




## RESEARCH ARTICLE

# Understanding the expectations of nursing students following the first clinical internship: A qualitative study

Juan M. Leyva-Moral PhD, MSc, RN<sup>1,2,3</sup>  |  
 Mariela Aguayo-González PhD, MSc, RN<sup>1</sup>  |  
 Sabiniana San Rafael Gutiérrez PhD, MSc, RN<sup>1</sup> | Miguel Jiménez Pera MSc, RN<sup>4</sup> |  
 Olga Mestres-Soler PhD, MSN, RN<sup>1</sup> 

<sup>1</sup>Department of Nursing, Faculty of Medicine, Grupo de Investigación Enfermera en Vulnerabilidad y Salud (GRIVIS), Universitat Autònoma de Barcelona, Barcelona, Spain

<sup>2</sup>Universidad Maria Auxiliadora, Lima, Peru

<sup>3</sup>EBHC South America: A Joanna Briggs Institute Affiliated Group, Universidad Norbert Wiener, Lima, Peru

<sup>4</sup>Department of Nursing, Faculty of Medicine, Universitat Autònoma de Barcelona, Barcelona, Spain

## Correspondence

Mariela Aguayo-González, Department of Nursing, Faculty of Medicine, Grupo de Investigación Enfermera en Vulnerabilidad y Salud (GRIVIS), Universitat Autònoma de Barcelona, Avda. Can Domènech s/n, 08193 Bellaterra, Barcelona, Spain.  
 Email: marielapatricia.aguayo@uab.cat

## Abstract

This study aimed to describe how nursing students' expectations are achieved in their first clinical internship, as part of a longitudinal qualitative study conducted in a public nursing school in Barcelona, Spain. Data in the current phase were collected in 2019 from students ( $n = 15$ ) after completing an internship for the first time, recruited with purposive sampling until data saturation was reached in semi-structured interviews, and thematic analysis was performed on the interview content. Positive factors that had a powerful influence on students included the accessibility at the internship location and the experience with the clinical instructor, when these provided assessment and integration of the student in the health team. Practical learning is mediated by chance in terms of the center, service, teacher, and clinical instructor assigned. It is crucial to establish consensual measures among all the actors involved to facilitate the efficacy of teaching and learning.

## KEYWORDS

clinical instructors, internship, nursing students, qualitative research

## Key points

- First clinical internship is described by nursing students as an appropriate space to integrate theory into practice.
- Faculty and clinical instructors are reliable resources to help nursing students to overcome difficulties during first clinical internship.
- Learning experiences during first clinical internship are influenced by several factors including good luck.

## 1 | INTRODUCTION

Clinical internships are fundamental contexts for students to acquire the clinical skills and competencies necessary for professional development (Galletta et al., 2017). Clinical internships provide real-world environments in which nursing students integrate theory into practice (O'Mara et al., 2014). However, studies have shown that nursing students' practical experiences are generally stressful and unsatisfactory

(Levett-Jones & Lathlean, 2008), and cause high levels of anxiety, distracting students' attention from their required tasks (Levett-Jones et al., 2015; Stunden et al., 2015; Venkatasalu et al., 2015). The main factors contributing to this negative experience include not feeling recognized as a team member, lack of support and constructive feedback, lack of self-confidence, and insecurity about the possibility of making mistakes (Alshahrani et al., 2018; Khalaila, 2014; Levett-Jones et al., 2015; Stunden et al., 2015; Suárez-García et al., 2018).

## 1.1 | Literature review

Some studies highlight the importance of students' relationships with their clinical instructors as supporting the learning environment and student autonomy (Jokelainen et al., 2013). In environments where there is mutual respect and the students' roles are valued, constructive and fruitful relationships emerge, helping students attain recognition as future nurses (González-García et al., 2021). Mutual respect generates a positive impact on students' self-esteem and highlights the acquisition of knowledge in receptive environments as a means to increase students' confidence and reduce their anxiety (Antohe et al., 2016; Borrott et al., 2016; Saukkoriipi et al., 2020). This demonstrates the importance of the environment in achieving learning in clinical settings. It is argued that feelings of dissatisfaction and the nonfulfillment of expectations in nursing students during practical experience produces a discrepancy between self-perception as a student, and the achievement of results in the development of this role (Kaihlainen et al., 2019).

Even though the literature shows no consensus on the best possible duration of a clinical internship (González-García et al., 2021), in Spain, the nursing degree requires 2300 clinical hours, spread over 4 years of university training. Clinical practices are developed in different health centers, mainly hospitals and primary/community health centers (Agència per a la Qualitat del Sistema Universitari de Catalunya, 2017). At the Universitat Autònoma de Barcelona (UAB), students begin their internships in their second year and focus on the acquisition of basic skills and abilities required for their first contact with patients and their families. The main aims of the clinical internship are to integrate theory into practice and develop new knowledge by implementing critical and reflective thinking. At UAB, each student is assigned to a nurse (clinical instructor) from whom they learn the dynamics of service through imitation, delegation, and reflection. The clinical instructors are nursing professionals who assume this unpaid role, as part of the agreement established between the UAB and the clinical center. Previous studies have shown that providing a supportive clinical learning environment promotes students' satisfaction, identifying the clinical instructor as the most significant figure for students (González-García et al., 2021). The university faculty in charge of clinical internships contacts clinical instructors to explain and clarify the learning objectives, the expected results, and the evaluation tools. The university faculty also carries out face-to-face monitoring in the service with both students and clinical instructors. In addition, the university faculty conducts face-to-face seminars at the university where incidents that have occurred in clinical practice are discussed. The clinical instructor does not attend these seminars. Finally, each clinical internship is supervised by a coordinator who oversees the availability of practice places, the individualized assignment to each student, the monitoring of the faculty, and the resolution of conflicts. The coordinator has a managerial role rather than a teaching one. There is no online learning during the clinical internships. Seminars are assessed using rubrics specifically designed for these learning activities (the rubric assesses punctuality, group discussion ability, knowledge, reflective thinking, critical

thinking, and respect for diversity). During the clinical internship, students must write a reflective journal that is assessed by the university faculty once a week; these reflective journals are also marked using specific rubrics, and feedback is provided to each student after submission. Thus, the assessment of the clinical internship includes the clinical instructor's evaluation, participation in the seminars, and the reflective diaries.

Several authors have conducted studies about the experiences of students in their places of practice and argue that the relationship between the educational purpose of clinical practice and the experience itself is inadequate (Galletta et al., 2017; Jokelainen et al., 2013; O'Brien & Hathaway, 2017).

## 1.2 | Study aims

Thorough understanding of students' first clinical internship is crucial to gaining insight into the barriers to, and facilitators of, their positive experiences in the clinical practice phase. No previous research has been conducted in Spain; thus, the objective of this study was to identify and understand the positive and negative aspects of the first clinical nursing internship of students from a public nursing school in Barcelona. A detailed understanding of the phenomenon, from the students' perspective, will allow for the identification of strengths and weaknesses in the clinical internships, helping to adapt the curricular designs to the current reality. This will allow for more significant learning that will indirectly impact the improvement of the care provided.

## 2 | METHODS

### 2.1 | Study design and setting

This is the second part of a larger longitudinal qualitative study in which expectations before attending the first clinical internship are compared to the experience following the attendance. The first part of the study has recently been published elsewhere (Soler et al., 2021). The main results showed that students expected significant learning mainly through real practice in suitable places to apply the theoretical knowledge already acquired. Also, the clinical internship allowed the students to confirm that they were not wrong when they chose to study nursing and helped them understand different areas where nurses are essential. Before attending a clinical internship, nursing students expressed a desire to be mentored by the appropriate instructor, someone to rely on and who will help them to become autonomous and knowledgeable while individualizing the learning process.

### 2.2 | Participants and instrument

Qualitative descriptive methods were used. All second-year nursing students at a public nursing school in Barcelona ( $n = 84$ ) were invited to participate using purposive sampling. The study was presented by

the principal investigator in February 2019. Those interested in participating contacted the principal investigator via e-mail and were provided with all details required to make an informed decision whether to participate or not. Those who voluntarily agreed to participate were interviewed by two researchers with extensive experience in qualitative methods using semi-structured interviews. Informed consent documents were completed and signed before the interviews. The interview script was created according to the available evidence (Hand, 2003) and the aim of the study.

### 2.3 | Data collection

To avoid bias, the final script was agreed upon by the whole team and piloted with a student, whose data were not included in this study. The interviews had an average duration of 45 min and were audio-recorded to facilitate rapport with the participants (Dickson-Swift et al., 2007). The final sample size was determined by data saturation, that is, when analyzed data resulted only in redundancy (Sandelowski, 2008). Immediately after finishing the interviews, they were transcribed verbatim and kept in a secure space with access only by the research team. The study was approved by the Ethics Committee of the UAB (# 4281) and carried out in accordance with the Code of Ethics of the World Medical Association (Declaration of Helsinki). The participants did not receive any reward for their participation.

### 2.4 | Data analysis

The data were analyzed thematically following the method proposed by Braun and Clarke (2012), using Atlas.ti software (version 8) and focusing primarily on the positive and negative aspects of the general experience. Initially, one of the researchers read the transcripts several times to become familiar with their content and to identify the first units of meaning. Afterward, the texts were coded using descriptive codes according to their content. Next, the codes were grouped into categories according to intercode similarities. At this point, the preliminary results were discussed within the research group, and through reflective thinking and critical reasoning, changes were made until consensus was reached. Finally, the resulting report was discussed with two of the participants to verify the meaning and coherence of the interpretations, with no changes proposed.

## 3 | RESULTS

Fifteen students participated, enough to reach data saturation. The group consisted of young participants (aged 19–23 years), mostly studying nursing as a first option and without previous experience in the professional care of people. A total of 225 descriptive codes were identified, which were reduced to 27 after a careful reading. The codes were grouped into two main themes (positive and negative aspects) and four sub-themes (see Table 1).

**TABLE 1** Themes, subthemes, and codes

Themes	Sub-themes	Codes
Negative aspects	The practice itself	Between routine and starting over
		Community internship requires more work
		A matter of good luck
	The teaching staff	Be a trainee, not a worker
		The assessment tool
		Disappointed by clinical instructors
Positive aspects	The teaching staff	Feeling alone
		Little presence of faculty
		Somewhat distant teachers
		Very involved teachers
		The seminars
		Coordinator support
	Diverse learning	Good teaching by clinical instructor
		Relationship with clinical instructor
		Progressive learning
		Good luck factor
		Learning to communicate
		Being a nurse
Humanized care		
Stressful situations		
Learning from others		
Autonomous learning		
Technical learning		
Discovering primary care		
Experience teamwork		
Integrate theory into practice		
Much still to learn		

### 3.1 | Negative aspects

This theme is composed of two sub-themes that describe the areas that could have been improved during the first clinical internship: (i) the practice itself; and (ii) the teaching staff.

#### 3.1.1 | The practice itself

Students identify three large areas that could be improved in terms of the design and implementation of their internships. First, there is an imbalance in the amount of autonomous work they have to carry out to prepare for the seminars during both hospital and community internships, the latter being the one that requires greater dedication. Furthermore, the evaluation rubrics used for these seminars do not contribute to clarifying their

doubts, but rather increase them, given the subjective burden of the evaluative indicators.

Sometimes I think there is bad communication between the rubric, the teacher, and you. You grab the seminar rubric and do it on your own, and then the teacher interprets that rubric differently because they are abstract and ambiguous, they are not at all concise and give rise to free interpretation that does not coincide. (Participant 12)

Second, students claim their role as a student and not as a worker. This is because health institutions integrate students as a part of the team, working on the same schedule as their clinical instructors. Students refer to this as something negative as it places added pressure on their learning process and inexperience that they consider unnecessary and distasteful.

I have missed feeling that I am studying for a degree and not just working. Sometimes I felt like the nurse's assistant. (Participant 7)

Finally, as the students change units and teachers on several occasions during their internships, they feel that these changes mean "starting from scratch" since they do not know the particularities of the clinical instructor nor the characteristics and dynamics of the unit. Students say that once they are feeling comfortable and useful in a unit, it is time to change and return to the starting point, resulting in emotional and physical exhaustion.

There may have been a lack of communication. I started in the hospital and then I went to the Primary Care Center. There was a lack of communication between the two internships, I mean the nurse did not know what I had previously done...so when I arrived at the Primary Care Center they did not let me touch a patient or do anything. It was like taking a step back. (Participant 2)

### 3.1.2 | The teaching staff

Despite the desire and willingness to learn to be a nurse, whether learning happens is a matter of chance. Numerous elements are under neither the students' control nor that of the university, and the learning experience will be more or less significant depending on such elements. Students highlight the role of the clinical instructor, whose teaching style is grounded in their desire and motivation to teach. All of the participants have experienced, or know someone who has experienced, a situation that illustrates this fact. Based on these experiences, students draw their own conclusions about their satisfaction with the global practical experience. In this complex reality, both university teachers and clinical instructors themselves participate, along

with other health professionals, in the process to a greater or lesser degree.

I believe that what you learn during your internship depends a lot on the nurse and unit assigned to you. You never know if they will let you do things, or if they will teach you more or less content. In my case, luckily, I am quite happy with the ones I have had and well, I think I have learned a lot. (Participant 7)

It being their first experience of practice, students have a series of expectations and ideals regarding the clinical instructor that they will not find in real practice. Management of patient care is also identified by students as something that can be improved upon, as on some occasions the lack of relationship with other students made them feel alone during their learning process.

I didn't like how some nurses treated their patients, especially older nurses, they were a bit "old school" or a bit "burned out." Some nurses take on students to improve their CVs, not because they like it. (Participant 15)

Despite the university requiring a high presence of university faculty in charge of the students, some students consider the faculty to have not been present as much as they wanted them to be, and they describe their role as being absent in clinical spaces. Consequently, a certain distant relationship with the faculty is identified.

The teacher never went to the center, he never interacted with the nurse, and he did not explain exactly what she had to assess. I taught it to her, I showed the nurse the evaluation sheet. (Participant 1)

## 3.2 | Positive aspects

This category comprises two sub-themes: (i) teaching staff; and (ii) diversity of learning.

### 3.2.1 | The teaching staff

Despite the aforementioned impressions, that learning is mediated by chance and that improvements are required among the different teaching professionals, the students mostly described positively the teaching provided by the clinical instructors. This feeling is determined by the good personal and professional relationship established between the student and the clinical instructor, which the students feel has a direct influence on their learning. Students highlight the ability of clinical instructors to accompany them in their learning process, which is closely related to the motivation they provide. Students especially highlight clinical instructors' empathetic attitudes toward novices, their commitment to teaching, and their high levels of

knowledge. Students feel that due to the explanations and progressive autonomy provided, their learning has been dynamic and significant. For them, clinical instructors must allow them to become autonomous. However, students feel that there is some chance involved, meaning it is a matter of chance whether a clinical instructor committed to teaching is assigned to them or not.

[The clinical instructor] was a very empathetic person; she knew what internships meant to students, and at no point did she expect me to do things that exceeded my abilities; she wanted me to have a good time. I have colleagues whose clinical instructor only let them fill the medication carts and would not let them do anything else. From day one, my clinical instructor told me that filling the carts was not my job; she allowed me to leave 10 minutes before if I wanted to, and she filled the medication cart. She wanted me to be with her so I could learn techniques and how to do things. So, empathy helps a lot to understand my fears and to promote good communication between teacher and student. (Participant 2)

The educational experience with university faculty was also mostly described positively, highlighting the experience of empathy and the ability to adapt to the dynamics and contents of the seminars. However, all the participants pointed out that the characteristics identified as positive are not present in all professionals and they are aware of negative situations (or have experienced them) that put final learning and motivation to continue studying in jeopardy. The possibility of having access to prepared teachers with a desire to teach is, again, mediated by chance. One of the most frequent statements in the interviews was “I have been very lucky” referring to the faculty involved, the assigned internship services, and the schedules.

I know that colleagues have not been so lucky, and I know that when you don't get along with the clinical instructor the learning process is different. (Participant 6)

### 3.2.2 | Diversity of learning

The learning acquired during an internship is described as a progressive experience in which knowledge, skills, and attitudes are gradually integrated in different ways. Students are aware that they cannot oversee the same tasks as their clinical instructors and that hours of experience are what will help them increase the complexity of their tasks and their correct execution. In progressive learning, students identify stressful situations as an important source from which to learn. They recognize that any situation is a possible learning opportunity, and far from feeling like they cannot handle the situation, they take advantage of stress to reflect on situations and identify how to

learn and improve based on what happened. In short, they are aware that they still have a lot to learn and show a willingness to do so.

There has been an evolution; I started here [pointing low] and I have finished quite high. Yes, it is true that there are many things to learn but very gradually, and every day, I learn new things. (Participant 13)

The experience of the first clinical internship allows students to integrate and apply all theoretical knowledge obtained so far. For many, knowledge was difficult to obtain from the lectures, and it was difficult to make practical sense of it, but due to practice, they have been able to understand it. Students have a great desire to learn and the internships help motivate them by showing them that their efforts to study theory help in their understanding of the care they provide and confirm whether nursing is the profession that truly makes them feel fulfilled. Students also identify hands-on learning as the most effective, meaningful, and realistic way to incorporate certain concepts and procedures.

I think I have learned even more than in the theoretical courses; it's a matter of how you learn. I am sure that five minutes after the lecture or after taking the exam, I will forget. (Participant 8)

Finally, in addition to the two main protagonists in the learning process, the nurse and the clinical instructor, the students reported having learned informally from other members of the healthcare team, and even from the patients and their families. They also describe having felt integrated into a team and learning first-hand what teamwork is.

I have felt supported by the team at all times; at the Primary Care Center the physicians also supported me. If they were going to apply stitches, they would let me know and learn with them, and now in the hospital, I am fine with everyone. If there is another nurse who is not a clinical instructor and she has something interesting to do, an admission from the ICU for example, she lets me know and I also go. I do not think I was missing anything; the truth is that I am very happy. (Participant 11)

Students in their first clinical internship highlight the importance of learning how to perform nursing techniques and procedures rather than providing basic care. Practically, all the participants describe nursing tasks as those that include a technique to be carried out, whether it is taking vital signs, inserting an intravenous line, or performing resuscitation maneuvers. Other care such as grooming, dressing patients, or feeding them are not identified in their accounts. The only non-technical care that is identified is therapeutic communication with patients and families. One unexpected learning aspect was the nursing role at primary and community care centers, which they

describe as a very favorable environment for learning non-technical aspects such as communication and health education. In this context, students identify what it means to care from a global perspective, making the patient and their family the central element.

We are very used to “doing” a lot and reflecting only a little. Primary care obviously has a technical part, but what comes before the technical part is more important: preventive activities and education. Nursing has technical and humanitarian aspects; you must be able to implement both, I would say the humanitarian even more than the technical. (Participant 10)

## 4 | DISCUSSION

Clinical internships are an essential aspect in the preparation and professional competence of nursing students, providing confidence, organizational skills, and favoring positive experiences. The results of this study are in line with Tang and Chan (2019), in which the students positively valued accessibility to their place of practice and the experience of the assigned clinical instructor as key elements to feeling safe, competent, and organized.

Another important element identified in this study is the assessment and integration of the student in the health team. Carr et al. (2018) described this as necessary for making the student feel that they are a valuable member and for increasing their self-esteem, values, confidence, and security. The students have verbalized that they want to play the role of student, and not a worker, within the team. Thus, positioning of the members of the unit must be established to guarantee the safety of the student and the professionalism of the clinical instructor, modulating the positions as learning progresses.

This study shows how clinical instructors play an essential role for students: They are their reference and a powerful influence on their learning. Students need their feedback to position their knowledge. Clinical instructors promote the integration of theoretical knowledge with clinical practice and will determine the progress and evaluation of the student. Similarly, Lee and Chiang (2021) noticed that the student-instructor relationship is crucial for optimal student learning during their internships (Lee & Chiang, 2021). In fact, there are studies that show that the student-instructor relationship directly impacts student satisfaction with practical learning (Pitkänen et al., 2018); thus, the greater the interaction, the greater is students' satisfaction with their internship (González-García et al., 2021; Saukkoriipi et al., 2020).

The evidence shows how the failure of the clinical instructor directly affects the student in such a way that there is a fragmentation of learning and an impact on the perception of the profession, which translates into disillusionment and rejection of the nursing practice (Flood & Robinia, 2014). Among the aspects most valued by students regarding the clinical instructor, the ability to integrate skills and knowledge into the clinical environment to promote sustainable learning stands out. This finding is in line with a study carried out in the Philippines by Flood and Robinia (2014), who indicated that students

valued constructive comments and suggestions for improvement, respect and concern for them, ability to train them, knowledge of clinical teaching skills, and understanding toward them.

Stress due to academic and emotional demands emerges during the clinical internship, especially when assuming responsibility for direct patient care. This can be a negative element in the development of critical thinking, and instructors can have a modulating role. In this study, the students verbalized stressful situations as a source of learning, so that they acquired positive knowledge from those situations that, at other times, they would have experienced negatively. Along the same lines, Martins et al. (2017) identified, as the main sources of stress for students in the last year of the nursing degree, the relationships with their professors, the relationships with their clinical instructors, and the death of patients.

The nursing degree is highly complex because of all the knowledge that students must acquire. Moreover, the concept of care must be introduced in their education through transpersonal evolutionary models as a transversal process (Begum & Slavin, 2012). The concept of care is abstract and difficult to explain without an approach to the clinical environment, where the students, through their involvement, understand this element as the essence of the profession. Care is learned through interpersonal relationships between students, educators, and professionals, with roles linked to guiding, supporting, negotiating, reinforcing, and transforming to release stress in clinical practice (Fernández Trinidad et al., 2019).

The students who participated in this study expressed the desire for more faculty in practice centers. However, this complaint was solved in clinical seminars where the student can reflect on their experiences, perceptions, and desires, and maintain the clinical environment for healthcare professionals. Currently, there is a tendency to look for teaching resources that allow the transfer of theory to practice through clinical simulation and tutorials that ensure the enhancement of knowledge acquired in the environment of clinical practice and analyze it through reflective practice. The work of Celma-Vicente et al. (2019) shows the difficulty of achieving the student's learning objectives in the current clinical environment, due to the high care load, the high ratio of nurses to patients, the labor, and the interpersonal conflicts, in addition to the high variability of clinical instructors in healthcare practice with regards to carrying out teaching and evaluation. This entails the need for professionals who work as clinical instructors to have teaching and communication skills, research knowledge, and an open and flexible character.

## 5 | LIMITATIONS

One of the limitations of this study was that the participants did not provide all of the information they had about the phenomenon when they were interviewed by teachers of the degrees in nursing at the universities where they studied. The students in the sample demonstrated positive attitudes and motivation to learn in offering their participation in the interviews. This means students who were less motivated or negative about the experience were underrepresented in the study.



## 6 | CONCLUSIONS

This study shows that nursing students' main expectations from the first clinical internship were achieved. The first clinical nursing internship is a space to integrate theory into practice. It is a learning space where nursing students overcome difficulties with the help and support of teachers and clinical instructors. Despite identifying numerous positive factors related to learning, it should be noted that such practical learning is mediated by chance in terms of the center, service, teacher, and clinical instructor assigned.

Clinical instructors and faculty are the key factors of success for clinical internships, in terms of both learning and the satisfaction of the lived experience (Dimitriadou et al., 2015; Lee & Chiang, 2021). These can transform stressful situations into a source of learning for the student, in which they can explore care from a more intense and profound perspective. Therefore, it is crucial to establish consensual measures among all of the actors involved in facilitating the efficacy of teaching nursing students in their first clinical internships. Among these measures, the teacher's feedback must be enhanced through open, flexible, empathic communication, and criteria need to be unified for action and evaluation among teachers.

The results of this study establish a basis for future studies, which could include mixed methodologies with a multicenter approach to identify and understand the barriers and facilitators that nursing students face after their first clinical practices. This would include exploring the possible impact on their later experiences.

### ACKNOWLEDGMENTS

We appreciate the contribution of the student participants.

### CONFLICT OF INTEREST

No conflict of interest has been declared by the authors.

### AUTHOR CONTRIBUTIONS

Study design: Olga Mestres-Soler, Juan M. Leyva-Moral, Mariela Aguayo-González, and Sabiniana San Rafael.

Data collection: Olga Mestres-Soler, Juan M. Leyva-Moral, Mariela Aguayo-González, Sabiniana San Rafael, and Miguel Jiménez Pera.

Data analysis: Juan M. Leyva-Moral and Mariela Aguayo-González.

Manuscript writing: Olga Mestres-Soler, Juan M. Leyva-Moral, Mariela Aguayo-González, Sabiniana San Rafael, and Miguel Jiménez Pera.

### DATA AVAILABILITY STATEMENT

Due to the nature of this research, participants of this study did not agree for their data to be shared publicly, so supporting data is not available.

### ORCID

Juan M. Leyva-Moral  <https://orcid.org/0000-0003-4241-4992>

Mariela Aguayo-González  <https://orcid.org/0000-0002-5968-5214>

Olga Mestres-Soler  <https://orcid.org/0000-0002-1548-5763>

## REFERENCES

- Agència per a la Qualitat del Sistema Universitari de Catalunya. (2017) *La inserció laboral dels graduats i graduades de les universitats catalanes*. AQU Catalunya. [https://www.aqu.cat/ca/content/download/158/file/doc\\_56174010\\_1.pdf?inLanguage=cat-ES&version=11](https://www.aqu.cat/ca/content/download/158/file/doc_56174010_1.pdf?inLanguage=cat-ES&version=11)
- Alshahrani, Y., Cusack, L., & Rasmussen, P. (2018). Undergraduate nursing students' strategies for coping with their first clinical placement: Descriptive survey study. *Nurse Education Today*, 69, 104–108.
- Antohe, I., Riklikiene, O., Tichelaar, E., & Saarikoski, M. (2016). Clinical education and training of student nurses in four moderately new European Union countries: Assessment of students' satisfaction with the learning environment. *Nurse Education in Practice*, 17, 139–144.
- Begum, S., & Slavin, H. (2012). Perceptions of “caring” in nursing education by Pakistani nursing students: An exploratory study. *Nurse Education Today*, 32, 332–336.
- Borrott, N., Day, G. E., Sedgwick, M., & Levett-Jones, T. (2016). Nursing students' belongingness and workplace satisfaction: Quantitative findings of a mixed methods study. *Nurse Education Today*, 45, 29–34.
- Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol. 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57–71). American Psychological Association.
- Carr, J., Taylor, R., & Pitt, M. (2018). Supporting student nurses who have their first clinical placement in the community nursing team. *British Journal of Community Nursing*, 23(10), 496–500.
- Celma-Vicente, M., López-Morales, M., & Cano Caballero-Gálvez, M. D. (2019). Analysis of clinical practices in the nursing degree: Vision of tutors and students. *Enfermería Clínica (English Edition)*, 29(5), 271–279.
- Dickson-Swift, V., James, E. L., Kippen, S., & Liamputtong, P. (2007). Doing sensitive research: What challenges do qualitative researchers face? *Qualitative Research*, 7(3), 327–353.
- Dimitriadou, M., Papastavrou, E., Efstathiou, G., & Theodorou, M. (2015). Baccalaureate nursing students' perceptions of learning and supervision in the clinical environment. *Nursing & Health Sciences*, 17(2), 236–242.
- Fernández Trinidad, M., González Pascual, J. L., & Rodríguez García, M. (2019). Perception of caring among nursing students: Results from a cross-sectional survey. *Nurse Education Today*, 83, 104196.
- Flood, L. S., & Robinia, K. (2014). Bridging the gap: Strategies to integrate classroom and clinical learning. *Nurse Education in Practice*, 14, 329–332.
- Galletta, M., Portoghese, I., Aviles Gonzales, C. I., Melis, P., Marcias, G., Campagna, M., Minerba, L., & Sardu, C. (2017). Lack of respect, role uncertainty and satisfaction with clinical practice among nursing students: The moderating role of supportive staff. *Acta Bio-Medica: Atenei Parmensis*, 88(Suppl 3), 43–50.
- González-García, A., Díez-Fernández, A., Leino-Kilpi, H., Martínez-Vizcaino, V., & Strandell-Laine, C. (2021). The relationship between clinical placement duration and students' satisfaction with the quality of supervision and learning environment: A mediation analysis. *Nursing & Health Sciences*, 23(3), 688–697.
- Hand, H. (2003). The mentor's tale: A reflexive account of semi-structured interviews. *Nurse Researcher (through 2013)*, 10(3), 15.
- Jokelainen, M., Jamookeah, D., Tossavainen, K., & Turunen, H. (2013). Finnish and British mentors' conceptions of facilitating nursing students' placement learning and professional development. *Nurse Education in Practice*, 13(1), 61–67.
- Kaihlanen, A. M., Hietapakka, L., & Heponiemi, T. (2019). Increasing cultural awareness: Qualitative study of nurses' perceptions about cultural competence training. *BMC Nursing*, 18(1), 1–9.

- Khalaila, R. (2014). Simulation in nursing education: An evaluation of students' outcomes at their first clinical practice combined with simulations. *Nurse Education Today*, 34(2), 252–258.
- Lee, N. P. M., & Chiang, V. C. L. (2021). The mentorship experience of students and nurses in pre-registration nursing education: A thematic synthesis of qualitative studies. *Nursing & Health Sciences*, 23(1), 69–86.
- Levett-Jones, T., & Lathlean, J. (2008). Belongingness: A prerequisite for nursing students' clinical learning. *Nurse Education in Practice*, 8(2), 103–111.
- Levett-Jones, T., Pitt, V., Courtney-Pratt, H., Harbrow, G., & Rossiter, R. (2015). What are the primary concerns of nursing students as they prepare for and contemplate their first clinical placement experience? *Nurse Education in Practice*, 15(4), 304–309.
- Martins, C., Campos, S., Duarte, J., Martins, R., Moreira, T., & Chaves, C. (2017). Situações indutoras de stress e burnout em estudantes de enfermagem nos ensinos clínicos. *Revista Portuguesa de Enfermagem de Saúde Mental*, 25, 25–32.
- O'Brien, T., & Hathaway, D. (2017, October 28–November 1). *Undergraduate nursing students and faculty perceptions to a research internship model* [Paper presentation]. Sigma Theta Tau International 44th Biennial Convention 2017, Indianapolis, IN, USA. 44a Convención Bienal 2017. EEUU.
- O'Mara, L., McDonald, J., Gillespie, M., Brown, H., & Miles, L. (2014). Challenging clinical learning environments: Experiences of undergraduate nursing students. *Nurse Education in Practice*, 14(2), 208–213.
- Pitkänen, S., Kääriäinen, M., Oikarainen, A., Tuomikoski, A.-M., Elo, S., Ruotsalainen, H., Saarikoski, M., Kärämänoja, T., & Mikkonen, K. (2018). Healthcare students' evaluation of the clinical learning environment and supervision – a cross-sectional study. *Nurse Education Today*, 62, 143–149.
- Sandelowski, M. (2008). Theoretical saturation. In L. M. Given (Ed.), *The SAGE encyclopedia of qualitative research methods*, 2 (2nd ed., pp. 875–876). Sage.
- Saukkoriipi, M., Tuomikoski, A. M., Sivonen, P., Kärämänoja, T., Laitinen, A., Tähtinen, T., Kääriäinen, M., Kuivila, H. M., Juntunen, J., Tomietto, M., & Mikkonen, K. (2020). Clustering clinical learning environment and mentoring perceptions of nursing and midwifery students: A cross-sectional study. *Journal of Advanced Nursing*, 76(9), 2336–2347.
- Soler, O. M., Aguayo-González, M., Gutiérrez, S. S. R., Pera, M. J., & Leyva-Moral, J. M. (2021). Nursing students' expectations of their first clinical placement: A qualitative study. *Nurse Education Today*, 98, 104736.
- Stunden, A., Halcomb, E., & Jefferies, D. (2015). Tools to reduce first year nursing students' anxiety levels prior to undergoing objective structured clinical assessment (OSCA) and how this impacts on the student's experience of their first clinical placement. *Nurse Education Today*, 35(9), 987–991.
- Suárez-García, J. M., Maestro-González, A., Zuazua-Rico, D., Sánchez-Zaballos, M., & Mosteiro-Díaz, P. (2018). Stressors for Spanish nursing students in clinical practice. *Nurse Education Today*, 64, 16–20.
- Tang, F. W. K., & Chan, A. W. K. (2019). Learning experience of nursing students in a clinical partnership model: An exploratory qualitative analysis. *Nurse Education Today*, 75, 6–12.
- Venkatasalu, M. R., Kelleher, M., & Shao, C. H. (2015). Reported clinical outcomes of high-fidelity simulation versus classroom-based end-of-life care education. *International Journal of Palliative Nursing*, 21(4), 179–186.

**How to cite this article:** Leyva-Moral, J. M., Aguayo-González, M., San Rafael Gutiérrez, S., Jiménez Pera, M., & Mestres-Soler, O. (2022). Understanding the expectations of nursing students following the first clinical internship: A qualitative study. *Nursing & Health Sciences*, 24(1), 93–100. <https://doi.org/10.1111/nhs.12897>