

## THE CLINICAL LEARNING ENVIRONMENT: THE ATTITUDE OF UNDERGRADUATE STUDENT NURSES TOWARDS MENTORSHIP AT HOSPITALS IN LITHUANIA

Asta Mažionienė<sup>1</sup>, Vida Staniulienė<sup>2</sup>, Vitalija Gerikienė<sup>3</sup>

**Abstract:** The research sought to determine the attitude of student nurses towards their clinical placement: clinical learning environment, communication with supervisor – mentor, and their satisfaction with the recently completed clinical placement. The research was performed by 283 students of the first to third study year from two Northwest regional higher education institutions for nurses in Lithuania. The students have recently completed their clinical placement at regional hospitals. A quantitative descriptive correlational design was used. The research instrument used was the paper version of the CLES (Clinical Learning Environment and Supervision) questionnaire. The research results revealed that more than half of the students were satisfied with their recently completed clinical placement. Their satisfaction was related to the study year. The student nurses were the most positive about the possibility to approach the members of staff during clinical placement and the fact that there were sufficient meaningful learning cases and situations during clinical placement. Clinical placement of the student nurses was supervised and assessed by supervisors – registered nurses (N=133) and ward managers (N=135). The student nurses assessed their personal contribution in clinical placement as good and very good. Those, who specified the highest personal contribution in their clinical placement, assessed the clinical learning environment the best. The most satisfied students were supervised individually during their clinical placements.

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**Keywords:** clinical placement, clinical learning environment, student nurses, CLES, Lithuania

### Introduction

The clinical internship placement is the best place to build nursing knowledge. It is an important part of nurse education during which students have the opportunity to translate theory into practice. In the Lithuanian Bachelors of nursing degree, students are required to perform clinical placements of no less than 50 % of their total education time, in line with the European Council recommendation that the clinical component should comprise 50 % of the nursing education programme and take place in healthcare settings (Directive 2013/55/EU). The clinical learning environment (CLE) is a multilevel phenomenon which consist of a pedagogical atmosphere, the leadership style of the ward manager, the premises of nursing, and supervisory relationships (Tomietto *et al.*, 2014). Nursing programmes and healthcare facility leaders must evaluate the CLE, ensuring learning objectives are met, to better prepare students for practice (Flott & Linden, 2016). In Lithuania, several studies have been conducted in the field of health care students' clinical training. The relationship between a student and a mentor, the students' attitudes toward their clinical training and support from their mentor, the connection between a psychosocial environment and the achievement of the practical training objectives in the practical training settings were investigated (Riklikienė & Nalivaikienė, 2013). Good interpersonal relationship, communication and support between staff and students create a conducive environment which is essential for students (Kaphagawani & Useh, 2013). Mentorship within clinical practice is a significant part of nursing education. A mentor facilitates learning, supervises and assess students in the practical placement and have a responsibility to support students to achieve the learning outcomes of practical training.

The study was aimed to reveal undergraduate student nurses' attitudes to mentorship in clinical settings in Lithuania. For the context of the CLES (Clinical Learning Environment and Supervision) questionnaire, the following research questions were presented: 1) what are nursing students' opinions about the clinical environment? 2) what are nursing students' perceptions of the mentoring and mentorship model? 3) what is the relationship between the students' satisfaction with the CLE and dimensions of the CLES?

### Background

In a fast-changing and complex healthcare system, the educational goal of a nursing programme is to educate nurse graduates, who are capable to ensure safety and quality of healthcare. Many changes in nursing education and its status in higher education in Europe have influenced placement learning

<sup>1</sup> Klaipeda State University of Applied Sciences, a.mazioniene@kvk.lt

<sup>2</sup> Klaipeda State University of Applied Sciences, v.staniuliene@kvk.lt

<sup>3</sup> Klaipeda State University of Applied Sciences and Šiauliai State College, v.gerikiene@kvk.lt

provisions (Papastavrou *et al.*, 2010). Since nursing is a practice-focused profession, knowledge and skill are acquired through formal education in institutions and through experience in the clinical area, with the latter forming the “clinical learning environment” (CLE) (Gaberson & Oermann, 2010). From an educational perspective, the clinical environment is the place where skills, knowledge and attitudes are developed, and the theoretical part of the curriculum are applied, developed and integrated (Newton *et al.*, 2010). The CLE is the place where the theoretical components of the curriculum can be integrated with the practical and transformed into professional skills and attitudes within an emotionally safe environment (Steven *et al.*, 2014). Everything that surrounds the student nurse is CLE, including the clinical settings, the equipment, the staff and the patients, the mentor, and the nurse teacher (Papp *et al.*, 2003). Empirical studies have illustrated the transition of interest CLE (Dimitriadou *et al.*, 2015). Initially, the ward manager was the key factor in students’ clinical learning, then more supportive and individualized supervision models were developed in order to ensure that the novice learner had a safe practice environment and an effective role model (Holland & Lauder, 2012). The most recent evidence from established European countries goes forward and reflects on roles of clinical mentors, students’ expectations and their mentorship experience in different settings outside the hospital (Antohe *et al.*, 2016). Mentors are also expected to facilitate a supportive learning environment and conduct an assessment on the student’s performance and attainment of clinical skills (Ali & etc., 2008). This role requires mentors to facilitate students’ personal and professional growth and the development of nursing competencies (Jokelainen *et al.*, 2013). It has been presented that a mentor acts as a role model, and guides and advises a student (Myall *et al.*, 2008). Several studies focused on student nurses’ experiences with the clinical learning environment. A supervisory relationship was found to be the most important factor contributing to clinical learning experiences (Johansson *et al.*, 2010). Their results showed the importance of a good supervisory relationship and their influence on how students experience the clinical learning environment (Antohe *et al.*, 2016).

### Data and methodology

Quantitative research was carried out, seeking to reveal the attitude of the student nurses towards their clinical placement environment. The research questionnaire was presented to students from two higher education institutions from the Northwest regions of Lithuania, who have recently completed their clinical placement at hospitals. Higher education institutions were selected by nonprobability convenience sampling, following the territorial principle. The anonymous survey was completed by N=283 full-time, first to third study year nursing students: 33.2 % were in their first study year, 32.2 % were in their second study year 34.6 % were in their third study year. The age of the respondents varied from 18 to 50 years old (mean – 22.64 years). Most of the respondents (95.8 %) were female students, and only a small proportion (4.2 %) – male students. The majority (98.6%) of those surveyed completed their clinical placement at hospitals, while the others in a community environment. 22.3 % of the surveyed students completed their clinical placement in the psychiatry unit, 12,0 % – gynaecology unit, 10.2 % – child diseases unit, 6.7 % – surgery unit, 8.8 % – internal medicine/therapy unit, 11.7 % – geriatric unit, 35.7 % – other unit. The duration of the clinical placement ranged from 2 weeks to 12 weeks. 25.4 % of the surveyed students had 4 weeks of placement, while a slightly lower proportion (19.6 %) had 5 weeks, and similarly, 19.6 % of the students had 6 weeks of clinical placement. Meanwhile, 21.4 % of the students had 8 weeks, 11.8 % – 2 weeks, and 2.2 % – 10 – 12 weeks of clinical placement. Before starting the research, permission to carry out the research was obtained from the heads of the higher education institutions, as well as a consent was obtained from each student to take part in the research.

Research instrument: paper version of the CLES (Clinical Learning Environment and Supervision) questionnaire. The following dimensions of clinical placement experience of the student nurses were examined through the questionnaire: the environment of clinical placement, communication with supervisor – mentor, and satisfaction with the recently completed clinical placement. The permission to use a Lithuanian version of the CLES questionnaire was obtained from PhD Olga Riklikiene, who performed a Psychometric evaluation of the CLES questionnaire. The statements were offered on a 5-step continuum scale: 1, fully disagree; 2, disagree; 3, neither agree nor disagree/neutral; 4, agree; and 5, fully agree. The data analysis was carried out using SPSS -25. A non-parametric K independent sample (Kruskal – Wallis) was used to analyse the data and the  $\chi^2$  criterion was applied. The

Spearman correlation analysis was used to test the interrelationship between interval measures and the  $p < 0.05$  was considered significant.

**Results**

The duration of clinical placement ranged from 2 to 12 weeks. Students, whose duration of clinical placement was 2 weeks consisted of 11.8 % of the sample, those whose duration of clinical placement was 4 weeks 25.4 %, whose duration of clinical placement was 5 - 6 weeks 39.2 % , and finally, those whose duration of clinical placement was 8 - 12 weeks consisted of 23.6 % of the student nurses.

More than half (56.2 %) of the students were satisfied with their clinical placement, 26.5 % of them were very satisfied, and 29.7 % were satisfied, while 28.6 % of the students were neither satisfied nor dissatisfied, and 14.8 % were very or quite dissatisfied with their clinical placement. A statistically significant difference was found within the students’ attitude during the first to the third study year ( $\chi^2 = 41.131$ ;  $df = 8$ ;  $p = 0.000$ ). The students from the first study year, in comparison with the students from the second and third study year, were more satisfied with their recently completed clinical placement.

The research results revealed that while assessing the learning environment in the unit, the students gave the highest score (mean – 4.07 out of 5) to the fact that members of the staff were easy to approach. A slightly lower score (mean – 3.75 of 5 scores) was given to the fact that they felt comfortable at the start of their shift. The students noted (mean – 3.79 of 5 scores) that there were sufficient meaningful learning situations, those situations were diverse and multidimensional in terms of content (mean – 3.77 of 5 scores). The lowest score (mean – 2.41) was given to the possibilities for open discussions at briefings and staff meetings. More than half (57.6 %) of those surveyed students disagreed with the fact that they had a possibility for open discussions in briefings and staff meetings.

The assessment of the learning environment in the unit was correlated with the duration of placement ( $r = 0.128$ ,  $p = 0.033$ ). A longer duration of placement was directly related with a more positive assessment of the learning environment in the clinical placement (see Table 1) in only two cases: “During staff meetings (e.g., before shifts) I felt comfortable taking part in the discussions” ( $r = 0.174$ ,  $p = 0.004$ ) and “The staff learned to know the students by their personal names” ( $r = 0.186$ ,  $p = 0.002$ ).

Table 1. Assessment of the learning environment in the unit and its relationship with duration of placement

Learning environment in the unit	Mean	SD	Duration of Placement	
			r*	p
Members of the staff were easy to approach	<b>4.07</b>	0.995	0.108	0.072
I felt comfortable going to the unit at the start of my shift	3.75	1.040	0.082	0.171
During staff meetings (e.g., before shifts) I felt comfortable taking part in the discussions	<b>2.41</b>	1.363	<b>0.174</b>	<b>0.004</b>
There was positive atmosphere on the unit	3.72	1.056	0.089	0.140
Staff members were generally interested in student supervision	<b>3.30</b>	1.182	0.073	0.223
The staff learned to know the students by their personal names	3.59	1.297	<b>0.186</b>	<b>0.002</b>
There were sufficient meaningful learning situations on the unit	<b>3.79</b>	0.956	0.014	0.816
Learning situations were multidimensional in terms of content	3.77	0.944	0.056	0.346
The unit can be regarded as a good learning environment	3.66	1.017	0.082	0.171

\*Spearman correlation coefficient.

Source: Authors

It was determined that there is statistically significant difference in the students’ opinion towards the learning environment at the unit during the first to the third study year ( $\chi^2 = 98.684$ ;  $df = 62$ ;  $p = 0.002$ ). The second and the third study years students were more critical than the first study year students. In addition, the second study year students were more critical than the third year students, except for the

statement: “Staff members were generally interested in student supervision” ( $p>0,05$ ). All statements, describing the learning environment in the unit were most positively assessed by the first study year students, and the third study year students were more often positive than the second year students in assessing the learning environment ( $p<0.05$ ). In comparison with the second and third year students, the first study year students more often believed that the unit could be regarded as a good example of the learning environment, that there was positive atmosphere in the unit, and that they felt comfortable at the start of their shift in the unit (see Table 2).

Table 2. Distribution of the student opinion towards the learning environment according to the study year

Learning environment in the unit	Kruskal-Wallis H	df	p	Study year	Mean Rank
Members of the staff were easy to approach	11.982	2	0.003	First year	<b>164.46</b>
				Second year	129.65
				Third year	131.92
I felt comfortable going to the unit at the start of my shift	17.074	2	0.000	First year	<b>168.43</b>
				Second year	122.70
				Third year	134.58
During staff meetings (e.g., before shifts) I felt comfortable taking part in the discussions	22.262	2	0.000	First year	<b>162.51</b>
				Second year	110.47
				Third year	151.60
There was positive atmosphere on the unit	20.523	2	0.000	First year	<b>171.39</b>
				Second year	122.09
				Third year	132.29
Staff members were generally interested in student supervision	5.729	2	0.057	First year	157.52
				Second year	130.73
				Third year	137.58
The staff learned to know the students by their personal names	7.540	2	0.023	First year	<b>160.31</b>
				Second year	134.10
				Third year	131.77
There were sufficient meaningful learning situations on the unit	22.265	2	0.000	First year	<b>170.09</b>
				Second year	117.38
				Third year	136.42
Learning situations were multidimensional in terms of content	23.194	2	0.000	First year	<b>169.99</b>
				Second year	114.98
				Third year	140.24
The unit can be regarded as a good learning environment	24.313	2	0.000	First year	<b>172.53</b>
				Second year	116.51
				Third year	136.39

Source: Authors

The majority (69.3 %) of the surveyed students stated that it was very important for them that their placement mentor would be a nurse. 23.7 % of the students noted that it was slightly important and only a few (6.7 %) students said that it was not important for them to have nurse as their placement mentor. The placement mentor is the one, who supervises, supports, and assesses a student nurse during their clinical placement. The results of this research revealed that almost half (N=133, 47.0 %) of those surveyed were supervised and assessed by the mentor – registered nurse. A similar number (N=135, 47.7 %) of students specified that their clinical placement was supervised by a ward manager, and only a few (2.5 percent) students noted that they had no supervisor among nurses but instead were taken care of by a teacher from the university of applied sciences. A statistically significant difference between the attitude of the students, supervised by ward manager, and those supervised by a registered nurse, was found.

Students who were supervised and assessed by a supervisor, a registered nurse, during their clinical placement more often specified than those supervised by ward manager, that there was positive atmosphere in the unit, staff members were generally interested in student supervision, students felt comfortable going to the unit at the start of their shift, and members of the staff were easy to approach ( $p<0.05$ ).

Table 3. Distribution of the student attitude towards the learning environment according to the mentor of the clinical placement

Learning environment in the unit	Kruskal-Wallis H	df	p	Mentor of clinical placement	Mean Rank
Members of the staff were easy to approach	4.737	4	0.315	Ward manager	139.65
				Registered nurse	147.60
I felt comfortable going to the unit at the start of my shift	9.254	4	0.055	Ward manager	140.78
				Registered nurse	147.97
During staff meetings (e.g., before shifts) I felt comfortable taking part in the discussions	11.017	4	<b>0.026</b>	Ward manager	132.02
				<b>Registered nurse</b>	<b>155.17</b>
There was positive atmosphere on the unit	12.547	4	<b>0.014</b>	Ward manager	137.23
				<b>Registered nurse</b>	<b>152.60</b>
Staff members were generally interested in student supervision	12.529	4	<b>0.014</b>	Ward manager	133.61
				<b>Registered nurse</b>	<b>154.11</b>
Learning situations were multidimensional in terms of content	10.779	4	<b>0.029</b>	Ward manager	131.21
				<b>Registered nurse</b>	<b>153.75</b>

Source: Authors

The students assessed the leadership of a ward manager by giving them a score of 3.77 out of a possible 5-score scale. A higher score (3.84) was given to the statement that the efforts of each employee were evaluated. The lowest score (mean – 3.61) was given to the statement that the feedback from a ward manager was used for supervision in a fast manner. Even one third (32.2 %) of those surveyed doubted whether a ward manager considers staff members as key resources.

One third (32.5 %) of the students stated that the individual supervision model was used in their clinical placement, where a nurse mentor took care of each student individually. According to most of the students (41.0 %) a group supervision model was applied in their clinical placement, where one mentor nurse took care of a few students, and around one fifth (19.8 %) of those surveyed noted that no supervisor was appointed to them during their clinical placement. A statistically significant difference was found in the student attitudes, for the assessment of the learning environment in the unit, according to the supervision (i.e., mentorship, support, and assessment) model applied in the clinical placement ( $\chi^2= 148.549$ ;  $df= 93$ ;  $p = 0.000$ ).

Table 4. Assessment of the learning environment in the unit, according to the supervision model applied in the clinical placement

Learning environment in the unit	Supervision Model		
	$\chi^2$	df	p
Members of the staff were easy to approach	54.172	15	0.000
I felt comfortable going to the unit at the start of my shift	50.095	12	0.000
During staff meetings (e.g., before shifts) I felt comfortable taking part in the discussions	42.156	12	0.000
There was positive atmosphere on the unit	63.071	12	0.000
Staff members were generally interested in student supervision	53.156	12	0.000
The staff learned to know the students by their personal names	47.837	15	0.000
There were sufficient meaningful learning situations on the unit	35.030	12	0.000
Learning situations were multidimensional in terms of content	24.360	12	0.018
The unit can be regarded as a good learning environment	45.608	12	0.000

Source: Authors

Students, who were subjected to the *individual supervision model*, where the supervisor – a registered nurse, took care of each student individually, were more positive in assessing the learning environment in the unit than those who were subject to *group supervision* or other models during their clinical placement. All statements, describing learning environment in the unit, were more positively assessed by the students, who were subjected to the *individual supervision model* ( $p < 0.05$ ). These students felt a positive atmosphere in the unit, felt comfortable before their shift in the unit, the staff members more

often knew students by their names and the staff members were interested in the supervision (see Table 5).

Table 5. Distribution of the student attitude towards the learning environment in the unit, according to the supervision model applied in their clinical placement

Learning environment in the unit	Kruskal-Wallis H	df	p	Supervision Model	Mean Rank
Members of the staff were easy to approach	31.437	3	0.000	Group	139.46
				<b>Individual</b>	<b>170.68</b>
				Other else	149.05
				Any supervisor	97.76
I felt comfortable going to the unit at the start of my shift	41.462	3	0.000	Group	134.07
				<b>Individual</b>	<b>177.35</b>
				Other else	159.50
				Any supervisor	94.42
During staff meetings (e.g., before shifts) I felt comfortable taking part in the discussions	35.126	3	0.000	Group	129.37
				<b>Individual</b>	<b>178.55</b>
				Other else	150.97
				Any supervisor	105.06
There was positive atmosphere on the unit	52.477	3	0.000	Group	132.93
				<b>Individual</b>	<b>181.73</b>
				Other else	162.82
				Any supervisor	88.46
Staff members were generally interested in student supervision	43.573	3	0.000	Group	137.86
				<b>Individual</b>	<b>176.06</b>
				Other else	159.87
				Any supervisor	88.56
The staff learned to know the students by their personal names	44.781	3	0.000	Group	128.06
				<b>Individual</b>	<b>183.53</b>
				Other else	150.18
				Any supervisor	99.87
There were sufficient meaningful learning situations on the unit	28.056	3	0.000	Group	137.87
				<b>Individual</b>	<b>170.99</b>
				Other else	137.79
				Any supervisor	102.37
Learning situations were multidimensional in terms of content	20.976	3	0.000	Group	134.54
				<b>Individual</b>	<b>169.73</b>
				Other else	141.11
				Any supervisor	112.20
The unit can be regarded as a good learning environment	37.479	3	0.000	Group	137.00
				<b>Individual</b>	<b>172.78</b>
				Other else	165.66
				Any supervisor	93.77

Source: Authors

The students expressed their opinion about their personal contribution to clinical placement. More than four fifths (83.6 %) of the surveyed students assessed their personal contribution in this clinical placement as 4 out of a possible score of 5. Only a small proportion (14.8 %) of the students assessed their personal contribution as a 3 out of 5. The general mean of personal contribution in this clinical placement was 4.15 out of 5. The assessment of students' personal contribution in clinical placement was directly correlated with assessment of the learning environment in the unit ( $r=0.311, p=0.000$ ). The personal contribution in the clinical placement, assessed by higher score, was directly related with a more positive assessment of the learning environment in the nursing unit ( $r=0.312, p=0.000$ ), and the leadership style of the ward manager ( $r=0.238, p=0.000$ ).

The highest mean score (4.15) was given to the nursing care in the unit where the students had their clinical placement. 80.2 % of those surveyed agreed that the patients in their units had individual

nursing and care. The lowest score (mean – 3.51) was given to the statement that information about the patient care was disseminated without any problems in the unit. This statement was agreed by more than half (52.6 %) of the surveyed students.

## Discussion

The evaluation of effectiveness of the selected factors influencing the student perceptions of clinical learning environment has been of interest to many investigators in a number of quantitative and qualitative studies (Gurkova *et al.*, 2016). This includes staff – student relationships and meaningful learning situations constituting a pedagogic atmosphere (Saarikoski *et al.*, 2002). In our study we have used the term mentorship to explain relations between the mentors and students during the survey. Antohe *et al.* (2016) state that supervision and mentoring are supportive relationships, which help individuals to obtain new skill, knowledge and approaches. Students mentorships require qualified and experienced nurses to act as mentors for individual students (Jokelainen *et al.*, 2013).

The study results revealed statistically significant differences between the attitude of the students supervised by ward manager and students supervised by registered nurse. Students who were supervised and assessed by a registered nurse during clinical placement, more often than the students, supervised by ward manager, specified that there was positive atmosphere in the unit, staff members were generally interested in student supervision, students felt comfortable going to the unit at the start of their shift, and members of the staff were easy to approach ( $p < 0.05$ ). On the contrary Riklikienė, Nalivaikienė (2013) did not find any statistically significant difference between the groups of students supervised by different mentors ( $p > 0.05$ ), though student nurses supervised by a registered nurse rated the pedagogical atmosphere in the ward better than ward manager. Similar findings were reported in the Antohe (2016) study, where the supervisory role of the staff nurses was very important; the most common supervisory experience was a successful individualised supervisory relationship and the majority of the students stated their own staff nurse mentor was the most important professional role model for them. Our study findings explored that students who were supervised by the individual supervision model, more positively assessed the learning environment in the unit, ( $p < 0.05$ ), than students who were supervised by the group supervision or other model during their clinical placement. Those individually supervised students felt a positive atmosphere in the unit, felt comfortable before their shift in the unit, the staff members more often knew students by their names and the staff members were interested in the supervision. The Bachelors students in nursing highlighted the importance of positive relationships between student and mentor under influence of their own as well as their supervisors' attitudes and competences (Antohe *et al.*, 2016).

Student nurses estimated their individual input into clinical training mostly as high or very high. The correlation analysis revealed a positive relationship between the students' assessment of the learning environment in the unit and their individual input to their practical placement. The study findings are in line with the study by Riklikienė & Nalivaikienė (2013), where students' individual input in their practical learning were underemphasized.

These study findings showed that students of the first study year, in comparison with the students of the second and third study year, were more satisfied with their recently completed clinical placement. Papastavrou *et al.*, (2016) supports these study findings, that specifically the first year students had the highest satisfaction level compared to the other years (2<sup>nd</sup> to 4<sup>th</sup>). Bjork *et al.*, (2014) emphasized that the students' high scores on personalisation and student involvement in different studies with CLES indicate that students often enter into a responsive and trusting relationship with their supervisors regardless of clinical placement setting.

## Conclusions

More than half of the students were satisfied with their clinical placement, and almost one third of them were very satisfied. The learning environment in the unit was more positively evaluated by the first year students, while the third year students often were more positive in assessing their learning environment in the unit than the students of the second year. The nursing students best assessed the possibility to address the staff and the fact that there were enough training cases and situations during their clinical placement. A higher score, given to the personal contribution of a student in the clinical placement, was directly related with a more positive assessment of the learning environment in the

unit. Those students, who were supervised and evaluated by a mentor – a nurse during their clinical placement, were more satisfied than those, who were supervised by a nursing administrator.

The most satisfied students were subject to an individual supervision model during their clinical placement.

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