Students' Views on Clinical Practice of Fundamentals of Nursing Course

Öğrencilerin Hemşirelik Esasları Dersinin Klinik Uygulamasına İlişkin Görüşleri

(Araştırma)

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ABSTRACT

This study was conducted to investigate the views of nursing students on clinical practice of fundamentals of nursing course.

The research was descriptive and cross-sectional. The population comprised the first year students during the educational-teaching year of 2003-2004 at nursing schools of state universities located in a populated city of Turkey. There were 239 students in the population and this study included the whole population. Data were collected through questionnaires. Data were analyzed by computer software after being grouped. Percentages were computed and chi-squares were applied on relevant data.

Sixty percent of nursing students' views were positive. This result was similar to the relevant literature. However, their views differed significantly according to the nursing schools they were enrolled ($p<0.05$). The cause of this difference was identified as the numbers of academic staff employed at the schools.

The recommendations are to increase the number of academic staff and to emphasize on how to implement the optimal clinical practice of this course by the academic staff.

Key Words: *Nursing education, fundamentals of nursing course, clinical practice, nursing students.*

ÖZET

Bu çalışma; öğrencilerin Hemşirelik Esasları Dersinin klinik eğitimine ilişkin görüşlerinin incelenmesi amacıyla yapılmıştır.

Bu araştırma tanımlayıcı ve kesitsel niteliktedir. Araştırmanın evrenini, büyük bir kentte bulunan devlet üniversitelerindeki hemşirelik okullarının 2003–2004 eğitim-öğretim yılı 1.sınıf öğrencileri oluşturmuştur. Evren 239 öğrenciyi içermektedir ve çalışma evreni kapsamaktadır. Veriler soru formu ile toplanmıştır. Veriler gruplandırıldıktan sonra bilgisayar ortamında değerlendirilmiştir. Yüzde değerleri alınmış ve dağılım açısından uygun verilere ki-kare testi uygulanmıştır.

Öğrencilerin görüşlerinin %60.2'si olumludur. Görüşler literatürle de benzerlik göstermektedir. Öğrencilerin görüşleri özellikle, öğrencisi oldukları hemşirelik okullarına göre farklılık göstermiştir ($p<0.05$). Farkın akademik personelin niceliğinden kaynaklandığı belirlenmiştir.

Kurumlarda akademik personel sayısının artırılması ve akademik personelin bu ders için optimum klinik eğitimin nasıl yapılabileceği üzerinde durması önerilmektedir.

Anahtar Kelimeler: *Hemşirelik eğitimi, Hemşirelik Esasları Dersi, Klinik eğitim, Hemşirelik öğrencileri*

Introduction

Two important aspects of nursing education, theory and practice, should be based on the information accumulated through education and integrated with each other as it is in other practice based disciplines[1]. Since clinical training helps students in gaining experience through real cases, it is an important part of nursing education. Nursing students think that clinical practice, was not only significant and interesting but also plays an important role in their education, provided direct experiences and new skills in the real world of nursing, improve their communication skills with other people, help themselves to understand political aspect of health services and experience most processes in clinical practice[2,3].

The fundamentals of nursing course aim at teaching basic theories, notions, principles, and methods. The course helps students to perceive a good understanding about place of nursing profession in society, relationship of nursing with other professions, and appreciate nurses' own duties, rights, and responsibilities[4].

Theory of fundamentals of nursing was taught students first and then basic methods were practiced repeatedly in order for students to develop behavior towards nursing practices. Synder et al.[5] concluded that laboratory practices provided a safe learning environment to students to make their own decisions and try their own psychomotor for problem solving and, therefore, students entered clinical practice well prepared, more ready and enthusiastic to try new skills. While laboratory practices presented a good control mechanism for students to develop their skills it failed to catch up with the reality of clinics.

Clinical practice in nursing starts with fundamentals of nursing course in the first year of the school despite of other disciplines based on practical training. According to our observations; clinical training in the first year causes some difficulties. Students experience more stress, fail to understand patients' illnesses, are rejected by patients because of inexperience in being involved in therapies. In addition, nurses fail to carry out duties because of spending more time for students, and academic staff (Lecturer and graduate assistant) spend extra time and effort to teach other necessary professional knowledge which actually need to be tought at higher classes. Graduate assistants, somehow different from some countries, are those who already have or after MSc or PhD degrees and take place directly in university education system.

Since fundamentals of nursing course is the first professional course for nursing students any failure during the course might apparently negatively affect behavioral development process of the students and be carried to the further years and influence interest, decisiveness, and opinion of the students for nursing as a profession.

The study was, therefore, planned and implemented, in the light of concerns explained above, to investigate how nursing students perceive the clinical practice of fundamentals of nursing course. This study searches whether there is any relation between the independent variables and the thoughts of the students.

Methods

Design and Setting

The study, descriptive and cross-sectional, was carried out at nursing schools of state universities located in one of populated city of Turkey. Schools are called A, B, and C in the study. School A teaches nursing for 40 years, School B and C for 10 years.

Population

The population in the study was the first year nursing students at Schools A, B, and C in 2003-2004 academic year. This study includes the population. The population consists of 236 students. Twenty-seven of the students did not attend the school at the date that the study was conducted. Two of them refused to attend the survey, therefore 207 students attended the survey.

Restrictions of the Study

This study covered only the students of the governmental universities present in a big city of Turkey. This study did not cover other type of universities.

Data Collection and Analysis

Author collected information about how clinical practice was implemented and recorded it on questionnaires after interviewing with academic staff who were teaching fundamentals of nursing course.

In School A, 11 academic staff (two full, one associate, one assistant professor, and seven graduate assistants) taught the course to 110 students; in School B, five academic

staff (two assistant professors and three graduate assistants) to 61 students; and in School C, four academic staff (one assistant professor and three graduate assistants) to 65 students.

Curriculum was similar in all three schools. Students practiced what they learned in the classroom, later in the lab. After both theoretical and practical education about the fundamentals of nursing course, students had a clinical practice for a period of 20 days from 8.00 a.m to 4.00 p.m. Academic staff taught the course or clinic nurses where number of staff was limited supervised the students in the clinics.

Data was collected with questionnaires, which was pre-prepared based on the literature[6-9]. The first part of questionnaire had five questions about students' personal characteristics. These personal characteristics consist of age, the lycee educated, being previously worked as a nurse, the order of preference and the cause for preferring nursing. The second part consisted of 46 questions about the perceptions of students on clinical practice and one question about their recommendations. Author explained students that the study could bring solutions to the problems related to their education and explained that short answers would be better for open ended questions of the second part.

The pilot trial was conducted with 32 students. Those students were selected from those who have not been taught about clinical practice of the second class yet. The pilot trial helped the author to test the comprehensibility of the questions and clarify them for final version of the questionnaires.

Author interviewed first year spring semester students in the last education week of 2003-2004 by asking them fill out questionnaires after they were brought together as much as possible. The beginning and ending time of each questionnaire were written by the students and average time was 43 minutes.

Data were analyzed with SPSS 11.5 for windows statistical package. Students gave more than one answers only to few open ended questions. The answers were grouped into two similar groups of positive and negative ones to ease statistical analysis since mostly second answers either supported the first ones or expressed the first one differently. Average percentage for questions left blank was 4.9% and included in "negative" (wrong) answer groups assuming leaving blank was a sign of negative feeling for the question. Chi-square test was used with nominal data.

Ethical Consideration

Author obtained oral consents from all 207 students (87.7%) and all students participated in. In addition to that permissions, author also obtained written consents from school administrations since there were no research ethics committees to approach and ask any permission.

Results

Students mean age was 19.9 years (SD= 1.53) and their percentage was 47.8 % (n=110) in School A, 20.8% (n=61) in School B, 31.4% (n=65) in School C.

Table 1. Views of Nurses About Fundamentals of Nursing Course Education (N=207)

Groups	Question Number	Contents of the questions	Views	
			Positive Counts (%)	Negative Counts (%)
Group A	1	"Pre-explanation" just before the clinic practice	112 (54.1)	95 (45.9)
	2	Contribution of academic staffs to the adaptation to the clinics in the first day	157 (75.8)	50 (24.2)
	3	Contribution of clinic nurses to the adaptation to the clinics in the first day	132 (63.8)	75 (36.2)
	4	Emotional support from academic staff in the first day of clinic practice	144 (69.6)	63 (30.4)
Group B	5	Sufficiency of academic staff number	96 (46.4)	111 (53.6)
	6	Opportunity to reach academic staff when needed	90 (43.5)	117 (56.5)
	7	Opportunity to reach clinic nurse when needed	138 (66.6)	69 (33.4)
Group C	8	Communication of academic staff with students	119 (57.5)	88 (42.5)
	9	Communication of nurses academic staff with students	174 (84.1)	33 (15.9)
	10	Communication of clinic physicians with students	46 (22.2)	161 (77.8)
	11	Communication of other staffs (dietitian, physiotherapist, and aides etc) with students	102 (49.3)	105 (50.7)
	12	Communication of patients with students	176 (85.0)	31 (15.0)
	13	Students' accepting academic staff for role modeling	166 (80.2)	41 (19.8)
Group D	14	Guidance and help by academic staff during clinic practice	103 (49.7)	104 (50.3)
	15	'Clinic meetings" headed by academic staff	135 (65.2)	72 (34.8)
	16	Controls by academic staff	154 (74.4)	53 (25.6)
	17	Controls by nurses	122 (58.9)	85 (41.1)
	18	Critics by academic staff	156 (75.4)	51 (24.6)
	19	Controls by nurses	151 (72.9)	56 (27.1)
Group E	20	Contribution of academic staffs' nursing skills on students' skills	136 (65.7)	71 (34.3)
	21	Help received from nurses during the practices	95 (45.9)	112 (54.1)
	22	Patience of academic staff during practices	139 (67.1)	68 (32.9)
	23	Patience of clinic nurses during practices	124 (59.9)	83 (40.1)
	24	Injections under the supervision of academic staff	72 (34.8)	135 (65.2)
	25	Helping student friends when needed	201 (97.1)	6 (2.9)
	26	Routines in the clinics	73 (35.3)	134 (64.7)

Groups	Question Number	Contents of the questions	Views	
			Positive Counts (%)	Negative Counts (%)
Group F	**27**	Influence of clinic rotation plan on adaptation to clinics	67 (32.4)	140 (67.6)
	28	Daily "student work share list"	141 (68.1)	66 (31.9)
	29	Switching cared patients regularly	165 (79.7)	42 (20.3)
	30	Appropriateness of patient numbers cared	136 (65.7)	71 (34.3)
Group G	**31**	Attendance of students patient switches every morning and every evening	154 (74.4)	53 (25.6)
	32	Switching the patients students themselves	112 (54.1)	95 (45.9)
	33	'Patient care plans' students prepared	94 (45.4)	113 (54.6)
Group H	**34**	Appropriateness of clinics environment for tidiness	126 (60.9)	81 (39.1)
	35	Appropriateness of clinics environment for preparation and re-storing of apparatus and equipment	122 (58.9)	85 (41.1)
	36	Appropriateness of clinics environment for cleanliness	90 (43.5)	117 (56.5)
	37	Appropriateness of clinics environment for apparatus-equipment	103 (49.7)	104 (50.3)
Group I	**38**	Duration of clinic practice	114 (55.1)	93 (44.9)
	39	Applicability of evening and night shifts	69 (33.3)	138 (66.7)
	40	Expectation students' regular attendance to clinic practices	158 (76.3)	49 (23.7)
	41	Students' uniform style	125 (60.4)	82 (39.6)
Group J	**42**	Contribution of theoretical knowledge on clinic practices	117 (56.5)	90 (43.5)
	43	Contribution of skills learnt in the labs on clinic practices	126 (60.9)	81 (39.1)
	44	Clinics consisting of skill learnt in the labs	64 (30.9)	143 (69.1)
	45	Experience gained through clinic practice	185 (89.4)	22 (10.6)
	46	Contribution of experience gained through clinic practice on their becoming a nurse enthusiasm	151 (72.9)	56 (27.1)
***Total**			**5732 (60.2)**	**3790 (39.8)**

* More than one answers to each question.

Students replied all questions 60.2% positively and 39.8% negatively (Table 1).

Similar questions at the following were grouped and then evaluated.

Group A. Adaptation to first day of clinical practice
Some students (54.1%) considered an explanation just before clinical practice very useful while others found it insufficient and were terrified from the warnings (Question 1).

Students perceived that academic staff helped themselves to adapt into clinical conditions (75.8%, Q2) better that nurses encouraged (63.8%, Q3) and relieved (69.6%, Q4) themselves.

Group B. Quantity of academic and nursing staff
Students informed the author that there was either no or one academic staff in the clinics (53.6%). The quantity was, of course, insufficient for higher number of students (Q5). Students (56.5%) also had difficulty to reach academic staff during the processes (Q6) or nurses (33.4%) because of their higher work load (Q7).

Group C. Professional communication in clinics
Some students experienced a failure in the communication with academic staff (42.5%, Q8), caused from the obstacles to reach to or miscommunication with physicians (77.8%, Q9). Others (84.1%), on the other hand, experienced friendly and nice behaviors with nurses (Q10). Students also felt that they were not given enough attention by those other staffs (dieticians, physiotherapists, aides) (50.7%, Q11).

Students, while worried at first, had a good communication (85%, Q12) with patients later and took academic staffs as role model (80.2%, Q13) in their communication with other team members or patients.

Group D. Guidance and control by academic staff and nurses
Some students (50.3%) perceived the guidance of academic staff insufficient because of their intolerance (Q14), saw clinic meetings with academic staff an aide to overcome their shortages (65.2%), but also stressed since as if they were given an oral examination during clinical meetings (Q15).

Some students (74.4%) found the control of academic staff effective on students' good working and taking responsibility. In general, 25.6% of students reported discomfort because of ignorance and hard control over themselves (Q16). Some others (58.9%) were also thankful for the control, which helped to correct their mistakes (Q17). Some students (75.4%) perceived the critics by academic staff positively for their courage, enthusiasm, and learning (Q18) while some others (27.1%) described it harsh, hurtful, and depressing (Q19).

Group E. Use of nursing practices
Some students found the ability of academic staff sufficient and leading themselves

well in clinics (65.7%) but some found it and that from nurses' aids (54.1%) insufficient (Q20, 21).

Some academic staff were patient with students (67.1%) but some not showing impatience and expressing it by voices or mimics when students made some care wrong or inadequate (Q22). In all 40.1% of students reported that nurses were again impatient because of higher work loads (Q23). Some students (65.2%) had fewer injections and were nervous with academic staff during the injection. Other students, however, were confident (Q24).

Most students (97.1%) benefited from helping to their own friends (Q25) but found routines boring and causing themselves feel apathetic for the profession (Q26). Patients were also bored from routines.

Group F. Rotation plan and work distribution in clinics

Students (67.6%) had difficulty either to adopt themselves to clinics because of shorter rotation periods or not to have enough experience about other clinics because of visiting only one clinic during whole clinical practice (Q27). While some thought the student (68.1%) work list was good for equality others found the list insufficient and useless (Q28).

Changing patients helped students to acquire more experience (79.7%) on one hand, but some adaptation problems to new patients on the other hand (Q29). Patient numbers were adequate for some students (65.7%) but insufficient for others (Q30).

Group G. Clinic leaves in shift change and care plans

Most students (74.4%) found the participation in shift change useful and joyful to learn the conditions of the patients while other found it boring (Q31). Students (54.1%)' felt themselves like as clinic nurses when they submitted the patients in shift change although some were not allowed to do so (Q32).

Students (54.6%) planned the care just because they were asked by academic staff to do so and did not understand the planning process. But others believed provided a better care for the patients via care plans (Q33).

Group H. Physical environment in the clinics

Some students (60.9%) found the environment of the clinics (Q34) and the preparation and the re-storing of the equipment (58.9%) appropriate for the education (Q35). Others thought clinics were either not clean enough (56.5%, Q36) or apparatus-equipments were insufficient and older and worn out (50.3%, Q37).

Group I. Duration of clinic practice, participation into shifts, attending regularly clinic activities, and uniform style

While more than half of the students (55.1%) concluded that the time period for clinical practice was sufficient to gather enough experience, the remaining commented that it was either shorter or longer (Q38). Some students (66.7%) concluded that they were

also uncomfortable with their experience needed to work in evening and night shifts. The remainig found the participation into shifts be helpful for their professional life (Q39).

Most students (76.3%) thought that participation into clinic practice regularly was necessary for their adaptation to environment. But some were unhappy with the unpleasant reactions from the staff when they requested for their free time (Q40) and some (39.6%) with too much uniform detail during clinic practices (Q41).

Group J. Reflection of theoretical and laboratory training on clinic practice

Many students (56.5%) found theoretical knowledge useful and guiding in clinical practice while others failed to learn it because of crowded classes or use all of it in the clinics (Q42). Some (60.9%) considered laboratory training useful for identifying the equipment to utilize effectively in the clinics, learning the base for the processes, and developing hand skills (Q43). Others (69.1%) found lab skills not applicable in clinics or applicable with different techniques (Q44).

Students well understood the importance of nursing (89.4%) through the experiences gained in the clinics (Q45) and liked (72.9%) and become more enthusiastic for nursing profession. There were some students, however, who lost the enthusiasm and become indecisive to continue a career in the profession after clinic practices (Q46).

Difference among nursing schools

Students in School A were more positive about some subjects investigated in the study. The positive approaches by students in School A were like the following: communication with patients 94.9% (n=94, X^2 =14.808, p=0.001), contribution of academic staff into clinic skills 85.8% (n=85, X^2=34.508, p=0.0001); communication with academic staff in the clinics 72.7% (n=72, X^2=18.495, p=0.0001), help and guidance by academic staff in the clinics 74.7% (n=74, X^2=50.463, p=0.0001), reaching academic staff easily during processes 80.8 % (n=80, X^2=108.996, p=0.0001). These positive approaches created a difference and increased overall optimisms for School A in the study.

Table 2. Ideas of Students According To The Daily Patient Numbers That They Gave Care (N=207)

Patient number	Views	
	Positive Count (%)	Negative Count (%)
1-3	128 (74.8)	43 (25.2)
4-6	5 (33.3)	10 (66.7)
7-20	3 (14.3)	18 (85.7)
Total 136 (65.7)	71 (34.3)	
X^2 = 37.965 P = 0.0001		

Negative perceptions by students increased with raised number of (7-20) patients (P=0.0001), (Table 2).

Table 3. Recommendation By Students About The Contribution of Clinic Practices of Fundamentals of Nursing Course

Recommendations	Count	(%)
More practices of critical practices such as injection in the clinics	80	(19.0)
More practices in the labs	74	(17.6)
More academic staff	74	(17.6)
More patient academic	46	(10.9)
Longer theoretical and lab classes	41	(9.7)
Longer clinic practices	36	(8.6)
Lab studies should prepare students for the clinics	21	(5.0)
Rotation for each student	19	(4.4)
No care plan	17	(4.0)
Clinic practices after internal, surgery, pharmacology classes taken	8	(1.9)
No practices in the clinics of intense patients	5	(1.3)
Total	421*	(100.0)

* More than one answers to each question.

Students recommended "a critical practice, like injection, must be practiced more" the highest (19%), then, "increasing academic staff number" 17.6%, and "more practices in the labs" (Table 3).

Discussion

The factors below positively affected and therefore relatively increased students' perceptions about clinical practices:

Adaptation to the first day of clinic practice

The stress of students in the first day of clinics might be resulted from not receiving a sufficient pre-explanation and therefore getting terrified just before the clinic practices. Temel and Gömleksiz[10] also reported similar results.

Academic staff and nurses decreased students' stresses during clinical practice as it was reported by Erdemir et al.[11] and Velioğlu & Pektekin[12] similarly.

Quantity of academic and nursing staff

Students found the number of academic staff insufficient and therefore unreachable during the processes. The complaint was valid since academic staffs were not in the clinics all the time, but only graduate assistants were. Each graduate assistant look after 15.7 students in school A, 20.3 in school B, 21.6 in school C. The rate was too high since students had no experience at all in the clinics. The results are, unfortunately, parallel with those of Yalın[13] and Erdemir et al.[11]. Yet maximum 15 students must have one academic staff[14].

Students failed to reach nurses because of their higher work loads. Similarly, nurses were also unsuccessful to deal with students efficiently[15]. Since students and nurses feel the same authors recommend an increase for academic staff numbers in clinics to comfort nurses and students.

Professional communication in clinics

Students in the study failed to communicate well with academic staff, most likely, because of inadequate number of academic staff. The similar results were reported by Durna[16].

Students had also good communication with nurses but not with physicians. Students had more chances to communicate with nurses since nurses spent more time in clinics but physicians did not. Students might have had difficulty to communicate with physicians because of their probable inexperience in first days of clinical practice. Durna[16] and Bayraktar[17] also reported that students failed to communicate with physicians in the clinics.

Students in the study role modeled academic staff and therefore, communicated well with patients and other staff. That means that academic staff also communicated well with patients and other staffs. Similarly, some other studies reported that students had no communication problems[18] and role modeled academic staff as well[19].

Guidance and control by academic staff and nurses

Students in the study found the guidance of academic staff and graduate assistants insufficient because of their intolerance. Graduate assistants, since they were too young and inexperienced, might be intolerant. Durna[16] reported the similar results.

Students also found clinic briefings useful and more experience providing. Lecturers' attendance to the briefings was considered to improve students' productivity. Some similar results were reported previously by Erdemir et al.[11].

Students benefited from the controls academic staff and nurses. This might be because of lecturers' existence and nurses' familiarity with the clinics. Velioğlu and Pektekin[12] had the similar results.

Students in the study also benefited from the critics by academic staff and nurses. Critics most likely influenced students in a positive manner. Bayık[20] also felt the same.

Use of nursing practice

Students found skills of academic staff useful and academic staff patient against to them. Some students however indicated that they did not practice the injection enough with academic staff. Authors, here, think that academic staffs are good at teaching skills but fail to have more injection practices to students because of higher student numbers. Academic staff and lecturers were successful to teach skills in other studies as well[19,21,11].

Students in the study felt that they could not benefit from nurses' skills, but when benefited, nurses were so patient towards them. There were studies that nurses did not perceive the training of students their responsibility and considered as a waste of time[15] or did not explain anything and asked them to do angaries (answer the phone, bring me the stethoscope) all the time[8].

Students found angaries boring leading apathy for the profession. While academic staff or nurses worked together students did call those not angaries at all. On the other hand, routines, angaries carried by students might lower the work load in the clinics. Yalın[13] also reported the same.

All students found their helps to the friends were useful and improving their experience. Students got more help from each other when academic staff and nurses had less time for them. Helping each other did not disturb any since students perceived themselves only friends but not "bosses". Other studies also reported more of help among students then from other clinic staff [22].

Rotation plan and work distribution in clinics

Students experienced difficulty both rotating and not rotating in clinics. Clinic rotation was a stress inducing factor for adoption to new environments, especially for the first year students. Shorter clinic rotations even increased the adaptation problems. On the other hand, spending all the time in the same clinics decreased the experience gained more. Some studies reported that students described their first trial in clinics as the most anxious case[23] and found rotation period too short to adapt to clinics[24].

Students in the study found "student work list" an opportunity for equity. Student work list helps really to both students and academic staff to work more systematically. Students in a study by Velioğlu and Pektekin[12] found serious problems in training students for skills and in providing equity to themselves.

Students had enough number of patients and were happy changing of patients because of expected more experience and unhappy with higher number of patients because of the caring difficulties.

Clinic leave in shift change and care plans

Students felt themselves as clinic nurses when they themselves switched their patients. Switching the patient is an important part of nursing care and has a significant role for students to accept the profession more.

Students plan patient care unconsciously since they do not have a background for it. Clinics do not have a working tradition for it, too. Therefore, students do not perceive care plans well and experience failures in their application, since also caused limited staff numbers beside other issues mentioned. Shipton[25] also reported that students spend more on the preparation of care plans, stressed, and prepared unreal care plans.

Physical environment in the clinics

Students found the clinics tidy but not clean. Apparatus and equipments were reached easily but they were insufficient. Dirty clinics and insufficient apparatus-equipment not only influenced students badly but also other staff and patients. Yalın[13] and Durna[16] also reported insufficient apparatus and equipments.

Duration of clinic practice, participation into shifts, attending regularly clinic activities, and uniform style

Students in the study found the duration of clinic practice adequate, liked uniform style, but felt incompetent for evening and night shifts. Authors also agree that students at their first years in nursing schools do not have sufficient knowledge and skills for evening and night shifts.

They agreed on the necessity of attending clinic practices regularly. Students were supposed to attend clinics practices regularly, when limited duration was considered, in order to gain enough experience. Students in other studies also wished to attend clinic practices since they thought clinic practice help them to learn well[2].

Reflection of theoretical and laboratory training on clinic practice

Students in the study considered theoretical knowledge valuable for clinic practices as in Parker and Carlisle[26] reported. They also thought the same for lab studies as in Snyder et al.[5]. Students here, however, told that techniques taught in the labs were not utilized enough in the clinics. The reason for it was the varying opportunities in lab and clinics. Karaöz[27] felt the same.

Students after clinic practices understood the importance of nursing profession and liked it more then. The result like this was an expected one. Atalay et al.[19] also reported the same.

Difference among nursing schools

Quantity of academic staff in very institutional School A most likely influenced optimism of students from that school.

Recommendation by students

Students mostly made some recommendations about skill providing opportunities including extending the number of academic staff. Few students proposed not to "make a care plan" and felt that they failed to succeed in making a care plan because of

not taking pharmacology and medical-surgical nursing courses. Students in a study by Fadıloğlu et al.[28] commented that clinic practice should be in the second year of the school not in the first year.

Conclusion

Students were relatively optimistic about the influence of fundamentals of nursing course on clinic practices. This might be resulted by the quantity of academic staff.

Therefore, number of academic staff should be increased and curriculum should be arranged to provide an optimum of number of clinic practices to the students. For example, students might be taken to the areas of practice after theoretical and laboratory classes. Students could, then, have a chance go over the knowledge they learnt in the classes and in the labs just after them. Students could be led to the clinics between 8.00 a.m. - 4.00 p.m. after all lectures were taught like that.

The course "General Principals of Health and Nursing" takes place in European Agreement on the Instruction and Education of Nurses but no clinic practice is mentioned in the aforementioned agreement[14]. This means that the student at this stage is not ready enough for clinical practice. Teaching staff of nursing schools which contains clinical practice as a part of the "Fundamentals of Nursing Course" should reconsider their curricula from that point of view once more.

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