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Determination of Nursing Students' Attitudes Towards Nurses and Clinical Practice and Influencing Factors

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A B S T R A C T

Introduction: Nursing students' attitudes toward the nursing profession and clinical practice environments are critical determinants of their academic engagement, clinical performance, and future career trajectories. A multifaceted understanding of these attitudes, encompassing their influencing factors, is essential for nursing education programs to cultivate positive perceptions and facilitate optimal learning experiences.
Aim: This study aims to evaluate nursing students' perceptions of nurses and clinical practice and associated variables.
Method: The study was a descriptive cross-sectional study conducted to determine the attitudes of nursing students towards nurses and clinical practice and the factors affecting them
Results: The study found that nursing students generally have positive attitudes towards nurses and clinical practice. Factors such as age, academic achievement, and region of residence were found to be associated with these attitudes. The average ATCP score was determined as 97.63±12.68, and the average scores of its sub-dimensions were as follows: Belief and Expectation: 30.60±3.48, Interest and Desire: 34.78±5.70, and Professional Value: 32.25±5.01.
Conclusion: Nursing students' attitudes toward nurses and clinical practice are influenced by a complex interplay of individual, academic, and environmental factors, highlighting the need for comprehensive interventions to foster positive perceptions and enhance the overall quality of nursing education.

Keywords: Attitude of nurses, Attitude of clinical practice, Affecting factors, Nursing Students

INTRODUCTION

Nursing students' attitudes towards the profession and clinical practice environments are a critical area of investigation, influencing their academic performance, professional development, and future contributions to healthcare (Awotona & Abiola, 2019). Cultivating of competent nurses is especially critical given the high prevalence of global health crises (Lee et al., 2023). Newly registered nurses must possess adequate knowledge, skills, and attitudes to be deemed "fit for practice" (Cerra et al., 2019). It is most important to comprehend the multifaceted factors shaping these attitudes to facilitate targeted interventions that promote positive perceptions and engagement in clinical settings (Perry et al., 2018). A nurse's clinical competence is significantly influenced by communication skills, a genuine interest in the profession, a sense of accountability, relevant work experience, and personal attributes encompassing ethical principles, knowledge, and abilities (Zakeri et al., 2020). Positive attitudes toward research have been shown to increase research utilization and the use of evidence to inform practice (Mulkey, 2021). Conversely, negative attitudes can impede learning, reduce job satisfaction, and compromise patient care quality (Althaqafi et al., 2019). Understanding the complexities of the clinical environment, which includes demanding workloads, high patient acuity, and limited teaching time, is crucial when aiming to train competent nurses (Wang et al., 2019).

One main objective of nursing training is to motivate nurses to acquire skills for offering appropriate health-care services to patients with multiple complex health problems and to re-orient them from negative attitudes like absenteeism during clinical posting has challenged the academic institution for a long time (Olorunfemi et al., 2021; Dedemoğlu and Ceylan, 2025). A key factor influencing clinical competence is work experience, with many nursing students working in clinical settings during their studies, often driven by financial motivations, personal satisfaction, skill development, experience gain, and future

employment prospects (Manoochehri et al., 2015). The clinical learning environment is characterized by a combination of physical, psychosocial, organizational, and pedagogical elements, which collectively shape learning outcomes and student self-assurance (Flott & Linden, 2015). The exposure of student nurses to diverse clinical scenarios, involving patients with complex health and social care needs, significantly shapes their resilience levels and reinforces their beliefs, leading to continuous self-reflection (Henshall et al., 2020). Educational institutions must keep pace with the evolving healthcare landscape to adequately prepare nursing students for real-world challenges (Nielsen et al., 2013). The quality of clinical experiences is essential for nursing practice, emphasizing the need for effective clinical locations where students can apply theory to practice (Miligi et al., 2019).

Nursing education programs emphasize patient-centered, evidence-based, high-quality, and safe care delivered within interdisciplinary teams, aided by information technologies (Djukic et al., 2011). However, the transition from classroom learning to real-world clinical practice presents considerable challenges for nursing students. The complexity of healthcare services necessitates that nursing education equip students with an extensive combination of theoretical knowledge and practical skills to deliver safe, high-quality patient care (Florence, 2025). Nursing education seeks to provide nurses with the clinical competencies needed to function in the ever-changing healthcare setting (Salifu et al., 2022). Nurse educators must equip students with the knowledge necessary to provide safe patient care in the complex healthcare environment (Kiernan, 2018). Clinical placements enable students to apply theoretical knowledge in authentic healthcare settings, improving knowledge retention and critical thinking skills (Yaas et al., 2023). Clinical education, as a cornerstone of nursing programs, provides nursing students with numerous chances to improve their nursing practice skills (Dahal & Acharya, 2020).

In conclusion, the integration of theoretical knowledge with practical experience is a cornerstone of nursing education, enabling students to develop the clinical judgment and skills necessary for providing safe and effective patient care (McHugh & Lake, 2010). Addressing the identified challenges and promoting positive attitudes are essential for fostering a competent and engaged nursing workforce prepared to meet the evolving demands of healthcare. Nursing education constantly needs to be improved to keep up with the changing needs of patients and the complexities of nursing practice (Kiernan & Olsen, 2020). The aim of this study is to evaluate nursing students' perceptions of nurses and clinical practice, with the goal of uncovering the factors that influence these perceptions.

METHODS

Research Design and Setting

The study was a descriptive cross-sectional study conducted to determine the attitudes of nursing students towards nurses and clinical practice and the factors affecting them. The checklist for Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) (File 1) was adhered to in this investigation. The study was carried out at Burdur Mehmet Akif Ersoy University School of Health.

Study Population and Sample

In the 2024–2025 academic year, 560 nursing students in the first, second, third, and fourth grades at a Turkish state university's nursing department made up the study's population. There was no sample selection from the population in this study; all students were invited to participate. The data were obtained from a total of 321 students who voluntarily agreed to participate in the study, started clinical practice and completed the data form completely.

Data Collection

The 'Participant Information Form', 'Nursing Students' Attitudes towards Nurses during Clinical Practice Scale' and 'Nursing Students' Attitudes towards Clinical Practices Scale' were used to gather data online between April and May 2025.

Participant Information Form: The form prepared in line with the literature (Dikmen Aydın et al., 2017; Sönmez & Gürlek Kısacık, 2020; Akdeniz Uysal & Yeşil Bayülgen, 2022; Erbuğa & Karakurt, 2024; Kaplan et al., 2024) consists of six questions including the sociodemographic characteristics of the students (age, gender, etc.) and the average academic achievement.

Nursing Students' Attitudes towards Nurses during Clinical Practice Scale: The scale developed by Kaplan et al. (2024) consists of 28 items and three sub-dimensions. The scale items are evaluated from 1 to 5 and are presented in five-point Likert format. Only the 18th item is reverse coded. The "cooperation and understanding" subscale has a minimum score of 15 and a maximum score of 75, the "communication skills and guidance" subscale has a minimum score of 10 and a maximum score of 50, and the "support for professional development" subscale has a minimum score of 3 and a maximum score of 15. All scale items have a minimum score of 28 and a maximum value of 140. The increase in the total score obtained from the scale indicates that nursing students exhibit more positive attitudes towards nurses during clinical practice. The Cronbach Alpha value of the scale is 0.946 (Kaplan et al., 2024) and was calculated as 0.920 in this study. By email, permission was acquired from the scale's corresponding author.

Nursing Students' Attitudes towards Clinical Practices Scale: The scale developed by Akdeniz Uysal and Yeşil Bayülgen (2022). There are four sub-dimensions and 26 items in all on the scale. Items 1-8 are in the sub-dimension of "belief and expectation towards clinical practices", items 13-18, 23 are in the sub-dimension of "positive approach towards clinical practices", items 9-12, 22, 24, and 25 are in the sub-dimension of "negative approach towards clinical practices" and items 19-21,26 are in the sub-dimension of "personal development". In the evaluation of the items, a five-point Likert-type evaluation was used as "Strongly disagree (1 point)", "Disagree (2 points)", "Undecided (3 points)", "Agree (4 points)" and Strongly Agree (5 points)". Items 9-12, 22, 24, and 25 are reverse coded. The scale has a minimum score of 26 and a maximum score of 130. The increase in the total score indicates that students develop positive attitudes towards clinical practice. The Cronbach Alpha value of the scale is 0.93 (Akdeniz Uysal & Yeşil Bayülgen, 2022) and was calculated as 0,973 in this study. Permission to use the scale was obtained via email from corresponding author.

Data Analysis

Data analysis was performed using IBM SPSS Statistics for Windows version 22.0 (IBM Corp., Armonk, NY, USA). Skewness and kurtosis coefficients and Shapiro-Wilk and Kolmogorov-Smirnov tests were used to evaluate the conformity of the data to normal distribution. According to the research

data, the skewness and kurtosis coefficients were not within the desired range of ±2 according to the literature (Doğan, 2023; Schmidt, 2023; Akyüz & Gamgam, 2017) and the shapiro wilk and kolmogorov smirnov tests showed p<0.05. Therefore, the analyses were continued with nonparametric tests.

Table 1. Distribution of Nursing Students by Descriptive Characteristics (n=321)

		n	%
Gender	Female	230	71.7
	Male	91	28.3
Class Level	1st Year	85	26.5
	2nd Year	108	33.6
	3rd Year	72	22.4
	4th Year	56	17.4
Academic Achievement	Low	21	6.5
	Medium	247	76.9
	High	53	16.5
Region of Residence	Mediterra-nean	140	43.6
	Aegean	97	30.2
	Marmara	14	4.4
	Central Ana-tolia	19	5.9
	Eastern Ana-tolia	15	4.6
	Southeastern Anatolia	36	11.2
		Mean±SD	Min-Max
Age		20.74±1.74	17-32
CGPA		2.97±1.2	2.00-3.93

CGPA: Cumulative Grade Point Average

Continuous variables were presented as mean and standard deviation, and categorical variables were presented as frequency and percentage. The relationship between the scale scores was analyzed by spearman correlation analysis. The differences in attitudes towards clinical practice and attitudes towards nurses in clinical practice scales scores in terms of descriptive characteristics of nursing students were evaluated by Man Whitney U in paired groups and Kruskal-Wallis analysis of variance in more than two groups. In all analyzes, p values <0.05 were considered statistically significant.

Ethical Considerations

The Burdur Mehmet Akif Ersoy University ethics committee gave the study its approval (GO 2025/1440). The goal of the study was explained to the participants, and their verbal agreement was obtained. The study was carried out in compliance with the Declaration of Helsinki's guiding principles.

RESULTS

The distribution of nursing students according to their descriptive characteristics is shown in Table 1. 71.7% of the students were female, 43.6% lived in the Mediterranean and 30.2% in the Aegean Region. The mean age was 20.74±1.74 years. 60.1% of the students were studying at the first and second grade level and the Cumulative Grade Point Average (CGPA) was determined as 2.97±1.2. 76.9% of the students expressed their academic achievement as moderate (Table 1).

The mean scores of the Attitude Toward Clinical Practice (ATCP) and Attitude Toward Nurses in the Clinical Practice Process (ATNCPCP) scales and sub-dimension scores of nursing students are shown in Table 2. According to this, the mean score of the ATCP was 97.63±12.68 and the mean scores of the sub-dimensions were as follows: Belief and Expectation (BE): 30.60±3.48, Positive Attitude (PA): 24.25±4.37, Negative Attitude (NA): 19.65±2.25 and Personal Development (PD): 14.91±2.06. The mean score of the ATNCPP was 85.20±20.91,: Cooperation and Understanding (CU), Communication Skills and Guidance (CSG) and Support to Professional Development (PSD) subscale mean scores were 44.20±11.69, 30.59±8.35 and 10.40±2.18, respectively (Table 2).

The correlations between age, CGPA, ATCP, ATNCPCP, and the sub-dimensions of the nursing students are shown in Table 3. Accordingly, statistically significant correlations were found between age and PA (r: -.116 p<0.05), ATNCPCP (r: -.150 p<0.01), CU (r: -.145 p<0.01), CSG (r: -.125 p<0.05) and SPD (r: -.189 p<0.01) in the negative direction and with NA (r: .133 p<0.05) in the positive direction. There was a statistically significant negative correlation between CGPA and CSG (r: -.133 p<0.05). There were statistically significant correlations in a positive direction between ATCP and ATNCPCP (r: .302 p<0.001), CU (r: .278 p<0.001) and CSG (r: .281 p<0.001) and SPD (r: .429 p<0.001). There were statistically significant positive correlations between ATCP and ATNCPCP (r: .371 p<0.001), CU (r: .358 p<0.001), SPD (r: .348 p<0.001) and SPD (r: .431 p<0.001); between BE and ATNCPCP (r: .207 p<0.001), CU (r: .206 p<0.001), CSG (r: .170 p<0.01 and PSD (r: .304 p<0.001); positive and statistically significant correlations were found between PD and ATNCPCP (r: .381 p<0.001), BE (r: .353 p<0.001), CSG (r: .376 p<0.001) and SPD (r: .465 p<0.001). On the other hand, statistically significant negative correlations were detected between NA and ATNCPCP (r: -.145 p<0.01), CU (r: -r: .123 p<0.05), CSG (r: -.154 p<0.01) and SPD (r: -.158 p<0.01) (Table 3).

Table 2. Nursing Students' Mean Scores on Attitudes Toward Clinical Practice and Toward Nurses During Clinical Practice (n=321)

Scale	Sub-Dimensions	X±SD	Min-Max
ATCP		97.63±12.68	33-111
	BE	30.60±3.48	8-32
	PA	24.25±4.37	7-28
	NA	19.65±2.25	12-31
	PD	14.91±2.06	4-16
ATNCPCP		85.20±20.91	29-113
	CU	44.20±11.69	16-61
	CSG	30.59±8.35	10-40
	SPD	10.40±2.18	3-12

ATCP: Attitudes Toward Clinical Practice Scale, BE: Belief and Expectation, PA: Positive Attitude, NA: Negative Attitude, PD: Personal Development, ATNCPCP: Attitude Toward Nurses During Clinical Practice Process Scale, CU: Cooperation and Understanding, CSG: Communication Skills and Guidance, SPD: Support to Professional Development.

Table 4 shows the differences in the scores of the ATCP and the ATNCPCP in terms of the descriptive characteristics of the nursing students. According to Table 4, it was found that there were significant differences between the scores of the ATCP (p: .002), BE (p: .000), PA (p: .014), PD (p: .025), ATNCPCP (p:

Table 3. Nursing Students' Attitudes Towards Clinical Practice and Attitudes Towards Nurses in the Clinical Practice Process Correlations between the Scales and Subscales (n=321)

	AGE	CGPA	ATCP	PA	NA	BE	PD	ATNCPCP	CU	CSG	SPD
AGE	-	.166**	-.101	-.116*	.133*	.017	-.056	-.150**	-.145**	-.125*	-.189**
CGPA	.166**	-	-.036	-.105	.027	.019	-.070	-.099	-.084	-.133*	-.053
ATCP	-.101	-.036	-	.800***	-.393***	.499***	.712***	.302***	.278***	.281***	.429***
PA	-.116*	-.105	.800***	-	-.239***	.417***	.757***	.371***	.358***	.348***	.431***
NA	.133*	.027	-.393***	-.239***	-	-.129*	-.163**	-.145**	-.123*	-.154**	-.158**
BE	.017	.019	.499***	.417***	-.129*	-	.383***	.207***	.206***	.170**	.304***
PD	-.056	-.070	.712***	.757***	-.163**	.383***	-	.381***	.353***	.376***	.465***
ATNCPCP	-.150**	-.099	.302***	.371***	-.145***	.207***	.381***	-	.975***	.927***	.766***
CU	-.145**	-.084	.278***	.358***	-.123*	.206***	.353***	.975***	-	.838***	.731***
CSG	-,125*	-,133*	,281***	,348***	-,154**	,170**	,376***	,927***	,838***	-	,676***
SPD	-,189**	-,053	,429***	,431***	-,158**	,304***	,465***	,766***	,731***	,676***	-

*ATCP: Attitudes Toward Clinical Practice Scale, BE: Belief and Expectation PA: Positive Attitude, NA: Negative Attitude, PD: Personal Development, ATNCPCP: Attitude Toward Nurses During Clinical Practice Process Scale, CU: Cooperation and Understanding, CSG: Communication Skills and Guidance, SPD: Support to Professional Development, *p<0.05.*
***p<0.01, ***p<0.001.*

.004), CU (p: .007) and CSG (p: .001) in terms of gender. Women had significantly higher scores than men in the ATCP and in the scores of BE, PA, and PD. On the other hand, the scores of men were significantly higher than the scores of women in the ATNCPCP, CU and CSG.

It was determined that there were significant differences between the scores of the students in terms of their grade levels in terms of the scores of the ATCP (p: .010), PA (p: .019), NA (p: .0039), ATNCPCP (p: .000), CU (p: .000), CSG (p: .001) and SPD (p: .003). According to the results of the post-hoc analysis, it was determined that the difference between the 1st and 3rd grade students was due to the difference between the scores of the ATNCPCP, PA and NA (1st grade ATNCPCP> 3rd grade ATNCPCP, Cp: .029; 1st grade PA> 3rd grade PA, Cp: .025; 3rd grade NA> 1st grade NA; Cp: .002). It was determined that the difference between the 1st and 2nd and 1st and 3rd grade students was due to the difference found in terms of the scores of the ATNCPCP, CU, CSG and SPD (1st grade ATNCPCP> 2nd grade ATNCPCP, Cp: .002; 1st grade ATNCPCP> 3rd grade ATNCPCP, Cp: .000; 1st grade ATNCPCP> 2nd grade ATNCPCP, Cp: .000; 1st grade ATNCPCP> 3rd grade ATNCPCP, Cp: .000; 1st. Grade CU> 2nd Grade CU, Cp: .005; 1st Grade CU> 3rd Grade CU, Cp: .000; 1st Grade CSG> 2nd Grade CSG, Cp: .005; 1st Grade CSG> 3rd Grade CSG, Cp: .001; 1st Grade SPD> 2nd Grade SPD, Cp: .012; 1st Grade SPD> 3rd Grade SPD, Cp: .005) (Table 4).

It was found that there were significant differences between the CU scores based on the region where the students lived (p: .046). According to the results of the post-hoc analysis, it was determined that the difference in terms of CU scores was due to the difference between Southeastern Anatolia and Central Anatolia regions (Southeastern Anatolia CU>Central Anatolia CU, Cp: .033) (Table 4).

DISCUSSION

This study demonstrates that nursing students' attitudes toward clinical practice and nurses vary significantly based on gender, academic year, and region of residence. This suggests that their perceptions are shaped by multiple interconnected factors. The present study revealed notable gender differences in attitudes, with female students exhibiting more positive attitudes toward clinical practice, belief and expectation, positive attitude, and personal development aspects of nursing, aligning with previous research that suggests women are often more predisposed to nurturing and care-oriented roles (Hägg-Martinell et al., 2020). Conversely, male students demonstrated more favorable attitudes toward nurses in clinical practice, cooperation and understanding, and communication skills and guidance, potentially reflecting differences in communication styles and perceptions of teamwork dynamics within clinical settings.

Clinical practice is a vital component of nursing education, providing students with opportunities to integrate theoretical knowledge with real-world experience (Anarado et al., 2016). Despite efforts to bridge the gap between theory and practice in nursing education, students often face challenges in effectively applying theoretical concepts in clinical settings (Gamtessa, 2021). The inconsistency between classroom learning and clinical practice can create difficulties for students, educators, and practitioners (Saifan et al., 2021). One study showed that nursing students' competence was significantly higher 6 months after clinical practice, and it was related to self-reflection and insight, and negatively related to practice stress (Pai, 2015). The clinical learning environment offers unique opportunities for students to apply their knowledge and skills in practical situations (Akram, 2018). Effective learning in clinical practice requires students to have opportunities to practice what they have learned in the classroom and skills laboratory under supervision and with support, and to receive feedback in an environment characterized by good interpersonal relationships and communication (Kaphagawani, 2013). Therefore, nursing education programs must provide clinical experience alongside theoretical knowledge to prepare nursing students for the role of professional nursing (Banan, 2017). Clinical practice helps nursing students learn to apply the theory of nursing, facilitating the integration of theoretical knowledge and practical skills in the clinical setting (Getie et al., 2021). For personal growth and

Table 4. Score Differences in Attitudes Toward Clinical Practice and Attitudes Toward Nurses in Clinical Practice Scales in Terms of Descriptive Characteristics of Nursing Students (n=321)

		ATCP X±SD	BE X±SD	PA X±SD	NA X±SD	PD X±SD	ATNCPCP X±SD	CU X±SD	CSG X±SD	SPD X±SD
Age	Female	99,61±10.21	31,24±2.02	24,72±3.86	19,58±2.21	15,18±1.60	83,44±16.25	43,14±8.63	29,83±8.05	10,46±2.08
	Male	92,62±13.48	28,96±5.37	23,06±5.30	19,84±2.36	14,24±2.82	89,65±14.89	46,89±9.46	32,50±8.12	10,26±2.42
Meaningfulness		U: 8128.00 p: .002	U: 7692.50 p: .000	U: 8657.00 p: .014	U: 9626.50 p: .254	U: 8996.00 p: .025	U: 83.24.00 p: .004	U: 8449.50 p: .007	U: 8054.00 p: .001	U: 10369.50 p: .893
Classs Level	1st Year	99.88±11.51[a]	30,49±3.10	25,44±3.36[a]	19,08±2.23[a]	15,07±1.90	93,02±17.47[a]	48,44±9.92[a]	33,56±7.18[a]	11,01±1.73[a]
	2nd Year	96,94±11.68[b]	30,75±2.70	23,98±4.15[b]	19,89±2.26[b]	14,88±1.91	83,59±19.46[b]	43,30±10.73[b]	29,98±7.96[b]	10,30±2.11[b]
	3rd Year	95,41±12.80[c]	30,48±4.10	23,55±4.59[c]	20,29±2.39[c]	15,00±1.83	79,33±22.04[c]	40,83±12.42[c]	28,50±8.93[c]	10.00±2.46[c]
	4th Year	98,39±15.53[d]	30,62±4.44	23,87±5.51[d]	19,25±1.82[d]	14,64±2.77	84,01±23.83[d]	43,85±13.30[d]	29,96±8.95[d]	10.19±2.39[d]
Meaningfulness		KW: 11.380 p: .010 a>c Cp: .029	KW: 2.122 p: .548	KW: 9.958 p: .019 a>c Cp: .025	KW: 14.247 p: .003 c>a Cp: .002	KW: 3.525 p: .317	KW: 20.043 p: .000 a>b Cp: .002 a>c, Cp: .000	KW: 18.176 p: .000 a>b Cp: .005 a>c, Cp: .000	KW: 16.977 p: .001 a>b Cp: .005 a>c, Cp: .001	KW: 14.286 p: .003 a>b Cp: .012 a>c, p: .005
Academic achievement	Low	95,23±13.71	29,85±4.49	23,85±4.33	20,33±2.86	14.42±2.71	86.85±18.46	44.47±12.93	31.76±7.03	10.61±1.88
	Medium	97.56±12.32	30.63±3.36	24.23±4.45	19.54±2.23	14.94±2.02	85.63±18.54	44.44±11.38	30.76±8.33	10.42±2.12
	High	98.90±13.44	30.75±3.62	24.52±4.08	19.90±2.04	15.00±1.97	82.54±18.90	42.98±12.70	29.35±8.70	10.20±2.55
Meaningfulness		KW: 1.267 p: .531	KW: 1.208 p: .547	KW: .138 p: .934	KW: 1.800 p: .407	KW: .063 p: .969	KW: .445 p: .801	KW: .369 p: .831	KW: .982 p: .612	KW: .124 p: .940
Region of Residence	Mediterranean	92.82±12.53	30.81±2.87	24.42±4.41	19.55±2.16	14.92±1.92	86.47±20.06	45.10±11.10[a]	30.77±8.18	10.59±2.10
	Aegean	9.64±11.36	30.93±3.03	24.47±4.16	19.81±2.19	15.13±1.78	84.39±20.12	43.36±10.91[b]	30.50±8.35	10.52±2.00
	Marmara	102.35±7.20	31.71±0.61	25.78±2.80	19.78±2.32	15.50±0.85	81.57±18.25	42.57±9.91[c]	28.50±7.53	10.50±1.45
	Central Anatolia	98.15±9.22	30.42±3.18	24.15±3.50	19.57±2.03	15.36±0.89	73.00±20.82	37.47±10.63[d]	26.42±8.78	9.10±2.25
	Eastern Anatolia	89.86±18.58	27.66±5.40	22.66±3.10	19.66±2.89	13.73±2.73	81.26±19.07	42.80±10.19[e]	29.33±9.03	9.13±3.22
	Southeastern Anatolia	95.27±14.03	29.75±4.46	23.11±4.74	19.63±2.66	14.33±2.83	92.00±18.24	47.77±11.27[f]	33.69±6.86	10.52±2.02
Meaningfulness		KW: 3.812 p: .577	KW: 8.152 p: .148	KW: 6.518 p: .259	KW: 2.902 p: .715	KW: 3.467 p: .628	KW: 10.704 p: .058	KW: 11.310 p: .046 f>d Cp: .033	KW: 9.795 p: .081	KW: 9.813 p: .058

ATCP: Attitudes Toward Clinical Practice Scale, BE: Belief and Expectation PA: Positive Attitude, NA: Negative Attitude, PD: Personal Development, ATNCPCP: Attitude Toward Nurses During Clinical Practice Process Scale, CU: Cooperation and Understanding, CSG: Communication Skills and Guidance, SPD: Support to Professional Development, U: Man Whitney U, KW: Kruskal-wallis, Cp: Corrected p

improving practical skills is very important. In our study, the mean score of the ATCP was 97.63±12.68 and the mean scores of the sub-dimensions were as follows: Belief and Expectation: 30.60±3.48, Positive Attitude: 24.25±4.37, Negative Attitude: 19.65±2.25 and Personal Development: 14.91±2.06 and also mean score of the ATNCPP was 85.20±20.91, Cooperation and Understanding, Communication Skills and Guidance and Support to Professional Development subscale mean scores were 44.20±11.69, 30.59±8.35 and 10.40±2.18, respectively. When the findings obtained in this study are evaluated, it is seen that the attitudes of nursing students towards clinical practice and nurses during clinical practice are at a moderate level.

Effective clinical teaching is essential for nursing education (Heidari & Norouzadeh, 2015). The clinical setting should be designed to cultivate future nurses who are competent in the

core skills of the profession (Ahmed et al., 2023). Clinical instructors who stay clinically current and have a collaborative relationship with other health care professionals in the clinical environment create trust and remain effective in the clinical setting (Hababeh & Lalithabai, 2020). In the present study, statistically significant correlations were found between age and PA, ATNCPCP, CU, CSG and SPD in the negative direction and with NA in the positive direction. There was a statistically significant negative correlation between CGPA and CSG. There were statistically significant correlations in a positive direction between ATCP and ATNCPCP, CU and. Students learn most effectively in environments that facilitate learning by encouraging and supporting and making them feel they are part of the team CSG and SPD. There were statistically significant positive correlations between ATCP and ATNCPCP, CU, SPD and SPD; between BE and ATNCPCP, CU, CSG; positive and statistically significant correlations were found between PD and ATNCPCP, BE, CSG and SPD. On the other hand, statistically significant negative correlations were detected between NA and ATNCPCP, CU, CSG and SPD. Clinical learning environment and supervision are essential components that influence nursing students' learning outcomes during clinical placements. Understanding human and environmental factors, managing safety risks, and socio-cultural teamwork dimensions were areas where students felt less prepared (Usher et al., 2017).

The study revealed differences in attitudes toward nursing and clinical practice among nursing students based on various demographic factors. It was observed that women had significantly higher scores than men in ATCP, BE, PA, and PD, suggesting a more positive attitude towards clinical practice and its various dimensions. This difference could be attributed to various factors, such as gender-based socialization or differences in learning styles and preferences (Dey et al., 2023). Conversely, men exhibited significantly higher scores in ATNCPCP, CU, and CSG, indicating a more favorable perception of nurses and clinical practice settings. These findings underscore the importance of considering gender-specific factors in nursing education to address the unique needs and perspectives of male and female students. One potential strategy is to implement gender-sensitive teaching methods that cater to diverse learning styles and preferences. Additionally, creating a supportive and inclusive learning environment that promotes collaboration and mutual respect among students of all genders may help bridge the gap in attitudes and perceptions. It was determined that there were significant differences between the scores of the students in terms of their grade levels in terms of the scores of the ATCP, PA, NA, ATNCPCP and NA. Additionally, differences were observed in CU scores based on the region where students resided, with variations attributed to differences between Southeastern Anatolia and Central Anatolia regions. Further investigation is warranted to explore the underlying reasons for these regional disparities and to identify strategies for promoting more equitable access to quality nursing education across different regions. Age and gender were not predictive of critical thinking skills, though nursing-associated experience did predict higher scores (Hunter et al., 2013). Understanding these cultural variances and commonalities on student nurse attitudes toward older adults is important to the delivery of culturally diverse nursing education and culturally congruent care (Chance et al., 2021). Experiences such as intergenerational learning can potentially transform nursing students' perspectives of older adults and improve nursing care for older adults, and increase the number of nurses focused on geriatric nursing care (Thornton et al., 2021).

Furthermore, nurses' attitudes towards nurses and clinical practice are influenced by various factors, most notably communication skills (Ardakani et al., 2019; Gámez et al., 2021; Siokal et al., 2023; Campos & Graveto, 2009). Effective communication between nurses and other health team members is crucial for improving the quality of nursing services, leading to high-quality patient care and enhanced patient safety (Yuliyanti et al., 2020). Moreover, effective communication fosters trust and collaboration, which are essential for a positive clinical environment and improved patient outcomes.

Limitations

Despite its valuable insights, the study has several limitations that should be acknowledged. The sample size, although adequate, may not be fully representative of the broader population of nursing students, potentially limiting the generalizability of the findings.

CONCLUSION

The findings highlight the importance of addressing these negative perceptions and promoting a more positive image of nursing and clinical practice among nursing students. The study highlights the importance of implementing targeted interventions to improve nursing students' attitudes towards nurses and clinical practice. Nursing education programs should focus on providing students with positive and supportive clinical experiences. These experiences can help students develop confidence in their skills and abilities, and also foster a sense of belonging and connection to the nursing profession.

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