



INVESTIGATION OF PROSOCIAL MOTIVATION OF NURSING STUDENTS WHO WILL PRACTICE CLINICAL PRACTICE FOR THE FIRST TIME

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ABSTRACT

Aim: This study aimed to investigate the prosocial motivation and related influencing factors in nursing students prior to their first clinical practice experience.

Material and Methods: The study is a descriptive study. The sample of the study was made with the Raosoft program and the sample calculation of the universe was determined. Considering that there may be data loss, the study was completed with 114 students. Data were collected with the Sociodemographic Characteristics Form and the Prosocial Motivation Scale.

Results: The average of the prosocial motivation of the nursing students who will go into clinical practice for the first time is 4.11 ± 0.89 , there is a difference between the prosocial motivation scale scores of the students who have good relations with their teachers in education life, and the prosocial motivation status of the situation of being able to easily cooperate with people they do not know was found to be affected.

Conclusion: It is thought that prosocial motivation affects people communication skills and students with high prosocial motivation will have high clinical and educational success. It is recommended to develop students' prosocial motivation in order to evaluate prosocial motivation in different groups, to spread the concept of prosocial motivation and to ensure clinical success.

Keywords: Prosocial, motivation, clinical practice

İLK KEZ KLİNİK UYGULAMAYA ÇIKACAK HEMŞİRELİK ÖĞRENCİLERİNİN PROSOSYAL MOTİVASYONLARININ İNCELENMESİ

ÖZET

Amaç: Araştırma, ilk kez klinik uygulamaya çıkacak hemşirelik öğrencilerinin prososyal motivasyonlarının incelenmesi amacıyla planlanmıştır.

Gereç ve Yöntemler: Çalışma tanımlayıcı bir çalışmadır. Çalışmanın örneklemini Raosoft programı ile evreni belli örneklem hesabıyla yapıldı. Hesaplama yapılırken güven aralığı %95 belirlenmiş olup %5 hata payı hesaplandı. Ulaşılmaması gereken örneklem sayısı 91 olarak belirlendi. Veri kayıpları olabileceği düşünülerek 114 öğrenci ile çalışma tamamlandı. Veriler Sosyodemografik Özellikler Formu ve Prososyal Motivasyon Ölçeği ile toplandı.

Bulgular: İlk kez klinik uygulamaya çıkacak hemşirelik öğrencilerinin prososyal motivasyonlarının ortalamasının 4.11 ± 0.89 olduğu, eğitim hayatında hocaları ile ilişkileri iyi olan öğrencilerin prososyal motivasyon ölçek puanları arasında anlamlı farklılık olduğu, hiç tanımadığı insanlar ile kolay bir şekilde iş birliği kurabilme durumunun prososyal motivasyon durumunu etkilediği sonucuna varılmıştır.

Sonuç: Prososyal motivasyonun kişilerin iletişim becerilerinden etkilediği ve prososyal motivasyonu yüksek olan öğrencilerin klinik ve eğitim başarılarının yüksek olacağı düşünülmektedir. Prososyal motivasyonun farklı gruplarda değerlendirilmesi, prososyal motivasyon kavramının yaygınlaştırılması ve klinik başarının sağlanması için öğrencilerin prososyal motivasyonlarının geliştirilmesi önerilmektedir.

Anahtar Sözcükler: Prososyal, motivasyon, uygulamalı hemşirelik

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INTRODUCTION

There is a strong relationship between theoretical knowledge and clinical practice in nursing education (1,2,3). Clinical practices integrated into nursing education are an important opportunity to reflect the theoretical knowledge learned in the real environment (4). With these practices, it is aimed for students to develop a holistic and different perspective, reflect their theoretical knowledge to application areas, and gain knowledge, behaviors and skills (3,5,6).

In the clinical practice process, students gain skills such as problem solving, critical thinking, gaining intellectual skills, and working in harmony with team members. In addition to all these positive aspects, such new beginnings create stress and anxiety in students who will go to clinical practice for the first time (7,8). The reasons for stress and anxiety include students' unfamiliar hospital environment, communication and adaptation with different health professionals, inability to actively use effective communication skills, lack of self-confidence, and inability to integrate theoretical knowledge and practice (9,10).

Prosocial motivation is particularly important in the health sector where multidisciplinary team members need to be in harmony (11,12). Prosocial motivation is also related to extroversion and taking responsibility (13). It has been reported that individuals with high levels of prosocial motivation desire to help and benefit their environment without any control mechanism and are open to development (14,15). In business life, individuals with high levels of prosocial motivation have high levels of job satisfaction, career commitment and occupational motivation (16). While prosocial motivation involves leaving positive effects on other individuals and making a difference with help, it also has positive effects on individuals' work lives and leads to increased success (17). Recently, it is seen in the literature that prosocial motivation, which is a type of motivation, has been more and more examined in relation to the emotions and behaviors of human resources (16). At the same time, since there may be changes in prosocial motivation of nursing students after their clinical practice and education, it has been suggested that prosocial motivation should ideally be measured before education (18).

Thus, it is crucial to assess the prosocial motivation levels of students entering clinical practice for the first

time. Understanding these levels and identifying the potential challenges they may face will provide valuable information to effectively manage these challenges. Furthermore, uncovering the relationship between prosocial motivation and clinical practice adaptation may serve as a roadmap for facilitating smoother transitions and improving the clinical experience for future nursing students.

MATERIAL AND METHODS

Type of Research

This study, designed as an analytical cross-sectional research, aimed to examine the prosocial motivation and its associated factors in nursing students prior to their first clinical placement.

Place and Time of the Research

The data of the study were collected online between April and May 2023 with students who were going to clinical practice for the first time in the nursing department of a foundation university in Istanbul.

Population and Sample of the Study

The sample of the study was calculated using the Raosoft program with a sample calculation. While making the calculation, the confidence interval was determined as 99% and a 5% margin of error was calculated. The number of samples to be reached was determined as 91. Considering the possibility of data losses, the study was completed with 114 students.

Inclusion Criteria

- To be a 1st year student in the Department of Nursing
- Going into clinical practice for the first time

Research Questions

1. What are the factors affecting prosocial motivation?
2. Is there a relationship between prosocial motivation and clinical practice success?

Data Collection Tools

The data were collected with the Sociodemographic Characteristics Form and Prosocial Motivation Scale developed by the researchers. Permission was obtained for the scale used in the study.

Sociodemographic Characteristics Form: It consists of 10 questions including the sociodemographic data of the students developed by the researchers.

Prosocial Motivation Scale: In order to measure prosocial motivation in our study, a unidimensional scale consisting of five items and prepared as a five-point Likert scale developed by Grant and Sumanth (2009) and translated into Turkish by Kesen and Akyüz (2016) was used (17). The scale is unidimensional and consists of a total of 5 items. The adequacy level of the items is rated using a 5-point Likert scale. The factor loadings of the Prosocial Motivation Scale range between 0.774 and 0.853, and the Cronbach's Alpha coefficient was calculated as .841.

Data Evaluation

NCSS (Number Cruncher Statistical System) 2020 Statistical Software (NCSS LLC, Kaysville, Utah, USA) was used for statistical analysis. Quantitative variables were represented by mean, standard deviation, median, min and max values and qualitative variables were represented by descriptive statistical methods such as frequency and percentage. Shapiro Wilks test and Box Plot graphs were used to evaluate the conformity of the data to normal distribution. Student t test was used for quantitative two-group evaluations with normal distribution. Mann Whitney U test was used in the evaluations of variables that did not show normal distribution according to two groups, Kruskal Wallis test was used in the comparisons of three groups and more, and Dunn test was used to determine the group causing the difference. The results were evaluated at 95% confidence interval and significance was evaluated at $p < 0.05$ level.

Ethical Dimension of the Research

Approval was obtained from the Social and Human Sciences Ethics Committee of Istanbul Aydın University (Decision No: 2023/03) to conduct the research. Individuals who volunteered to participate in the study were informed about the purpose of the research, that all personal information would remain confidential, and that the research data would not be shared with anyone. Voluntary consent was obtained from all participants. The principles of the Declaration of Helsinki were followed in the conduct of the study.

RESULTS

The study was conducted between April and May 2023 with a total of 114 students, 9% ($n=10$) male and 91% ($n=104$) female, who were going to clinical practice for the first time in the nursing department of a foundation university in Istanbul. The ages of the students ranged between 18 and 23 years with a mean of 19.71 ± 1.22 .

When the distribution of the students who participated in the study according to their demographic characteristics is analyzed, it is seen that 81.6% ($n=93$) live with their nuclear families and 71.1% ($n=81$) stay with their families at the university. When the distribution of students according to their relationships in social life is examined, 72.8% ($n=83$) think that they do not have problems in their social life, 81.6% ($n=93$) think that they do not have problems with their professors, 60.5% ($n=69$) think that they do not have problems with their friends, 57% ($n=65$) are sometimes hesitant to enter a different environment that they are not used to, and 57% ($n=65$) are sometimes hesitant to enter a different environment that they have never been in before. 5% ($n=69$), 57% ($n=65$) were hesitant to enter a different environment that they were not used to, and 48.2% ($n=55$) were able to cooperate with people they had never met before (Table 1).

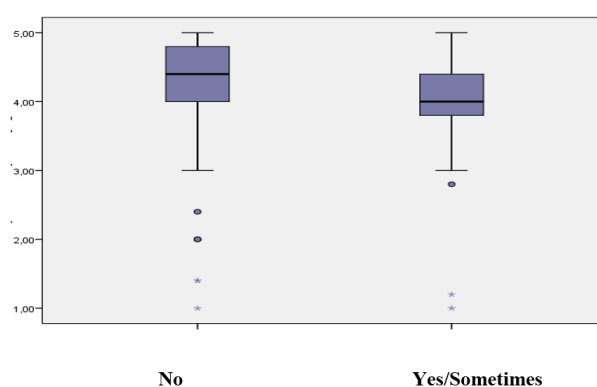
The distribution of the answers given to the prosocial motivation scale questions is shown in Table 2. The participants' scores on the Prosocial Motivation Scale ranged between 1 and 5, with a mean of 4.11 ± 0.89 and a median of 4.3.

No significant difference was found between the Prosocial Motivation Scale scores of the students according to their age distribution, gender, family type, place of residence and social life relationships ($p > 0.05$) (Table 3). A significant difference was found between the Prosocial Motivation Scale scores of the students according to their relationships with their professors in their educational life ($p < 0.05$), and the motivation scores of those who did not have problems were found to be significantly higher (Figure 1).

No significant difference was found between the Prosocial Motivation Scale scores of the students according to their relationships with their friends in their educational life and their hesitation to enter a different environment that they were not used to ($p > 0.05$) (Table 3).

Table 1. Distribution of Demographic Characteristics		
		n (%)
Age	Mid±Sd	19.71±1.22
	Medyan (Min-Maks)	20 (18-23)
Gender	Male	10 (8.8)
	Woman	104 (91.2)
Marital Status	Single	114 (100.0)
	Married	0
Family Type	Nuclear Family	93 (81.6)
	Extended Family	16 (14.0)
	Fragmented Family	5 (4.4)
Place of Residence	Dormitory	15 (13.1)
	With nuclear family	81 (71.1)
	With Extended Family	9 (7.9)
	Alone	1 (0.9)
	With a friend	8 (7.0)
Do you think you have problems with your relationships in social life?	Yes	31 (27.2)
	No.	83 (72.8)
Do you think you have problems in your relationships in your educational life / with your teachers?	Yes	4 (3.5)
	No.	93 (81.6)
	Occasionally	17 (14.9)
Do you think you have problems with your relationships / friends in your educational life?	Yes	5 (4.4)
	No.	69 (60.5)
	Occasionally	40 (35.1)
Do you hesitate to enter a different environment that you are not used to?	Always	7 (6.1)
	Frequently	27 (23.7)
	Occasionally	65 (57.0)
	Never	15 (13.2)
Can you easily co-operate with people you have never met before?	Always	18 (15.8)
	Frequently	35 (30.7)
	Occasionally	55 (48.2)
	Never	6 (5.3)

Table 2. Distribution of Prosocial Motivation Scale Questions					
	Prosocial Motivation Scale				
	Nothing	Very Rare	Sometimes	Most of the time	Always
1. I am more energetic when doing activities that meet the needs of others	3 (2.6)	8 (7)	21 (18.4)	55 (48.2)	27 (23.7)
2. I enjoy working in activities that can benefit others	4 (3.5)	4 (3.5)	8 (7)	56 (49.1)	42 (36.8)
3. I prefer to work in jobs where I can have a positive impact on others.	5 (4.4)	2 (1.8)	17 (14.9)	46 (40.4)	44 (38.6)
4. I do my best when doing work that contributes to the well-being of others	6 (5.3)	4 (3.5)	8 (7)	29 (25.4)	67 (58.8)
5. It is important for me to be able to use my own abilities for the benefit of others.	5 (4.4)	4 (3.5)	8 (7)	42 (36.8)	55 (48.2)
Prosocial Motivation Scale Score	Ort±Ss: 4.11±0.89				
	Medyan (Min-Maks): 4.3 (1-5)				



Having problems with your professors in your relationships in your educational life

Figure 1: Distribution of Prosocial Motivation Score According to Experiencing Problems in Your Relationships with Your Professors in Educational Life

Table 3. Comparisons of Demographic Characteristics According to Prosocial Motivation Scale

		Prosocial Motivation Scale		p
		Ort±Ss	M e d y a n (Min-Maks)	
Age	<20 years (n=52)	4.12±1.00	4.4 (1-5)	ª0.912
	≥20 years (n=62)	4.10±0.80	4.2 (1.4-5)	
Gender	Male	3.72±1.41	4.2 (1-5)	ª0.704
	Woman	4.14±0.83	4.3 (1-5)	
Family Type	Nuclear Family	4.20±0.78	4.4 (1-5)	ª0.268
	Extended Family	3.81±1.00	4.1(1.4-4.8)	
	Fragmented Family	3.20±1.83	4.4 (1-4.6)	
Place of Residence	Nuclear Family (n=81)	4.10±0.88	4.2 (1-5)	0.269
	Extended Family (n=9)	3.78±1.05	4 (1.4-4.6)	
	Other (n=24)	4.25±0.90	4.5 (1-5)	
Do you think you have problems with your relationships in social life?	Yes	3.95±1.04	4.2 (1-5)	ª0.274
	No	4.16±0.83	4.4 (1.2-5)	
Do you think you have problems in your relationships in your educational life / with your teachers?	Yes (n=21)	3.78±1.05	4 (1-5)	ª0.017*
	No (n=93)	4.18±0.84	4.4 (1-5)	
Do you think you have problems with your relationships / friends in your educational life?	Yes (n=45)	4.12±0.88	4.4 (1-5)	ª0.790
	No (n=69)	4.09±0.91	4.2 (1-5)	
Do you hesitate to enter a different environment that you are not used to?	Always-Frequently (n=34)	3.98±1.02	4.3 (1-5)	ª0.507
	Occasionally (n=65)	4.17±0.71	4.2 (2-5)	
	Never (n=15)	4.12±1.27	4.4 (1-5)	
Can you easily cooperate with people you have never met before?	Always-Frequently (n=53)	4.27±0.87	4.4 (1-5)	ª0.031*
	Occasionally (n=55)	4.00±0.85	4 (1.2-5)	
	Never (n=6)	3.67±1.34	4.1(1-4.6)	
ªStudent T Test ªMann-Whitney U Test ªKruskal-Wallis Test *p<0.05				

A significant difference was found between the Prosocial Motivation Scale scores according to the distribution of how often the students could easily cooperate with people they had never met before ($p=0.031$; $p<0.05$)(Table 3). When the significances were analyzed, the scale scores of the participants who thought that

they could always or often easily establish cooperation with people they did not know were significantly higher than the participants who thought that they could do so occasionally ($p=0.047$; $p<0.05$)(Figure 2). No significant difference was observed between the scale scores of the other groups ($p>0.05$).

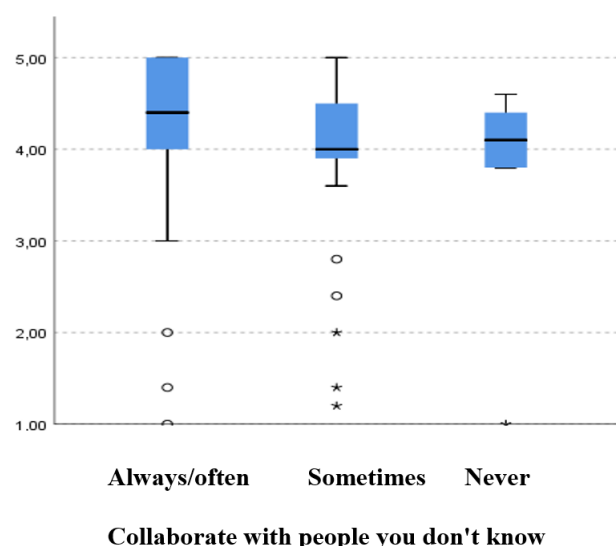


Figure 2: Comparison of Prosocial Motivation Scale according to Ability to Cooperate with Strangers

DISCUSSION

Clinical practice environments are important for nursing education and support students' learning. Nursing students face many stressful factors during their challenging education life (6,7). Especially the stress and anxiety levels of students who are going to clinical practice for the first time are high. In a study conducted by Ağaçdiken et al. (2016) with students who were going to clinical practice for the first time, it was found that students experienced anxiety (19), and in a study by Arabacı et al. (2015) evaluating students' anxiety and stress levels, it was found that students experienced more anxiety on the first day of internship (20).

It was found that the mean prosocial motivation of nursing students who were going to clinical practice for the first time was 4.11 ± 0.89 . It is supported by the literature that individuals with high prosocial motivation have higher job and career success (16,17,18). The high level of prosocial motivation in our study is similar to the results of the studies in the literature. It is thought that individuals with high prosocial motivation will have low stress and anxiety levels and high clinical practice success.

When the comparisons of demographic characteristics according to the prosocial motivation scale were evaluated, a significant difference was found between the Prosocial Motivation Scale scores of the students according to their relationship with their teachers in their

educational life ($p < 0.05$), and the motivation scores of those who did not have problems were found to be significantly higher.

In nursing education, as long as the relationship between the educator and the student meets the needs, the educational environment is positively affected. Establishing effective communication imposes responsibility on both the instructor and students. Students are affected by the instructor with whom they communicate (21). For this reason, in order to provide qualified and quality education, instructors should set an example for their students with their behaviors, students should feel that they are valuable in the eyes of instructors, and instructors should try to get to know their students (1,22).

For nursing students, being between theory and practice education and applying theoretical knowledge in the real work environment or vice versa can be challenging (23). To prevent this situation, there should be collaboration between academic lecturers and clinical supervisors aiming to integrate theoretical and practical knowledge. Clinical practice-based learning enables students to integrate theory and practice, develop skills for applied knowledge and prepares them for working life (8). It also supports the exchange of experiences between various health professionals. Therefore, it is effective for instructors to establish good relationships with students, identify stress factors in the nursing education process, develop strategies to help students control their stress, and guide students to increase their prosocial motivation (24).

A significant difference was found between the Prosocial Motivation Scale scores according to the distribution of how often students could easily cooperate with people they had never met before ($p = 0.031$; $p < 0.05$). When the significances are analyzed, the scale scores of the participants who think that they can always or often easily establish cooperation with people they have never met are significantly higher than those of the participants who think that they can do so occasionally ($p = 0.047$; $p < 0.05$).

Nursing education is a very stressful and anxious education. In addition to the conflicts that nursing students experience and feel as a university student during their education, they also face different problems created by the school and hospital environment. These problems

can be listed as internship in hospitals where anxiety and stress levels are high, caring for sick and terminal people, communication problems with educators and hospital staff, etc (19,25). Students who go to clinical practice areas where real lives are observed enter into a different social environment that they are not used to before, and they encounter a series of problems that they will experience differently as well as their inexperience in communicating with patients, physicians, nurses and other health personnel in the hospital (14,26). This different environment and being together with different health professionals did not pose a problem for students with high prosocial motivation. This is thought to be related to the high self-confidence of individuals and their confidence in their theoretical knowledge.

It is seen that individuals with high prosocial motivation do not have problems in their social life, do not have problems with their instructors and friends in their educational life, do not hesitate when they enter different environments, can easily cooperate with people they have never met and have better communication skills. Therefore, interventions to support prosocial motivation should be developed.

CONCLUSION AND RECOMMENDATIONS

The findings of this study revealed that nursing students preparing for their first clinical practice experience had a high level of prosocial motivation. Having positive relationships with their teachers during their educational journey has positively influenced students' prosocial motivation, and the ability to cooperate easily with unfamiliar individuals also had a positive impact on this motivation. These results suggest that prosocial motivation is closely linked to communication skills, and students with higher prosocial motivation may achieve greater clinical success.

While prosocial motivation has been studied in various professional groups, it has not been adequately explored among populations with high levels of stress and anxiety, such as nursing students. Therefore, further research is recommended in diverse groups to promote the concept of prosocial motivation and to develop targeted interventions aimed at enhancing students' prosocial motivation.

DECLARATIONS

Author Contributions

TŞT, AK involved in contributing to conceptualization, study design, data collection, performed data extraction and statistical analyses, resources, software, writing – original draft. TŞT, AK involved in the investigation, methodology, project administration, supervision, validation, visualization, writing – review. All authors participated in drafting the article and editing and approving the final version of the article.

Conflict of Interest Statement

There is no financial or other conflict of interest related to the study.

Financial Support

The researcher covered the financial support of the study.

Patient Consent Statement

The informed consent form declared in the ethics committee approval was approved by the participants.

Ethical Approval Statement

Approval was obtained from Istanbul Aydın University social human ethics committee with the number 2023/03 in 2023.

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