

Undergraduate nursing students' difficulties during clinical training: perception of the main causes

Dificuldades dos estudantes do curso de licenciatura de enfermagem no ensino clínico: percepção das principais causas

Dificultades de los estudiantes de la licenciatura de enfermería en la enseñanza clínica: percepción de las principales causas

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Abstract

Background: Clinical training modules are developed during the undergraduate nursing degree to promote the development of critical thinking, the acquisition of skills, and the confrontation with the complexity of nursing care in real clinical settings.

Objectives: To identify nursing students' main difficulties while interacting with patients during clinical training, as well as the underlying causes.

Methodology: A descriptive study was conducted with a mixed-methods approach in a sample of 2nd-year students of the undergraduate nursing degree during clinical training. Data were collected through a semi-structured questionnaire. Quantitative data were analyzed using IBM SPSS Statistics 23.0 and qualitative data were analyzed using Bardin's content analysis technique.

Results: The sample was composed of 90 students. Most of them were women (81.11%), and aged 19 to 31 years. The main difficulties identified related to the communication with people who were non-communicative or unable to communicate verbally, agitated, confused, disoriented, and/or aggressive. The most common causes included the lack of training in communication and the lack of experience in the use of relational techniques.

Conclusion: It seems of the utmost important to invest in students' training using methodologies that promote the systematization and operationalization of the care relationship.

Keywords: students; nursing; nurse-patient relations; communication

Resumo

Enquadramento: O ensino clínico desenvolvido no curso de licenciatura em enfermagem fomenta o desenvolvimento do pensamento crítico, aquisição de competências e confronto com a complexidade dos cuidados em contexto real.

Objetivos: Identificar as dificuldades dos estudantes na interação com as pessoas cuidadas no ensino clínico e identificar as principais causas subjacentes.

Metodologia: Estudo descritivo com abordagem quantitativa, nos estudantes do 2º ano de licenciatura em enfermagem em contexto de ensino clínico. Colheita de dados realizada através de questionário semiestruturado. Dados quantitativos analisados no IBM SPSS Statistics 23.0 e qualitativos utilizando a técnica de Bardin.

Resultados: Foram incluídos 90 estudantes, predominantemente do sexo feminino (81,11%), com idade compreendida entre os 19 e 31 anos. As dificuldades identificadas foram comunicar com pessoas pouco comunicativas, ou que não comunicam verbalmente, agitadas, confusas, desorientadas e/ou agressivas. As principais causas foram défice de formação na área da comunicação e inexperiência na aplicação de técnicas relacionais.

Conclusão: Afigura-se como muito importante o investimento na formação dos estudantes utilizando metodologias de cuidar que promovam a sistematização e operacionalização da relação.

Palavras-chave: estudantes de enfermagem; relações enfermeiro-paciente; comunicação

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Resumen

Marco contextual: La enseñanza clínica desarrollada en la licenciatura de enfermería fomenta el desarrollo del pensamiento crítico, la adquisición de competencias y el enfrentamiento a la complejidad de los cuidados en un contexto real.

Objetivos: Identificar las dificultades de los estudiantes en la interacción con las personas a las que se cuida en la enseñanza clínica e identificar las principales causas subyacentes.

Metodología: Estudio descriptivo con enfoque cuantitativo y cualitativo en estudiantes del 2.º año de la licenciatura en enfermería en un contexto de enseñanza clínica. La recogida de datos se realizó a través de un cuestionario semiestructurado. Los datos cuantitativos se analizaron en el IBM SPSS Statistics 23.0 y los cualitativos por análisis de contenido según la técnica Bardin.

Resultados: Se incluyó a 90 estudiantes, predominantemente del sexo femenino (81,11 %) con una edad comprendida entre los 19 y los 31 años. Las dificultades identificadas fueron comunicarse con personas poco comunicativas, o que no se comunican verbalmente, agitadas, confusas, desorientadas y/o agresivas. Las principales causas fueron déficit de formación en el área de la comunicación e inexperiencia en la aplicación de técnicas relacionales.

Conclusión: Se considera como muy importante invertir en la formación de los estudiantes mediante el uso de metodologías del cuidado que promuevan la sistematización y operacionalización de la relación.

Palabras clave: estudiantes de enfermería; relaciones enfermero-paciente; comunicación

Received for publication: 07.07.17

Accepted for publication: 17.10.17

Introduction

In Portugal, the curricula of the undergraduate degree in nursing (*Curso de Licenciatura em Enfermagem*, CLE) integrates a theoretical and a practical component, both developed in clinical settings. Training is characterized by in-class activities (theoretical, theoretical-practical, and laboratory classes) and periods of clinical training (CT) at different institutions and health services.

Nursing schools recognize the complexity inherent to students' training, which mirror the demanding social mandate and the comprehensive professional domain of nursing intervention. There is a continuous effort to bring theoretical-practical contexts in schools closer to the reality of clinical settings, often through the use of simulators in a controlled environment (Baptista, Martins, Pereira, & Mazzo, 2014). However, manikins are not the most appropriate resources to train the interaction with the patient if no intentionality is involved in the relationship.

Although nursing theories argue that nursing practice focuses on the interpersonal nurse-patient relationship (Kim, 2010), the reality of practical teaching and clinical settings may not always reflect these assumptions, resulting in a lack of integration of theoretical contents into practice (Melo, Salgueiro, & Araújo 2015). The inconsistency between theory and practice often leads students to experience difficulties in interacting with patients.

Thus, it is important to understand nursing students' main difficulties while interacting with patients in actual clinical settings, as well as to identify the reasons underlying these difficulties in order to promote new teaching methodologies capable of filling this gap.

Background

CT in nursing is defined as that part of training in which nursing students learn how to work in a team and in direct contact with the patient and/or community to plan, provide, and evaluate the comprehensive

nursing care on the basis of the theoretical knowledge which they have acquired (Parlamento Europeu, Conselho da União Europeia, 2005).

In this context, CT is essential to theoretical teaching, by providing to students the opportunity to implement the acquired knowledge and skills in real-life clinical settings (Rua, 2012). Thus, nursing students learn to focus on what is relevant in each situation based on their practical experience. It is important that students have the opportunity to learn about care delivery in practical settings as soon as possible with a view to promoting the development of critical thinking and the acquisition of skills required to deal with the uncertainty and complexity of nursing care (Peixoto & Peixoto, 2017).

According to Öztürk, Çilingir, and Şenel (2013), the vast majority of nursing students experience communication difficulties during the multiple CTs that integrate the curricula, namely difficulties related to clinical nurses' role, the presence of instructors, the contact with other health professionals, the relationship with their colleagues in CT, and the relationship with patients. In addition, Chan and Lai (2016) concluded that nursing students' lack of confidence was associated with communication difficulties. Students' lack of confidence is exacerbated by the relegation of communication to the background as a result of their lack of familiarization with the new clinical context, the contact with new professionals/teams, and the focus on tasks in order to avoid errors. These authors add that nurses' workload and unsafe nursing staffing in some CT settings also influence the development of the student-patient relationship and communication.

Sun et al. (2016) showed that students were afraid that their verbal and non-verbal skills would be inappropriate and influence patients' perceptions of their clinical skills, which could make them refuse care. According to these authors, students' negative experiences lead to feelings of anxiety and fear (of failing), causing problems such as poor sleep quality, loss of appetite, headaches, stomach pain, among others. In Portugal, Melo et al. (2015) conducted a de-

scriptive study with a qualitative approach using a sample of 21 CLE students. At the beginning of CT, students reported the following main difficulties: communicating with agitated, aggressive, disoriented, and/or confused patients; communicating with patients who were unable to communicate; dealing with patients who were unwilling to cooperate or refused care; understanding the patient; dealing with another person's suffering; initiating, maintaining, and ending a conversation; and intimacy-related tasks. In this study, difficulties were mostly caused by the lack of knowledge and relational techniques, lack of experience, introversion, and lack of confidence.

Research question

What are nursing students' main difficulties at the beginning of CT, and the causes underlying those difficulties?

Methodology

A descriptive study was conducted with a quantitative and a qualitative approach. The convenience sample was composed of 90 2nd-year CLE students of a nursing school in the center region of Portugal who were conducting their CT in Nursing Fundamentals in the community and hospital settings. CLE students from other years (3rd and 4th year) and students who were not undergoing CT in Nursing Fundamentals were excluded.

CT in community settings was developed in cooperation with elderly care associations, teams, and/or institutions of the center region of Portugal. CT in hospital settings took place in internal medicine and neurology wards.

Data were collected using a semi-structured questionnaire composed of sample characterization questions, a closed-ended question – What are the main difficulties experienced at the beginning of CT? – which was formulated based on a preliminary study conducted in 2015 with CT students (Melo

et al., 2015), and another open-ended question – What are the causes underlying these difficulties?. In order to accurately report on students' initial experiences, the questionnaires were filled out at the end of the third week of CT (total of 10 weeks). Quantitative data were analyzed using IBM SPSS Statistics 23.0 and qualitative data were analyzed using Bardin's content analysis technique (2009).

All legal and ethical considerations were met throughout this study. It should be noted that students participated on a voluntary basis and signed an informed consent form. The Ethics Committee of the Health Sciences Research Unit: Nursing (UICISA: E) of the Nursing School of Coimbra issued a favorable opinion (Opinion No. 302-09/2015) for the conduction of this research study.

Results

The sample was composed of 90 students: 73 female students (81.11%) and 17 male students (18.89%). Students' mean age was 20.29 years, ranging from a minimum of 19 years to a maximum of 31 years.

The sampled students identified the following main difficulties (Table 1): 67 students (74.4%) mentioned communication with non-communicative patients; 53 students (58.9%) mentioned communication with agitated/confused/aggressive people; 49 students (54.4%) reported communication with people who were unable to communicate; 36 students (40%) mentioned inconsistency between theory and practice; 27 students (30%) mentioned care delivery to people who refused care; 26 students (28.9%) mentioned initiating a conversation with patients; 20 students (22.2%) mentioned the transition from simulation to the direct contact with patients; 16 students (17.8%) mentioned communication with the patient's family; 13 students (14.4%) mentioned care delivery to terminally-ill patients; 10 students (11.1%) mentioned the communication with the team; and six students (6.6%) mentioned hygiene care delivery.

Table 1
Students' main difficulties at the beginning of CT

Students' difficulties	2nd year (n = 90)	
	n	%
Communication with the team	10	11.1
Communication with the patient's family	16	17.8
Initiating a conversation with the patient	26	28.9
Communication with non-communicative patients	67	74.4
Communication with patients unable to communicate verbally	49	54.4
Communication with agitated/confused/aggressive patients	53	58.9
Care delivery to terminally-ill patients	13	14.4
Hygiene care delivery	6	6.7
Care delivery to patients who refused care	27	30
Transition from simulation to the direct contact with patients	20	22.2
Inconsistency between theory and practice	36	40

After the identification of students' difficulties, and in order to identify potential causes, a content analysis was conducted based on the open-ended question – What are the causes underlying the difficulties experienced at the beginning of CT?. Four categories emerged from this analysis: Training deficit; CT site; Lack of experience; and Personal characteristics.

As shown in Table 2, the following subcategories emerged from the category Training deficit: Lack of knowledge, Inconsistency between theory and practice, Lack of practice on relational techniques, Lack of contact with a real clinical

setting in the first year, and Simulation focused on technical procedures. The following subcategories emerged from the category Clinical training site: Lack of resources, Professionals' lack of training in humanitude, and Professionals' lack of respect towards students. In the category Lack of experience, the following subcategories emerged: Lack of experience, Lack of dexterity, and First contact with a real clinical setting. In the category Personal characteristics, the following subcategories emerged: Introversión, Lack of confidence, Personality, Expressiveness, Anxiety, and Fear.

Table 2
Causes underlying the difficulties experienced at the beginning of CT

Category	Subcategory	No. of participants
Training deficit	Lack of knowledge	7
	Inconsistency between theory and practice	3
	Lack of practice on relational techniques	16
	Lack of contact with a real clinical setting in the 1 st year	1
	Simulation focused on technical procedures	3
Clinical teaching site	Lack of resources	4
	Professionals' lack of training in humanitude	3
	Professionals' lack of respect towards students	2
Lack of experience	Lack of experience	19
	Lack of dexterity	1
	First contact with a real clinical setting	8
Personal characteristics	Introversión	3
	Lack of self-confidence	6
	Personality	2
	Expressiveness	1
	Anxiety	3
	Fear	4

The most commonly reported cause by students to explain their difficulties was the lack of practice on relational techniques associated with training deficit, namely: “lack of training and techniques to help us communicate with others” (S19; 3 March, 2016); “not knowing what to say or do at the right time so that the patient doesn’t feel embarrassed or uncomfortable” (S41; 3 March, 2016); “the lack of feedback, making it difficult to benefit from a permanent and continuous help” (S6; 3 March, 2016); and “the lack of non-verbal communication strategies” (S22; 3 March, 2016).

With regard to the lack of knowledge associated with training deficit, students reported: “knowledge deficit in some areas” (S2; 3 March, 2016); “lack of theoretical knowledge” (S9; 3 March, 2016); “uncertain about what to say or do” (S17; 3 March, 2016); “uncertain about how to act in some situations” (S47; 3 March, 2016); and “lack of knowledge concerning communication techniques to be used in specific situations” (S28; 3 March, 2016).

With regard to the inconsistency between theory and practice associated with training deficit, students mentioned the “differences between reality and theory” (S3; 3 March, 2016), and the “perceived differences between theory and practice, that can often be observed in the professionals” (S4; 3 March, 2016).

Another cause of difficulty related to the Training deficit is the depersonalized use of simulation in terms of communication, given that “lab simulation is carried out using manikins, so communication skills are not trained” (S27; 3 March, 2016). Other participant adds that there is a “difference between practicing on a simulator and on a real person because the simulator is oriented towards the technique, whereas when contacting with the patient we have to observe and act in a holistic manner” (S21; 3 March, 2016).

The lack of contact with a real clinical setting during the first year which was experienced by CLE students is illustrated by the following statement: “the difficulty related to the fact that we don’t have this type of contact in the first year” (E18; March 3, 2016). Students emphasized the lack of experience as another

reason for their difficulties during CT, namely the lack of dexterity and the fact that it was their first contact with a clinical setting. For example, participants experienced difficulties “due to never having had to deal with the reality of a hospital and with hospitalized patients” (S26; 3 March, 2016), making CT “the first contact with the real world of nursing” (S17; 3 March, 2016).

Students identified personal characteristics as a cause of difficulties, namely introversion, as can be seen in the following statements: “a little shyness” (S9; 3 March, 2016) and “awkwardness at the beginning” (S12; 3 March, 2016). Lack of confidence was another personal characteristic identified by students as a cause of difficulty: “due to a lack of confidence” (S10; 3 March, 2016); “I’m afraid of disrespecting the patient’s will” (S36; 3 March, 2016).

In the same way, the student’s personality and expressiveness were identified as causes of difficulty: “regarding expressiveness, I should probably improve the way how I communicate and pronounce words” (S29; 3 March, 2016). Anxiety and fear are other causes related to personal characteristics, as can be confirmed in the following statements: “fear of disturbing the patient with our presence/conversation” (S33; 3 March, 2016); “I’m a bit scared of hurting the patient or not being able to do what I’m expected to do” (S35; 3 March, 2016); “fear of failure” (S40; 3 March, 2016).

The CT site was also evidenced as a cause of difficulty due to the lack of resources, as described in students’ statements: “lack of resources at the hospital” (S4; 3 March, 2016); “lack of material to care for the patient with dignity” (S38; 3 March, 2016).

Another cause of difficulty related to the CT was the professionals’ lack of training in humanity, which was confirmed in students’ statements: “Professionals lack specialization in humanity” (S4; 3 March, 2016); “they are not always aware of the humanity care methodology” (S31; 3 March, 2016). Professionals’ towards students was another cause of difficulty, as can be seen in these statements: “as students, we have to keep up with nurses” (S5; 3 March, 2016), and “nurses’ lack of respect and appreciation for students” (S31; 3 March, 2016).

Discussion

The most common difficulties mentioned by students while interacting with patients related to the need to communicate with non-communicative patients, agitated/confused/aggressive patients, and patients who refused care. These results are in line with those obtained by Melo et al. (2015). Given the high number of older people with neurocognitive disorders (NCDs) admitted to the wards analyzed in this study (internal medicine and neurology), there is an urgent need to analyze these results based on the characteristics and context of patients whose ability to express themselves and communicate their desires or needs is deeply compromised, as well as to professionalize the relationship so as to preserve these patients' dignity (Melo, Soares, Manso, Gaspar, & Melo, 2017). The literature emphasizes that the abilities of older people with NCDs are not stimulated in care delivery and in the relationship of care, instead, these individuals, who are neurologically impaired, are deprived of their own personality and identity by minimizing their capabilities and social status (Hughes & Beatty, 2013).

Contrary to expectations, and considering most participants' lack of clinical experience and age, situations which could be seen as potentially embarrassing (hygiene care delivery) or complex and emotionally stressful (care delivery to terminally-ill patients) were less often reported. This fact may have two explanations: first, data were collected during the third week of CT, when there is still limited contact, or experience, with the delivery of hygiene care and comfort in real-life contexts; second, hygiene care is seen as an instrumental action in which the patient is seen as a mere care receiver and the relationship lacks intentionality, multisensory stimulation, and autonomy promotion (Melo et al., 2017). The focus on tasks, which causes communication to be relegated to the background, is in line with the results obtained by Chan and Lai (2016).

In addition, students reported less often the concern about delivering care to terminally-ill patients, which may be explained by the fact that few students have experienced this

situation. Despite this, relationship and communication are of utmost importance in care delivery to terminally-ill patients, not only because of the specificity and complexity of the information to be conveyed, but also because of patients and families' need to feel involved, supported, and safe during care delivery. However, according to Sun et al. (2016), students perceived that there is sometimes a mismatch between their verbal and non-verbal skills, which may influence patients' opinion on their clinical competences.

It should also be noted that, although less frequently, students mentioned the communication within the team. These results are in line with the conclusions of Öztürk et al. (2013) who emphasize that the interaction between students and clinical nurses/instructors may cause difficulties in CT as a result of students' fear of not reaching their performance targets and goals.

Four categories emerged from the causes underlying the difficulties reported by students: Lack of training, CT site, Lack of experience, and Personal characteristics. Personal characteristics should be highlighted because this category included the larger number of explanatory subcategories of students' difficulties, such as Introversión, Lack of confidence, Personality, Expressiveness, Anxiety, and Fear. In line with the studies by Sun et al. (2016), Melo et al. (2015), and Lea et al. (2014), these results show that nursing students are often reluctant to care for patients with behavioral changes due to lack of training and inadequate supervision, which may negatively influence their attitudes (Scerri & Scerri, 2013).

However, although large in number, the subcategories found in Personal characteristics were less frequent. Therefore, Training deficit and Lack of experience should be highlighted as main causes given the vast number of related accounts. Both categories include the causes that are most commonly reported by nursing students. The factors related to lack of experience were somehow expected since this was the participants' first contact with the clinical setting. However, the persistent reference to lack of knowledge and practice about relational techniques suggests that there is a gap in current nursing curricu-

la, which emphasizes the need expressed by Lopes, Azeredo, and Rodrigues (2012) and results obtained in previous studies on this topic (Melo et al., 2015; Sun et al., 2016). In this sense, there is a need to implement programs that promote undergraduate students' personal development skills (Lopes et al., 2012), by intervening in nurses' training process and promoting the development of key relational skills for a more effective and humanized care delivery (Melo & Raposo, 2007). Therefore, it is important to use innovative care methodologies that are adjusted to real-life care settings. These methodologies will allow nursing students to systematize and operationalize the care relationship by providing intentionality to technical-relational procedures that facilitate the interaction with patients. Students will also be able to learn how to initiate, develop, and end a relationship with the patient, overcoming their communication difficulties (Figueiredo, Melo, & Ribeiro, 2016).

Limitations of the study

Although innovative in Portugal, this study had some limitations. First, and despite the number of participants, the sample may not be entirely representative given the fact that it is a convenience sample. Given the cross-sectional nature of the topics, some CT settings may influence nursing students' first experiences, which may trigger communication barriers which are specific to a specific clinical dynamics. Therefore, another study should be conducted involving a wider range of clinical settings.

In addition, since this study focused on students' communication difficulties during the contact with the reality of a clinical setting, further efforts should focus on understanding if these difficulties persist throughout the whole CLE and identify the strategies used by the students to overcome them. For this purpose, further studies should be conducted with third- and fourth-year students.

Contributions to the area of nursing and research

This study addressed an understudied topic in Portugal, given its impact on nursing students' well-being and on patient care. The

identification of students' difficulties allows restructuring the current teaching methodologies, as well as strengthening the pedagogical intervention in CT settings. As a suggestion for future research, a study should be carried out on nursing students' training and skill acquisition using innovative methodologies such as the Methodology of Care Gineste-Marescotti[®] (MGM[®]) also known as Methodology of Care Humanitude (MCH), to demonstrate its potential effectiveness in overcoming communication difficulties in clinical settings, particularly in the contact with agitated or confused patients or patients who refuse care.

Conclusion

This study identified the following main difficulties: communication with non-communicative people or people who were unable to communicate verbally; communication with agitated/confused/aggressive patients; inconsistency between theory and practice; and care delivery to patients who refused care.

It also identified the following main causes underlying these difficulties: training deficit in the relational and communication areas; lack of experience; personal characteristics; and CT site. With regard to training deficit, it is of utmost importance to invest in students' training and empowerment so that they can interact with patients using care methodologies that promote the systematization and operationalization of the care relationship. This need was identified based on the lack of knowledge and training of communication techniques reported by the sampled students.

Lack of experience was also identified by students as a cause of difficulty at the beginning of their CT due to the lack of dexterity and for being their first contact with clinical settings. In addition, students identified personal characteristics as a barrier to their communication skills, to the extent that their introversion, insecurity, anxiety, and fear prevent them from achieving academic success. Therefore, CT should include moments when tutor nurses, supervisors, and students discuss situations of greater difficulty and identify the underlying causes and

potential strategies to overcome them in the future. Furthermore, since students are young adults transitioning from adolescence to adulthood, tutor nurses and supervisors should respect each individual's own pace for skill acquisition and development, taking into account his/her specific stage of personality development. In addition to the direct impact on care quality and efficiency, the training of nursing professionals and students using innovative care methodologies seems to be a possible strategy for achieving communication proficiency.

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