MJN LEARNING FEEDBACK DIARY: A REFLECTIVE EXPERIENCE IN A STUDENT NURSE'S CLINICAL EXPERIENCE

Jose Mari Louis G. Alforque

College of Nursing, Cebu Normal University, Philippines

Corresponding Author's Email: jomy_5@yahoo.com / purplescrub05@gmail.com

ABSTRACT

The objective of the study is to understand the lived experiences of nursing students in selected clinical area through the Learning Feedback Diary. This research has utilized the qualitative research method of phenomenology to allow for an exploration of the student nurse's reflective interpretation of their clinical experience. The purpose of a phenomenological approach is to illuminate the specifics of a phenomenon to identify phenomena through how they are perceived by the actors in a situation. There were 26 participants who consisted all of which are 1.) Bona fide nursing student who is currently enrolled in the College of Nursing of Cebu Normal University; and 2.) Alevel 2 nursing student who is about to be exposed in the Delivery Room. Respective journal entries were gathered, and transcribed responses are then analyzed using Colaizzi's descriptive phenomenological method of data analysis. Three major themes emerged: (1) Limitations in Learning, with one subtheme, Emotional Circumstances heightened with Stress; (2) Facilitating Learning, with two subthemes, Established Functions and Responsibilities heightened with Organized Coordination and Effective Learning heightened with Good Mentors, and (3) Developing Learning, with three subthemes, Enhanced Group Cohesion heightened with Selfless Acts of Kindness, Eagerness to learn heightened with Social and Environmental Keenness, and Earnest Respect heightened with Patient Interaction. It is discovered that there is an "LFD" phenomenon experienced by student nurses in their first clinical area. An increased understanding of the lived experiences from these students' points of view can develop a wider understanding of their perceived experiences, which would be of good help to nurse educators supervising students in the clinical area as they are able to understand their students more, as to their concerns or experiences in the clinical area that were able to be expressed verbally.

Keywords: Learning feedback Diary, Learning, Nursing Students, Phenomenology, Reflective experience

INTRODUCTION

Learning without the heart is not learning itself. Nursing, as a caring profession, needs to embody the essence of being selfless in meeting the needs of all patients from all walks of life. For a student nurse, they will be apprehensive in caring for every patient that they will meet. They are somehow uncertain of the character of their patients, and they are on a phase of building up their confidence in dealing with different people. Every good and bad experiences they will have from their very first patient until the succeeding patients they are to handle will create different impacts on their clinical experience and to their nursing life as well. That is why it is very important that their daily encounters with patients, be it in the hospital or community setting, must properly be documented in their Learning Feedback Diary or LFD.

A Learning Feedback Diary or LFD is a journal wherein students are to write their significant learning in the day's clinical exposure. Aided with guide questions, they organize their thoughts to make their outlook more meaningful and are something to look forward to. The LFD encompasses all the experiential learning that they have gone through in a day's exposure in the clinical area. Experiences are the essentials and it is through reflection that they find meaning in all that is happening.

According to Quinn & Hughes (2007), within the

past 30 years, experiential learning has become firmly established in nursing, midwifery, and specialist community public health nursing curriculum. At its simplest, experiential learning is learning that results from experience, but, since almost everything in life constitutes experience, this becomes an impossibly global notion. Essentially, experiential learning is learning by doing, rather than by listening to other people of reading about it. This active involvement of the student is one of the key characteristics of this form of learning, together with student-centeredness, a degree of interaction, some measure of autonomy and flexibility and a high degree of relevance.

Everyday a man's life is a learning experience, but this can never be realized if he doesn't engage in reflection. Heath (1998) pointed out that reflection is a means of surfacing experiential knowledge, and students may begin to use reflection as their experience of nursing accumulates. It is through this that one can fully savor the taste of every experience. Reflection is another form of learning in which it is a personal response to experiences, situations, events, or new information. It is a 'processing' phase where thinking and learning take place. Quinn & Hughes (2007) noted that the significance of reflection in nursing lies in its close relationship to learning in professional practice setting, and the concepts of reflective practice in nursing.

This study aims to understand the lived experience of nursing students in selected clinical area through the Learning Feedback Diary. Changes are bound to occur that will mold them to become better individuals, while for others will help them in maximizing their potentials. This is one way to ascertain as to how those students, with difficulty in handling people, were able to overcome this struggle and was able to find meaning in such experience. The information's that will be gathered from the written responses of the nursing students in the LFD will bear more meaning, as there are students who are able to express their concerns and learning through writing. This is also one way for instructors to be less judgmental of the capacity of his/her students and be more understanding and adaptive to the needs and concerns of their students that are left unsaid. The learning feedback diary is not just a mere requirement expected of every clinical exposure but is also a lived testimony of all clinical and value-formative experiences

that are better written than said.

Review of Related Literature

Clinical experience has always been an integral part of nursing education which promoted the learning avenue for student nurses (Sharif & Masoumi, 2005). It prepares student nurses to be able of "doing" as well as "knowing" the clinical principles in practice a clinical practice stimulates students to use their critical thinking skills for problem-solving (Dunn & Burnett, 1995). Lack of clinical experience, unfamiliar areas, difficult patients, fear of making mistakes and being evaluated by faculty members were expressed by the students as anxiety-producing situations in their initial clinical experience. A study by Hart & Rotem (1994) focused on stressful events for nursing students during clinical practice and it was found that the initial experience was the most anxiety producing part of their clinical experience.

A study by Sharif & Masoumi (2005), revealed that researcher came to realize that nursing students have a great deal of anxiety when they begin their clinical practice in the second year. It is hoped that an investigation of the student's view on their clinical experience can help to develop an effective clinical teaching strategy in nursing education.

Loo & Thorpe (2002) stressed out that reflective journals are not just simply a "diary" or a "log" but an articulated narrative that follows from the reflective and critical thinking about one's learning experiences or specific learning event. Reflective learning journals are an important tool in translating theory into practical action, that is, praxis. It has been used for some years, particularly in the nursing and teacher education disciplines, to enhance individual learning effectiveness, including critical and creative thinking. In an early application, (Hahnemann, 1986) had nursing undergraduates spend 10 - 15 minutes in class time doing their journal entries over the semester. She reported that journal writing has been a valuable tool that encourages clearer thinking and better learning.

Jasper (2003) noted reflective practice has been identified as one of the key ways to learn from experiences and education recognizes it as an essential tool for helping health care students to make links between theory and clinical practice. (Spouse, 2001) argues that for many years the theory-practice gap has dominated approaches to preparing students for their future role, with an increased emphasis on work-based learning. However, (Jasper, 2003) further emphasizes how the learning that is achieved using reflective strategies is different from the theory that provides the knowledge underpinning practice. In other words, reflective practice bridges the gap between theory and clinical practice by providing a strategy that helps to develop both understanding and learning.

Dix & Hughes (2004) recognized that a considerable number of learners benefit from reflective practice. Johns (1995) argued that, to enable learners to understand and learn through lived experiences, they should take congruent action towards developing increasing effectiveness, within the context of what is understood as desirable practice. Many nursing students are expected to keep reflective journals whilst on clinical placements, and some are required to submit a reflective essay during each module of the program. It is an important attitude for student nurses to take time to write down their experiences on their clinical duty, and that as they do such, they will engage themselves in reflecting on what they have done to their patient for that day.

The overall objectives of narrative reflective journaling is to provide a mechanism to engage in a reflective thinking process as learners recall and document narratives from practice (Forneris & Peden-McAlpine, 2006). As art of the contextual learning intervention, novice nurses used narrative reflective journaling to relay their experiences as new graduate nurse. These novice nurses were asked to recall an aspect of their work in the past week that resulted in a feeling of accomplishment, satisfaction and/or resulted in feelings of discouragement or frustration. They were asked to describe this experience in the form of a story with a beginning, middle and end being specific as to when, where, what and who was involved. They were also asked to reflect on their stories using guided questions to write about their reflection.

RESEARCH METHODOLOGY

Research Design

This study utilized the qualitative research method of phenomenology to allow for an exploration of the student nurse's reflective interpretation of their clinical experience. Lester (1999) stated that the purpose of a phenomenological approach of to illuminate the specifics of a phenomenon, to identify phenomena through how they are perceived by the actors in a situation. The goal of the researcher is to confine the lived experiences, to find meanings that may or may not be known to those experiencing the phenomenon and illustrate the experience through narrative composites.

The qualitative approach usually produces descriptions or typologies, along with expressions from subjects reflecting how they view the social world. By this means, the perspectives of the producers of the text can be better understood by the investigator as well as the readers of the study's results (Berg, 2001).

Research Participants and Sampling

The participants of this study were purposively chosen using the following inclusion criteria:1.) A bona fide nursing student currently enrolled in the College of Nursing of Cebu Normal University; 2.) A level 2 nursing student who is about to be exposed in the Delivery Room. Purposive sampling starts with a purpose in mind and the sample is thus selected to include people of interest and exclude those who do not suit the purpose (Changing Minds, 2012). They are selected since they are the most apt source of first hand experiences of being student nurses in their clinical experiences.

Research Locale

The study was conducted at the Delivery Room of the Vicente Sotto Memorial Medical Center (VSMMC). The VSMMC is an affiliated hospital of the Cebu Normal University – College of Nursing. It is in the Delivery Room of VSMMC wherein the clinical and hands-on experience of nursing students of Cebu Normal University is being enhanced and facilitated. This is a good venue where learning to care for patients undergoing the labor process and delivery is being put to practice.

Research Instrument

The researcher made a semi-structured interview guide. Listed are the guide questions that will be utilized:

1. What main ideas and experiences do I find most meaningful and relevant today?

2. How do I plan to apply these meanings in my work and personal life?

3. What are the questions I wish to ask? What further information do I wish to obtain?

- 4. What things / factors that helped me learn today?
- 5. What things / factors hindered my learning today?
- 6. My suggestions.

Data-gathering Procedure

A letter of intent was sent to the Dean of the College of Nursing, to inform intent to conduct this research study to the level 2 nursing students. Furthermore, a letter of intent was also sent to the RLE Coordinator and the Level Coordinator and Adviser to inform intent of this study, and so that to be in close coordination as to the schedule and availability of the students who will take part in this study, and that there will be initial dissemination of information to the clinical instructors in the clinical area who will supervise the clinical exposure of these students in the Delivery Room. There are 3 scheduled shifts (Am shift, Pm shift and Nocturnal shift) in the Delivery Room. These shifts will be covered with the respective students exposed in this area to be the participants. The clinical instructors in the respective shifts are informed of this activity and that their students are to make LFD entries as to their exposure to their exposure in the Delivery Room. The students' responses on their LFD will be confidential and be gathered for the purpose of generating information that will be of great use to the success of the aims of this study.

Data Analysis

Colaizzi's process for phenomenological data analysis (Sanders, 2003; Speziale & Carpenter, 2007) will be utilized in the extraction, organization, and analysis of the narrative dataset. The following steps will be pursued:

1. Each transcript should be read and re-read in order to obtain a general sense about the whole content.

2. For each transcript, significant statements that pertain to the phenomenon under study should be extracted. These statements must be recorded on a separate sheet noting their pages and lines numbers.

3. Meanings should be formulated from these significant statements.

4. The formulated meanings should be sorted into categories, clusters of themes and themes.

5. The findings of the study should be integrated into an exhaustive description of the phenomenon under study.

6. The fundamental structure of the phenomenon should be described.

7. Finally, validation of the findings should be sought from the research participants to compare the researcher's descriptive results with their experiences.

Thematic Analysis

Thematic Discussion

After significant statements were extracted from the transcripts of the responses and the analysis of the formulated meanings emerged three themes. The three themes emerged were: Limitations in Learning, with one subtheme Emotional Circumstances heightened with Stress; Facilitating Learning, with two subthemes, Established Functions and Responsibilities heightened with Organized Coordination and Effective Learning heightened with Good Mentors; and Developing Learning, with three subthemes, Enhanced Group Cohesion heightened with Selfless Acts of Kindness, Eagerness to Learn heightened with Social and Environmental Keenness, and Earnest Respect heightened with Patient Interaction. Each of the emergent themes with the respective subthemes will be defined and discussed with excerpts from the transcripts of responses to support and highlight each theme.

RESULTS AND DISCUSSION

After the analysis of data utilizing Colaizzi's method, three significant themes emerged from the shared experiences of the participants being involved in this study, the three themes that emerged were: Limitations in **Learning**, with one subtheme Emotional Circumstances heightened with Stress; Facilitating **Learning**, with two subthemes, Established Functions and Responsibilities heightened with Organized Coordination: and Developing **Learning**, with three subthemes, Enhanced Group Cohesion heightened by Social with Selfless Acts of Kindness, Eagerness to

learn heightened with Social and Environmental Keenness, and Earnest Respect heightened with Patient Interaction.

Theme 1. Limitations in Learning

Every time a person is assigned to a new environment, it entails a certain level of apprehension. The anxiety levels rises due to what is unknown and what might happen all throughout the duration of the exposure. Having to feel all these uncertainties, the learning will be affected to some extent, causing a certain level of limitations in the learning process.

Emotional Circumstances heightened with Stress

Stress is a something that emerges in the everyday life of a nursing student. It is there from the beginning but remains dormant. However, the more the student is exposed to several situations and experiences, a fluctuation in the levels of stress occurs.

According to participant 1:

"We experienced a great deal of pressure in making no mistakes in anything we do to care for the mother or the newborn, even in charting, we should be extra sure with what we write because those are legal documents." (SS1, Participant 1)

"I think when people become too stressed out they fail to make themselves an instrument for more learning and improvement." (SS8, Participant 1)

Another participant related:

"I think the things that hindered my learning today was the nervousness I felt when I was able to observe the actual delivery." (SS13, Participant 13)

Theme 2. Facilitating Learning

The clinical experience is a good avenue where students integrate their theoretical learning in the actual setting, to actual patients. Lofmak & Wikblad (2001) identified certain facilitating factors which includes being allowed to take responsibility, being allowed to work independently, having opportunities to practice tasks and receive feedback, collaborating with staff and supervising others, gaining an overview of the setting, and gaining a sense of control.

Subtheme 1. Established Functions and

Responsibilities heightened with Organized Coordination

A certain level of anxiety is experienced by students as they face their respective patients. However, if there is coordination within the group and with the nursing staff as well, the clinical exposure becomes a smooth sail. Every nursing student is tasked to perform several activities when attending to several patients, though some may be apprehensive and in-doubt of their capacity, but they are able to perform the task expected of them and learn much from the experience that they had gone through.

"The next time we are exposed in the delivery room (DR), we should help each other even if the case is not ours." (SS3, Participant 1)

"I suggest that we should always start the duty day right by praying and when we plan for decking." (SS10, Participant1)

"Working as a team is another virtue that is very essential on the care of women in delivery." (SS7, Participant 12)

Subtheme 2. Effective Learning heightened with Good Mentors

A component of professionalism is to mentor those

seeking to enter the profession(Hathorn, Machtmes & Tillman, 2009). A study by Suen & Chow (2001) of student's perceptions of the effectiveness of mentors revealed that roles identified as essential to that of a mentor were befriending, assisting, guiding, advising, and counseling. Effective mentoring could not be established without sufficient relationship building between mentors and mentees.

"The presence of good, nurturing, and guiding clinical instructors really helped me learn my mistakes and strive to do better next time." (SS6, Participant 1)

"My clinical instructor was very helpful and patient with her students. Even if we asked a lot of questions, she entertained them without getting annoyed." (SS4, Participant 6)

"One of the factors that helped me with my learning today is the constant assistance and support or our clinical instructor and my classmate / groupmates because teach me things I do not know and helped me out with some clarifications I asked." (SS5, Participant 8)

Theme 3. Developing Learning

Learning is essentially a changed behavior brought about by exposure to various stimuli and that certain elements be accomplished for learning to take place (Tan, 2009).

Subtheme 1. Enhanced Group Cohesion heightened with Selfless Acts of Kindness

For the learning experience to be optimal the learning environment must also be optimal which means that there should be cooperation of everyone involved, including the healthcare team (Mlek, 2011).

"I also learned that for us to prevent "GGB" by the end of the shift, whenever we are free we should help with the charting of our groupmates who are performing the handling, assisting, or cord care to save time and to hasten things." (SS2, Participant 1)

"We should help others grow and learn, and we should not think of ourselves only." (SS4, Participant 1)

"In work, I should be calm and quick especially on my last hour of the shift, because the other staffs need the forms ASAP." (SS3, Participant 5)

It is an important realization that every act of a member of a group will affect the entire group. There are times in which the entire group will be in a difficult situation, and that there will be other members who would finish their task ahead of time. The oneness of a group depends on how one shows and extends his support to other members of the group, as this can influence group dynamics and cohesion.

Subtheme 2. Eagerness to learn heightened with Social and Environmental Keenness

According to (Bandura, 1997), one's efficacy beliefs contribute "to the development of intrinsic interest", wherein people who initially lack skill, such as in the case of nursing students' lack clinical skills, persevere despite all the stress associated with trying to master it. It is not only the behavior which they eventually perform that is rewarding to them, nor the positive feedback they may get from other. People are interested in activities "at which they feel efficacious", but also in those which give them the satisfaction. "Put great effort in every challenge of life so that I could gain for the greater good." (SS3, Participant 2)

"I wish to obtain information about the vital spots / weak points of the baby during delivery." (SS6, Participant 2)

And participant 2 added:

"I wish to ask if there could be any fracture on the baby if it is handled mistakenly." (SS4, Participant 2)

"It takes much effort but when the baby's out it is very slippery, and that we have to be cautious." (SS2, Participant 2)

There are also other participants that shared their learning observations:

"Also, in handling delivery, as a student nurse, one must always have presence of mind." (SS3, Participant 11)

"I was able to learn today because of being observant and paying attention to what's happening around." (SS12, Participant 11)

"Observing proves to be helpful – from this, you familiarize the techniques and you can decide out your own strategies how others work." (SS9, Participant 16)

Subtheme 3. Earnest Respect heightened with Patient Interaction

In a qualitative study conducted by Atack *et al.*, (2000), Comacu, Kenny, Labelle & Miller (2000) revealed that to gain an understanding of the lived experience of staff, and students within a clinical practice model, the most important factor recognized by students in the student-staff relationship was open communication founded on mutual courtesy and respect. The presence of nursing staff with good and approachable attitudes influences the work attitude of nursing students, as this gives them much respect to the nursing profession. However, constant interaction of nursing students with their respective patients creates an influence on their own perspectives of every patient that they need to attend.

The more they interact, the more they develop a sense of understanding and respect for all the patients, regardless of category.

One participant said that it made her realize the

importance of mothers, after witnessing an actual delivery for the first time:

"My experience today is very meaningful, and it made me realize how much effort and sacrifice a mother put into action during delivery just to save their babies, and it made me realize how important every mother is." (SS1, Participant 3)

"It can be applied in my work and personal life by giving more importance and respect to those mothers and also by giving and sharing love to my co-workers since we are hand-in-hand with them in delivering the baby." (SS2, Participant 3)

Furthermore, there are other participants who shared related experience to Participant 3, as mentioned above:

"I should not hesitate to help people when I know I won't have any gains." (SS10, Participant 5)

"It simply struck me to give more respect and love for mothers and my co-workers who were also part of the endeavor the mother has to go through." (SS3, Participant 7)

In summary, it is discovered that there is an "LFD" phenomenon experienced by student nurses in their first exposure in the clinical area, specifically in the Delivery Room. These nursing students lived and described their rich experiences from a phase of the LFD: Limitations in Learning, Facilitating Learning, and Developing Learning as they went through the responsibilities for An increased understanding of the lived them. experiences from these level II nursing students' point of view (exposed in the Delivery Room for the first time) can develop a wider understanding of their perceived experiences, which would be of help to nurse educators supervising for nursing students experiencing this phenomenon. Moreover, this study guides not just the nurse educators, but also other members of the health care professionals, parents, nurse practitioners, and future researchers as well. Each nursing encounters experienced by the student nurse with different patients enhances his capacity to care for different patients and makes them more appreciative of their profession of caring.

CONCLUSION

It is discovered that there is a "LFD" phenomenon

experienced by student nurses in their first clinical area, wherein there is the "Limitation Phase", the "Facilitating Phase" and the "Developing Phase". The LFD is a good avenue where the nursing students are able to relate their personal experiences in the clinical area that they are not able to express upfront to their clinical instructors. This strategy enabled the participants to recall the highlights of their clinical experience and was able to vividly express the details, particularly those that have a positive and a negative impact to them. The LFD serves also as an imaginary link between the clinical instructor and the nursing students where they are able to communicate without having to verbalize concerns. It is discovered that sometimes, when one is learning, experiences are better put into writing rather than it be spoken.

RECOMMENDATIONS

Based on the study findings, the researchers would like to recommend the following:

1. Nurses and other health care providers must learn to recognize the presence of nursing students as members of the health care team in the clinical area, and should treat them with utmost respect, not taking advantage of their novice state, since these nurses and health care providers are a valuable contribution to the nursing students' learning process.

2. Nurse educators must commit to a high level of clinical practice for nursing students. Theoretical learning in the classroom setting should be reinforced accordingly in the clinical setting by providing a positive learning environment that will help the students get a grasp of the real-life scenario. The presence of a clinical instructor with a less stressful characteristic, supportive attitude is very important since they are better facilitators of learning to students in the clinical settings, and that these students should be treated according to their level of competency not expecting too much from them most especially if they are new to a certain clinical area.

3. The continued use of a learning feedback diary (LFD) is important in such a way that it is an avenue for nursing students to reflect on what they have done and what they have accomplished for the day's clinical exposure, and that clinical instructors handling students in the clinical area be able to understand their students more, as to their concerns or experiences that they are not able to relate verbally.

REFERENCES

- Atack, L., Comacu, R. K., Kenny, R., LaBelle, N. & Miller, D. (2000). Student and staff relationships in a clinical practice model: Impact on learning. *Journal of Nursing Education*, 39(9), pp 387-392.
- Bandura, A. (1997). Self Efficacy: The Exercise of Control. W. H. Freeman and Company, New York.
- Bandura, A. (1977). Social Learning Theory. Englewood Cliffs, Prentice Hall, New Jersey.
- Berg, B. L. (2001). Qualitative Research Methods for the Social Sciences. Allyn & Bacon, Boston.
- Changing Minds (2012). Purposive sampling. Retrieved from: http://changingminds.org/explanations/ sampling/purposive_sampling.html.
- Dunn, S. V. & Burnett, P. (1995). The development of a clinical learning environment scale. *Journal of advanced Nursing*, 22(6), pp 1166-1173.
- Dix, G. & Hughes, S. J. (2004). Strategies to help students learn effectively. Nursing Standard. 18(32), pp 39-42
- Forneris, G. S. & Peden-McAlpine, C. J. (2006). Contextual learning: A reflective learning intervention for nursing education. *International Journal of Nursing Education Scholarship*, 3(1).
- Hathorn, D., Machtmes. K. & Tillman, K. (2009). The lived experiences of nurses working with student nurses in the clinical environment. *The Qualitative Report*, 14(2), pp 227-224.
- Hahnemann, B. K. (1986). Journal writing: A key to promoting critical thinking in nursing students. *Journal of Nursing Education*, 25(5), pp 213-215.
- Hart, G. & Rotem, A. (1994). The best and the worst: students' experiences of clinical education. *The Australian Journal of Advanced Nursing: a quarterly publication of the Royal Australian Nursing Federation*, 11(3), pp 26-33.
- Heath, H. (2003). Reflection and patterns of knowing in nursing. Journal of Advanced Nursing, 27(5), pp 1054-1059.
- Hsieh, H. F. & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), pp 1277-1288.
- Jasper, M. (2003). Beginning reflective practice (Foundations in nursing and health care). *British Journal of Anesthetic and Recovery Nursing*, 4(4), pp 17.
- Johns, C. (1995). Framing learning through reflection within Carper's fundamental ways of knowing in nursing. *Journal of Advanced Nursing*, 22(2), pp 226-234.
- Lester, S. (1999). An introduction to phenomenological research. Stan Lester Developments; Taunton, UK.
- Lofmark, A. & Wikblad, K. (2001). Issues and innovations in nursing education: Facilitating and obstructing factors for development of learning in clinical practice: A student perspective. *Journal of Advanced Nursing*, 3(1), pp 43-50.
- Loo, R. & Thorpe, k. (2002). Using reflective learning journals to improve individual and team performance. *Team Performance Management: An International Journal*, 8(5/6), pp 134–139.
- Mlek, M. (2011). Nursing Students' Learning Experiences in Clinical Settings: Stress, Anxiety, and Coping. Concordia University, Montreal, Quebec, Canada.
- Quinn, F. & Hughes, S. (2007). *Quinn's Principles and Practice of Nurse Education*. 5th Edition. Nelson Thornes Ltd, United Kingdom.
- Sanders, C. (2003). Application of Colaizzi's method: Interpretation of an auditable decision trail by a novice researcher. *Contemporary Nurse Journal*, 14(3), pp 292-302.

- Sharif, F. & Masoumi, S. (2005). A qualitative study of nursing student experience in clinical practice. *BMC Nursing*, 4(6), pages 7.
- Speziale, H. J. & Carpenter, D. R. (2007). *Qualitative Research in Nursing: Advancing the Humanistic Imperative*, 4thedition. Lippincott, Williams and Wilkins, Philadelphia.
- Spouse, J. (2001). Work-based learning in health care environments. Nurse Education in Practice, 1(1), pp12-18.
- Suen, L. K. & Chow, F. L (2001). Issues and innovations in nursing education: Students' perceptions of the effectiveness of mentors in an undergraduate nursing program in Hong Kong. *Journal of Advanced Nursing*, 36(4), pp 505-511.
- Tan, C. (2009). *The Nurse as Health Educator: Concepts Principles and Strategies in Teaching*. Educational Publishing House. Ermita, Manila.