. A multi-country study associated clinical learning environments with perceptions of effective clinical teaching and stressed collaboration between academic lecturers and clinical preceptors (Al-Daken et al., 2024). A thematic synthesis of 10,226 Australian student surveys, including 3,640 free-text comments about placements, provides large-scale student-generated evidence about what supports clinical learning (Cant et al., 2024).

Sri Lankan evidence is particularly relevant. In a qualitative study of 217 student nurses and 205 qualified nurses in Colombo district, sociocultural norms and governance structures that limited nurses' professional recognition negatively affected supervision, and the authors pointed to mentorship education for supervisors, recognition of the supervisory role and greater student support as first steps (Hill & Abhayasinghe, 2022). In a cross-sectional study of 211 nursing undergraduates, more frequent supervision was associated with better perceptions of the pedagogical atmosphere, supervisory relationships and the role of the nurse teacher, although students still reported communication gaps with clinical staff and stress in the clinical learning environment (Subhashini et al., 2026). Together these suggest that students expect purposeful and regular supervision, not occasional ward visits.

Integration of theory and practice. The theory–practice gap is a continuing concern. Supervision is the point at which educators can ask students to connect knowledge, assessment, clinical reasoning, intervention and evaluation, so that students learn to think like nurses and not merely recall information. Evidence on evaluative judgement supports approaches that develop students' ability to appraise their own clinical performance (Henderson et al., 2023).

Feedback. Feedback is essential because students need to know what they are doing well, what needs to improve and how. A comparative study found that written feedback produced higher performance scores and satisfaction than verbal feedback in the context studied, which suggests that the value of formats depends on context (Imanipour et al., 2023). In Sri Lanka, Sanchayan et al. (2024) found that feedback in undergraduate clinical teaching was frequently spontaneous, unidirectional and focused on error correction; both teachers and students preferred more balanced feedback including reinforcement and reflection, and hierarchical culture influenced feedback practice. Correction remains essential for patient safety, but the literature supports delivering it educationally rather than humiliatingly.

Domain 4: Professional role modelling

Students learn from what educators do as well as from what they say. An educator who teaches therapeutic communication but treats students disrespectfully, or who teaches infection prevention but does not practice it, sends conflicting messages. A phenomenological study of senior nursing students reported that students identified nurses and lecturers as role models and were influenced by knowledge, communication skills and respect for human beings (Kurt., et al., 2024). Evidence from Sri Lanka among medical students, not nursing students, suggests that purposeful teacher–student interaction, and not mere observation, makes teachers more likely to be perceived as genuine role models (Jayasuriya-Illesinghe et al., 2016); its relevance to nursing is inferential. The WHO (2016) competencies place ethical and professional practice within the educator role. Nurse educators are thus expected to model professional communication, ethical behavior, compassion, accountability, respect, teamwork, evidence-based practice and lifelong learning. The review by Opoku-Danso et al. (2025) links positive relationships with professional identity formation, which suggests that role modelling is one route through which students' professional values are shaped.

Integration of the Domains and Relevance to Sri Lankan Nursing Education

The reviewed evidence suggests that the traditional image of the nurse educator as mainly a deliverer of lectures is insufficient. The educator is expected to act as teacher, facilitator, clinical supervisor, assessor, feedback provider, mentor and role model, which corresponds closely with international competency frameworks (WHO, 2016, 2022). The four domains describe these functions and the connections in Section 4.2 explain why they cannot be developed in isolation.

The Sri Lankan sources reviewed point to features of the local context. Nursing students learn from what Nurse educator do, not only what Nurse educators say Students move between educational institutions and clinical environments, so supervision depends on coordination among nurse educators, clinical nurses and ward managers. Hierarchical culture appears to influence feedback (Sanchayan et al., 2024), limits in professional recognition and governance appear to affect supervision (Hill & Abhayasinghe, 2022), and supervision frequency is associated with students' experience of the clinical learning environment (Subhashini et al., 2026).

These factors imply that institutional as well as individual responses are required. Because this is a synthesis of a limited set of local studies, its relevance to every Sri Lankan institution should not be assumed.

Implications for Nurse Educator Preparation, Professional Development and Practice

The following implications follow from the synthesis and respond to Objective 5.

1. *Formal educational preparation.* Preparation should include adult learning, curriculum design, assessment, feedback, simulation, facilitation and educational research, and not only clinical qualifications (WHO, 2016).

2. *Clinical teaching and supervision.* Professional development should address supervision and mentorship, including collaboration with clinical preceptors and ward staff, given the Sri Lankan evidence on supervision (Hill & Abhayasinghe, 2022; Subhashini et al., 2026).

3. *Communication and feedback.* Feedback is a skill that needs practice. A structure consistent with the literature on balanced feedback is: what was done well, what needs improvement, why it matters, how to improve and an opportunity to practice again (Sanchayan et al., 2024).

4. *Psychological safety and respect.* Institutions can address learning-environment concerns, such as ridicule and authoritarian behavior, through professional development and clear expectations of conduct (Jayaweera et al., 2021).

5. *Student voice.* Student evaluations can be designed to identify barriers to learning rather than treated only as administrative requirements.

6. *Reflective practice and support for innovation.* Nurse educators can reflect on whether students learned, felt safe to ask questions, received feedback that helped, saw theory connected to practice, and saw their own conduct align with the values taught. Institutions can support this with access to simulation, digital resources and case-based learning.

7. *Supervision capacity and regularity.* a minimum supervision frequency, planned clinical teaching loads and student–supervisor ratios, and supervision that develops clinical reasoning as well as skills (Subhashini et al., 2026; Hill & Abhayasinghe, 2022).

8. Communication between nurse educators and clinical staff, through joint orientation, shared outcomes and regular liaison (Subhashini et al., 2026; Al-Daken et al., 2024).

9. Feedback within a hierarchical culture: two-way, reflective feedback with the student assessing first and private corrective conversations (Sanchayan et al., 2024).

10. *Student stress and support.* such as orientation, debriefing and a named contact person (Subhashini et al., 2026; Jayaweera et al., 2021).

11. Role modelling as a shared responsibility of educators and ward staff (Kurt et al., 2024; Jayasuriya-Illesinghe et al., 2016).

12. Local research with students in nursing colleges. It is essential component in effective nursing educator role and they should be prepared.

Limitations

As a narrative review, this paper is subject to selection bias, and a different search strategy might have identified additional sources. No formal quality appraisal was undertaken. Most included evidence reports students' perceptions, which are valuable but do not directly show educational outcomes. Studies came from diverse

countries and educational systems, and one source concerned medical students. Only English-language sources were considered, and the Sri Lankan evidence base is small. Finally, students' expectations are not a demand that educators satisfy every preference; they are evidence to be weighed against professional and academic standards.

CONCLUSION

This narrative review synthesized published evidence on what nursing students expect from effective nurse educators. Across the four domains examined, the literature indicates that students value educators who are knowledgeable and skilled in teaching and assessment, respectful, approachable and caring, purposeful in clinical supervision and feedback, and consistent in modelling professional values. The domains are distinct in focus but interdependent in practice, and effective nurse educator practice depends on their integration. For Sri Lankan nursing education, the evidence points to respectful educator–student relationships, effective clinical supervision, balanced feedback, role modelling and student-centred teaching as priorities, and indicates that sociocultural and institutional factors need to be addressed alongside individual development. Primary research with Sri Lankan nursing students would help test whether these expectations hold locally.

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