

Psychosocial Support and Internship Training of Nursing Students in the Fako Health District of the Southwest Region of Cameroon

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ABSTRACT

This study examined the role of psychosocial support including emotional, social, personal support, and counseling in the internship training of nursing students in the Fako Health District, Southwest Region of Cameroon. Using a mixed-method sequential explanatory design, data were collected from 345 participants (325 nursing students and 20 clinical educators) through questionnaires, interviews, and focus groups. Statistical analyses, including logistic regression, revealed significant relationships between all four types of psychosocial support and internship outcomes, with emotional support having the highest explanatory power (17.3%). Overall, 98.2% of students emphasized the importance of psychosocial support. The study concludes that psychosocial support is essential for reducing stress, improving student engagement, and enhancing clinical learning. Recommendations include fostering emotionally supportive environments, mentorship programs, personal support systems, and regular counseling sessions to improve students' well-being and academic performance during internships.

KEYWORDS: *Psychosocial Support, Internship training, Nursing students*

Background

The psychosocial well-being of nursing students is fundamental to their academic success, professional competence, and emotional resilience, especially during the critical phase of internship training (Benner, Sutphen, Leonard, & Day, 2010). Over time, nursing education has evolved from its early foundations in the Nightingale model an era where experiential learning was prioritized under minimal guidance. Though this model provided valuable practical exposure, it often overlooked students' emotional and psychological needs, resulting in elevated levels of stress and anxiety (Stewart, 1943, as cited in Wong & Wong, 1987). These challenges remain prevalent in under-resourced settings such as the Fako Health District of Cameroon, where inadequate psychosocial support still impedes student learning and well-being.

Internship training is a pivotal bridge between theoretical instruction and real-world clinical practice. It is a period during which nursing students are expected to synthesize cognitive knowledge,

psychomotor skills, and affective attitudes to deliver competent care (Benner et al., 2010). However, the complexity of clinical environments, coupled with emotional and academic stressors, can overwhelm students if adequate psychosocial scaffolding is lacking. Research consistently underscores the necessity of psychosocial support comprising emotional encouragement, personal guidance, social integration, and counseling during clinical placement (Davis, 2007; Fox, 2010; Stewart & Knowles, 2003). This support manifests in two major forms: emotional assistance, which builds confidence and facilitates knowledge acquisition, and instrumental aid, which helps students navigate unfamiliar clinical settings.

Conceptually, psychosocial support operates within interpersonal, institutional, and pedagogical domains. It includes not only peer support and mentorship but also the structural backing of clinical institutions. Students benefit significantly from professional advice and guidance provided by experienced colleagues and mentors, which help them

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conceptualize and implement individualized patient care. Such planned interactions promote the development of cognitive, affective, and psychomotor competencies in a coordinated manner (Karahana et al., 2012). These skills are essential for holistic nursing practice and require environments that foster supportive relationships, empathy, and constructive feedback (Gibbons, Dempster, & Moutray, 2008; Bankert & Kozel, 2005).

Psychosocial support involves providing emotional, social, personal support and counselling to students. Support is broadly defined as providing emotional support (to enable students to acquire new knowledge, skills, and attitudes, and guide them to properly practice) and instrumental support (assisting students to adapt to a clinical environment) at varying times (Davis, 2007; Fox, 2010; Stewart & Knowles, 2003). A supportive learning environment can mitigate students' anxiety and feelings of stress. It is one in which the teacher acknowledges and responds to the feelings of stress and anxiety that are experienced by students (Gibbons, Dempster, Moutray, 2008).

Creating a supportive clinical learning environment is foundational to the academic and professional success of nursing students. Bankert and Kozel (2005) emphasize that such an environment anchored in mutual respect, empathy, and collaborative engagement between clinical educators and students not only fosters interpersonal relationships but also cultivates a safe and non-threatening atmosphere for learning. A clinical setting rooted in open dialogue, active engagement, and reflective practices enhances students' ability to process and apply theoretical knowledge effectively. Moreover, the establishment of both formal and informal support systems involving faculty, staff, and peers has been shown to significantly strengthen academic and social integration. These systems serve as essential scaffolds for managing stress and improving overall student outcomes. According to Happel (2008), such support frameworks contribute to higher retention rates, greater self-esteem, and elevated satisfaction levels. Importantly, they also help increase the number of qualified, resilient nurses equipped to provide high-quality health care globally.

Clinical educators play a pivotal role in shaping the experiences of novice nurses. Wang and Odell (2002) found that effective clinical educators are those who engage directly with students by co-constructing teaching and learning opportunities and offering both emotional and professional support. This psychosocial support becomes especially critical as students are introduced to new responsibilities and

real-life clinical challenges during their internships. Yost (2002) affirms that such guidance helps mitigate students' anxiety and strengthens their adaptability. Furthermore, Chapple (2006) argues that students who are embedded within strong psychosocial networks comprising emotional, psychological, and spiritual support tend to perform significantly better than those who lack such support systems.

The clinical learning environment itself comprises four key dimensions that influence student experiences: (1) physical space, (2) psychosocial and interpersonal interactions, (3) institutional culture, and (4) the structure of teaching and learning activities (Newton et al., 2010). These dimensions collectively determine whether students achieve intended learning outcomes and develop the self-confidence necessary for independent practice. As Timmins and Kaliszer (2002) note, recognizing and addressing the challenges that nursing students face within clinical environments is crucial for improving pedagogical effectiveness and aligning educational planning with student needs.

Failure to adequately attend to these experiential factors can significantly hinder student progress. Henderson (2006) warns that neglecting the psychosocial and experiential components of nursing education may lead to inefficient use of educational resources, increased student attrition, emotional distress, and ultimately, suboptimal patient care. Many students may find themselves unable to complete their programs on time, burdened by the lack of institutional and instructional support. The findings of Campbell, Larrivee, Field, Day, and Reutter (1994) reveal that poor instructional competence, negative faculty attitudes, and minimal student support contribute to disengagement and a loss of motivation. This often leads students to feel disempowered and inadequately prepared for clinical responsibilities (Levett-Jones, 2009).

Supportive interactions with clinical educators are instrumental in fostering the personal and professional growth of nursing students. Chao (1998) contends that such interactions, when sustained, act as conduits for developmental guidance and skill acquisition. Psychosocial support functions at an interpersonal level, offering students more than just academic instruction. According to Simon, Perry, and Roff (2008), these functions constitute deeper, more emotionally resonant learning relationships. Allen, Eby, Poteet, Lentz, and Lima (2004) explain that such bonds often evolve into mentorship relationships that are both emotionally satisfying and professionally enriching. Raabe and Beehr (2003) further assert that this positive interpersonal connection between

educator and student can serve as a source of resilience and motivation in the face of academic and clinical stressors.

Bloom's Taxonomy of Educational Objectives, which categorizes learning into cognitive (knowledge), affective (attitudes), and psychomotor (skills) domains, provides a theoretical framework for understanding this integration (Simpson, 1972; Abedi & O'Neil, 2005; Beane et al., 1986; Haladyna, 1997). Each domain is interconnected, and effective learning requires simultaneous engagement across all three. For instance, psychomotor learning inherently involves cognitive reasoning and affective engagement. According to Skinner and Simpson (1972), mastering motor skills such as administering injections or managing patient care is influenced not only by physical ability but also by emotional readiness and cognitive understanding. Therefore, psychosocial support plays a crucial role in nurturing these interrelated domains.

Empirical findings from Cameroon reinforce the global evidence. Lo-oh and Ayukosok (2021) demonstrated that emotional support significantly enhances the quality of student internship experiences in the Fako Health District. Emotional assistance helped clarify roles, reduced anxiety, and improved the acquisition of clinical competencies. Similarly, Ayukosok and Daru (2023) found a strong positive correlation between access to counseling services and academic success among nursing students, particularly in navigating the emotional challenges posed by clinical placements. Hospital management also bears significant responsibility in fostering a supportive training environment. Structured orientation programs, designed specifically for advanced beginners, help students adjust to the demands of the clinical workplace (Karahana et al., 2012). Conversely, inadequate institutional support, substandard teaching methods, and the absence of meaningful mentorship lead to student disillusionment, burnout, and reduced quality of care (Henderson, 2006; Campbell et al., 1994). When support systems are lacking, students often feel powerless and incapable of delivering effective care, resulting in a breakdown in professional development (Levett-Jones, 2009).

At the relational level, psychosocial support strengthens bonds between educators and learners, fostering resilience and deeper learning (Simon, Perry, & Roff, 2008; Allen et al., 2004; Raabe & Beehr, 2003). Clinical educators who provide both emotional and professional scaffolding significantly enhance students' confidence and competence (Wang & Odell, 2002; Yost, 2002; Chapple, 2006). A

supportive learning environment characterized by empathy, responsiveness, and validation helps mitigate stress and promotes satisfaction, learning efficacy, and student retention (Happel, 2008; Davis, 2007; Fox, 2010). Cognitive-structural learning theories, such as those of Piaget, further emphasize the developmental stages students undergo as they learn to reason, apply knowledge, and navigate complex realities (Piaget, 1978). Psychosocial support ensures that learners' affective and cognitive capacities are sufficiently nurtured during this developmental process. Self-Determination Theory (Ryan & Deci, 2000) complements this view by highlighting the importance of autonomy, competence, and relatedness in promoting intrinsic motivation. Williams et al. (2022) found that environments that support these psychological needs foster greater engagement and perseverance among students.

The clinical internship experience is a crucial determinant of nursing students' transition from novices to competent practitioners. Psychosocial support emotional, personal, social, and counseling is not merely beneficial but essential. In the resource-limited context of Cameroon, especially within the Fako Health District, prioritizing such support mechanisms is vital for producing skilled, confident, and emotionally resilient nursing professionals. The integration of emotional scaffolding, guided mentorship, and structured orientation grounded in sound educational theory ensures the development of balanced nurses capable of delivering compassionate and competent care in diverse clinical settings.

In conclusion, psychosocial support in clinical education is not an ancillary component but a central pillar of effective nursing training. Ensuring that students are emotionally and professionally supported throughout their internships is essential for cultivating confident, competent, and compassionate healthcare providers. Future research and institutional efforts must continue to refine these support mechanisms to ensure alignment with students' evolving academic and emotional needs. Therefore psychosocial support provided by the clinical educator is influential in motivating them to be resilient in every situation. The quality of psychosocial support during internship research could be enhanced in several ways. This brief attempts to address these gaps and inform future work.

Statement of the Problem

Nursing students face significant difficulties during their clinical training in hospitals due to negative clinical experiences that adversely affect their psychosocial well-being. Clinical training offers real-

world environments where students are expected to develop essential clinical skills and professional attitudes. However, many nursing students describe this phase as unsatisfying, with increased levels of stress and anxiety that negatively influence their behavior, performance, and emotional health. This stress often escalates as students struggle to apply theoretical knowledge in clinical settings, compounded by inadequate psychosocial support during their training.

A variety of factors contribute to this stress and anxiety, including poor relationships between nurse tutors and students, shortages of clinical resources, limited availability of clinical educators, short clinical placement durations, insufficient supervision, and frustrations stemming from the poor integration of theory and practice. Additionally, unfamiliar clinical experiences, a lack of support, diminished belongingness, depression, anger, low self-confidence, poor monitoring, insufficient training, lack of motivation, emotional instability, and lack of empathy exacerbate the challenges faced by nursing students. The increased workload, inappropriate allocation of students to patients, lack of recognition and positive feedback, difficult patient encounters, and fear of mistakes or evaluation further contribute to a stressful learning environment that can undermine learning outcomes, patient care quality, and professional development.

If nursing students were provided with comprehensive psychosocial support—including emotional, social, and personal support, as well as counseling services—they would be better equipped to manage stress and anxiety, adapt to clinical environments, and achieve effective learning. The healthier students are psychosocially, the more productive and successful they are likely to be during clinical training.

Specifically, nursing students undergoing internship training are frequently exposed to a range of psychosocial stressors within clinical learning environments. Despite the crucial role of internship in shaping nursing competencies, insufficient attention is often given to students' emotional, social, personal, and counseling support needs. In the Fako Health District of the Southwest Region of Cameroon, concerns have been raised that inadequate psychosocial support may impair learning quality, emotional well-being, and professional growth of nursing trainees.

While psychosocial support is widely acknowledged as integral to successful internship outcomes, empirical evidence detailing how different forms of psychosocial support such as emotional, social,

personal, and counseling affect the effectiveness of nursing internship training is lacking. This study seeks to fill this gap by investigating the impact and effectiveness of psychosocial support components on the internship experiences and outcomes of nursing students in this context.

Theoretical Review

Cognitive-Structural Theories focus on the way students perceive and rationalize their experiences, emphasizing the relationship between cognitive functioning and academic achievements. These theories suggest that a supportive and enabling psychosocial environment is essential for optimal student outcomes (Piaget, 1978). Cognitive-structural theories assert that a student's ability to process complex information and apply it in real-world situations is influenced by their developmental stage, and requires a nurturing environment to foster academic growth (Vasilenko et al., 2023).

Humanistic-Existential Theories focus on intrinsic human qualities such as freedom, responsibility, and self-actualization. These theories, widely used in counseling, posit that education and personal growth are encouraged by self-awareness, self-acceptance, and self-disclosure. Maslow's hierarchy of needs (1954, 1975) remains foundational in understanding how unmet basic needs such as physiological safety, belonging, and esteem impede students' ability to succeed academically. According to Maslow, for students to achieve self-actualization and succeed in their academic pursuits, their fundamental needs must first be met. Recent studies have shown that students' emotional well-being is closely linked to their academic success, and when basic emotional needs are unmet, students are less likely to perform well in clinical settings (Lo-oh & Ayukosok, 2021).

Bandura's Social Learning and Self-Efficacy Theory emphasizes the importance of social feedback in shaping students' self-esteem, competence, and academic performance. Bandura (1977) argues that positive reinforcement from authority figures, such as clinical educators, enhances students' confidence and competence, while negative feedback, such as incivility or lack of support, diminishes their self-efficacy. In recent studies, low self-efficacy has been associated with poor clinical performance and increased anxiety among nursing students (Moorhead et al., 2022). Bandura's theory underscores the critical role of mentorship in developing students' professional competence and psychological resilience.

Vygotsky's Social Development Theory highlights the social nature of learning, proposing that cognitive development occurs through social interaction.

Vygotsky (1978) introduced the concept of the Zone of Proximal Development (ZPD), which refers to the range of tasks that a student can perform with the assistance of a mentor or peer. Vygotsky's work emphasizes the importance of social learning environments, where students benefit from the support of experienced educators and peers. In nursing education, clinical mentorship is essential for scaffolding the learning process, helping Students Bridge the gap between theory and practice (Briner, 1999). Vygotsky's theory further stresses that the development of higher-order cognitive functions—such as problem-solving and critical thinking emerges through collaborative interactions within the clinical environment (Baker et al., 2020).

Self-Determination Theory (SDT), developed by Deci and Ryan (2000), posits that humans have an intrinsic drive to learn and develop. This drive, however, can be stifled if educators introduce extrinsic controls that undermine students' sense of autonomy. SDT emphasizes that when educators support students' basic psychological needs for autonomy, competence, and relatedness, students are more likely to engage in self-regulated learning and achieve optimal academic performance. Recent research highlights that when students perceive their educators as supportive and empowering, they are more likely to exhibit higher levels of intrinsic motivation, leading to improved learning outcomes and greater well-being (Ryan & Deci, 2000; Williams et al., 2022). In the context of nursing education, fostering autonomy and relatedness within the clinical environment is crucial for promoting students' self-regulation and long-term professional development. Recent studies further substantiate the importance of psychosocial support in nursing education. Lo-oh and Ayukosok (2021) found that emotional support significantly enhances nursing students' experiences during clinical placements, reducing anxiety and stress, which in turn facilitates better learning outcomes. Ayukosok and Daru (2023) also noted that counseling services positively correlate with improved academic performance, as students receive guidance on managing emotional challenges encountered in clinical settings. These findings align with the broader theoretical frameworks outlined above, emphasizing the need for a comprehensive support system for nursing students.

Methodology

Research Design

A sequential explanatory design was used with mixed methods including structured questionnaires, focus group discussions and interview. They were adopted for this study. This design is relevant in studying complex human behaviour and in this study, psychosocial support and its effect on the training of nursing students in internship. Clinical training provides real-world environments in which students can develop clinical skills and attitudes toward the nursing profession. The stress and anxiety levels increase as nursing students learn to apply their theoretical knowledge to the clinical work. Little or no psychosocial support in their training can significantly affect their social and emotional health which is a great challenge for clinical learning. The more psychosocially healthy the nursing students are, the more likely they will be productive and successful in their clinical training.

The sequential explanatory design with the mixed method was adopted for the study.

Sample and Sampling Technique

A sample of 345, including 325 second, third and fourth year nursing students and 20 clinical educators were considered for the study. This sample was purposefully and conveniently selected.

Data was collected quantitatively and qualitatively using questionnaires, focus group discussion guides and interviews.

Methods of Data Analysis

Data was collected quantitatively and qualitatively using questionnaires, focus group discussion guides and interviews. Data was entered using Epidata version 3.1 and analysed using the Statistical Package for Social Sciences (SPSS) Standard version, Release 21.0. Exploratory statistics were ran to identify questionable entries, inconsistency in responses and others. Descriptive statistics were used to present distributions between and within subsets using frequency distributions, percentages and multiple response sets. Hypotheses were verified using binary logistic regression analysis and omnibus test of model coefficient, the likelihood ratio test and Wald statistics were used to appraise the degree of significance of relationships between psychosocial support indicators and internship training of nursing students. Here the Cox & Snell R Square were used to determine the explanatory power. Thematic analyses were used to analyse focus group discussions and interview data.

Findings**Characterization of nursing training****Table 1: Characterization of nursing training**

| ITEMS | Stretched | | | | Collapsed | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------|---------------|--------------|----------------|----------------|
| | SA | A | D | SD | Agree | Disagree |
| I am prone to stress and anxieties | 21.8% (71) | 58.2% (189) | 15.1% (49) | 4.9% (16) | 80.0% (260) | 20.0% (65) |
| I am not motivated and engaged in the material I am learning | 19.1% (62) | 48.9% (159) | 23.4% (76) | 8.6% (28) | 68.0% (221) | 32.0% (104) |
| I am a source of psychosocial risk which can influence not only successive dysfunctional work behaviours, but also the desire to continue the academic study. | 28.3% (92) | 57.5% (187) | 8.3% (27) | 5.8% (19) | 85.8% (279) | 14.2% (46) |
| I cannot build my knowledge base on acquire skills | 25.5% (83) | 48.9% (159) | 18.2% (59) | 7.4% (24) | 74.5% (242) | 25.5% (83) |
| I have moral needs | 38.5% (125) | 56.0% (182) | 5.5% (18) | 0.0% (0) | 94.5% (307) | 5.5% (18) |
| I have personal needs | 39.4% (128) | 53.8% (175) | 6.2% (20) | 0.6% (2) | 93.2% (303) | 6.8% (22) |
| I have emotional needs | 44.9% (146) | 48.6% (158) | 5.5% (18) | 0.9% (3) | 93.5% (304) | 6.5% (21) |
| I have social needs | 41.5% (135) | 47.1% (153) | 10.2% (33) | 1.2% (4) | 88.6% (288) | 11.4% (37) |
| I cannot cope with adversity | 32.9% (107) | 40.6% (132) | 21.2% (69) | 5.2% (17) | 73.5% (239) | 26.5% (86) |
| I have to strive to improve my self-confidence and self-esteem and hence my well-being | 47.7% (155) | 41.8% (136) | 7.4% (24) | 3.1% (10) | 89.5% (291) | 10.5% (34) |
| I cannot take risks and do the work of developing personally and professionally | 31.4% (102) | 41.2% (134) | 19.4% (63) | 8.0% (26) | 72.6% (236) | 27.4% (89) |
| I need physical and psychological security | 41.2% (134) | 50.5% (164) | 7.1% (23) | 1.2% (4) | 91.7% (298) | 8.3% (27) |
| I have daily challenges | 47.1% (153) | 45.8% (149) | 5.5% (18) | 1.5% (5) | 92.9% (302) | 7.1% (23) |
| I experience fear of making mistakes and being evaluated by faculty members | 41.8% (136) | 47.1% (153) | 7.4% (24) | 3.7% (12) | 88.9% (289) | 11.1% (36) |
| I need both recognition and positive feedback | 48.3% (157) | 43.4% (141) | 7.7% (25) | 0.6% (2) | 91.7% (298) | 8.3% (27) |
| I need a positive and nurturing environment that will allow me to feel confident, progress in my clinical skills and abilities, and improve my critical thinking and decision-making. | 49.5% (161) | 45.2% (147) | 2.8% (9) | 2.5% (8) | 94.8% (308) | 5.2% (17) |
| I want to be truly self-actualizing. | 49.2% (160) | 41.8% (136) | 7.4% (24) | 1.5% (5) | 91.1% (296) | 8.9% (29) |
| I need social and emotional care and have psychosocial needs such as the need for love and affection, to have values, to be able to hope, to be confident and have a sense of self-worth | 44.6% (145) | 44.9% (146) | 8.6% (28) | 1.8% (6) | 89.5% (291) | 10.5% (34) |
| I don't have resilience which is the capacity to cope and stay healthy in spite of the negative things. | 40.6% (132) | 39.4% (128) | 14.5% (47) | 5.5% (18) | 80.0% (260) | 20.0% (65) |
| I don't feel like individual learner, with his or her own learning needs and style and unique gifts | 36.9% (120) | 46.5% (151) | 9.5% (31) | 7.1% (23) | 83.4% (271) | 16.6% (54) |
| I don't feel like being at the centre of decisions, seeing myself as experts, working alongside professionals to get the best outcome | 38.8% (126) | 42.5% (138) | 12.6% (41) | 6.2% (20) | 81.2% (264) | 18.8% (61) |

| | | | | | | |
|------------------------------------------------------------|-------------------------|-------------------------|------------------------|-----------------------|-------------------------|-------------------------|
| I am not really satisfied with the training I am receiving | 40.3% (131) | 40.6% (132) | 12.3% (40) | 6.8% (22) | 80.9% (263) | 19.1% (62) |
| MRS | 38.6% (2761) | 46.8% (3349) | 10.7% (766) | 3.8% (274) | 85.5% (6110) | 14.5% (1040) |

N_{cases}=325; N_{responses}=7150. KEY: SD=Strongly Disagree, D=Disagree, A=Agree, SA=Strongly Agree

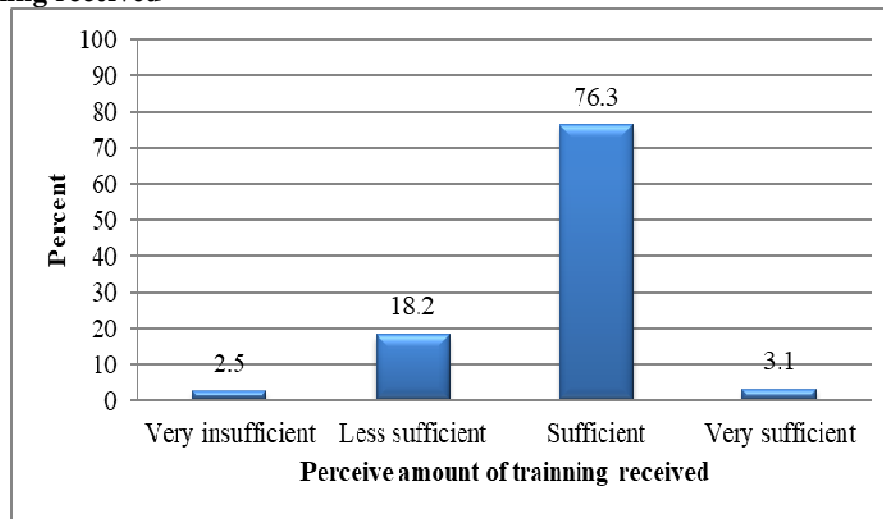
Students generally were dissatisfied with nursing training with weight of 85.5%. They were mostly dissatisfied with because they need a positive and nurturing environment that will allow me to feel confident, progress in my clinical skills and abilities, and improve my critical thinking and decision-making 94.8% (308) followed by moral needs 94.5% (307), emotional needs 93.5% (305), personal needs 93.2% (303), daily challenges 92.9% (302), the need for physical and psychological security 91.7% (298) having the same proportion with the need for both recognition and positive feedback, then came will to be truly self-actualizing 91.1% (296), the fact that they have to strive to improve their self-confidence and self-esteem and hence their well-being 89.5% (291), having the same proportion with the need for social and emotional care and psychosocial needs such as the need for love and affection, to have values, to be able to hope, to be confident and have a sense of self-worth. In the same line of dissatisfactions, there was this experience fear of making mistakes and being evaluated by faculty members 88.9% (289), social needs 88.6% (288), the perception that one is a source of psychosocial risk which can influence not only successive dysfunctional work behaviours, but also the desire to continue the academic study 85.8% (279).

In addition, they were dissatisfied with the fact that one doesn't feel like individual learner, with his or her own learning needs and style and unique gifts 83.4% (271), the fact that one doesn't feel like being at the centre of decisions, seeing myself as experts, working alongside professionals to get the best outcome 81.2% (264), the perception that one is not really satisfied with the training received 80.9% (263), the lack of resilience which is the capacity to cope and stay healthy in spite of the negative things 80.0% (260), having the same proportion with the fact that one is prone to stress and anxieties, 74.5% (242) stated that they cannot build their knowledge base on acquire skills, 73.5% (239) could not cope with adversity, while 72.6% (236) could not take risks and do the work of developing personally and professionally. The least proportion for dissatisfaction for an aspect of training was 72.6%, thus implying that students were not really satisfied with nursing training.

Table 2: Students' characterization of nursing training with respect to background indicators

| Background indicators | Categories | Dissatisfied | Satisfied | N | χ^2 -test |
|-----------------------|----------------------|--------------|------------|------|--------------------------|
| Age | ≤25 | 84.8%(4233) | 15.2%(761) | 4994 | $\chi^2=0.25$ P=0.615 |
| | 26+ | 87.1%(1877) | 12.9%(279) | 2156 | |
| Gender | Male | 88.0%(2710) | 12.0%(370) | 3080 | $\chi^2=1.35$ P=0.245 |
| | Female | 83.5%(3400) | 16.5%(670) | 4070 | |
| Level of study | 2 nd year | 82.8%(1621) | 17.2%(337) | 1958 | $\chi^2=0.66$ P=0.718 |
| | 3 rd year | 86.4%(3991) | 13.6%(629) | 4620 | |
| | 4 th year | 87.1%(498) | 12.9%(74) | 572 | |
| Marital status | Single | 84.5%(4557) | 15.5%(833) | 5390 | $\chi^2=0.88$ P=0.347 |
| | Married | 88.2%(1553) | 11.8%(207) | 1760 | |

Students' characterization of nursing training was not dependent of age, gender, level of study and marital status ($P>0.05$), thus comforting the problems they raised in relation to nursing training.

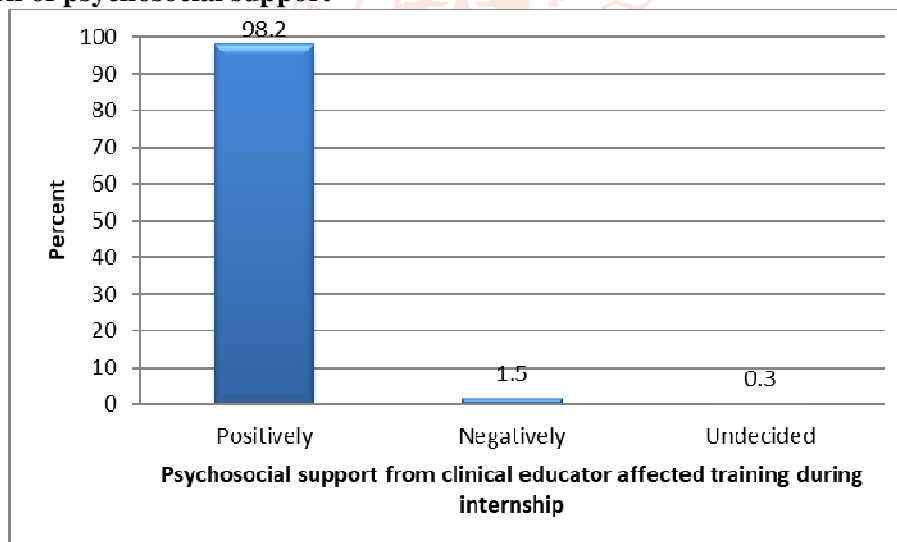
Amount of training received**Figure 1: Students' perception of the amount of training received**

Students generally perceived that the amount of training received was sufficient 76.3% (248).

Table 3: Students' perception of the amount of training received by background indicators

| Background indicators | Categories | Very insufficient | Less sufficient | Sufficient | N | χ^2 -test |
|-----------------------|----------------------|-------------------|-----------------|------------|-----|---------------------------|
| Age | ≤25 | 2.6%(6) | 19.8%(45) | 77.5%(176) | 227 | $\chi^2=1.582$ |
| | 26+ | 2.0%(2) | 14.3%(14) | 83.7%(82) | 98 | P=0.453 |
| Gender | Male | 2.9%(4) | 15.7%(22) | 81.4%(114) | 140 | $\chi^2=1.092$ |
| | Female | 2.2%(4) | 20.0%(37) | 77.8%(144) | 185 | P=0.579 |
| Level of study | 2 nd year | 2.2%(2) | 16.9%(15) | 80.9%(72) | 89 | $\chi^2=3.540$ P=0.472 |
| | 3 rd year | 2.9%(6) | 20.0%(42) | 77.1%(162) | 210 | |
| | 4 th year | 0.0%(0) | 7.7%(2) | 92.3%(24) | 26 | |
| Marital status | Single | 2.4%(6) | 18.4%(45) | 79.2%(194) | 245 | $\chi^2=0.031$ |
| | Married | 2.5%(2) | 17.5%(14) | 80.0%(64) | 80 | P=0.985 |

Students' perception of the amount of training received was not dependent of background indicators ($P>0.05$), thus implying that they were unanimous for the majority that it was sufficient.

Characterization of psychosocial support**Students' perceived effect of psychosocial support from your clinical educator on their training during internship**

Students generally perceived that psychosocial support has a positive effect on their training during internship 98.2% (319), thus emphasizing the importance of psychosocial support in nursing training.

Students' perceived effect of psychosocial support from your clinical educator on their training during internship

| Background indicators | Categories | Positively | Negatively | N | χ^2 -test |
|-----------------------|----------------------|------------|------------|-----|---------------------------|
| Age | ≤ 25 | 98.7%(224) | 1.3%(3) | 227 | $\chi^2=1.143$ P=0.285 |
| | 26+ | 96.9%(95) | 3.1%(3) | 98 | |
| Gender | Male | 99.3%(139) | 0.7%(1) | 140 | $\chi^2=1.739$ P=0.187 |
| | Female | 97.3%(180) | 2.7%(5) | 185 | |
| Level of study | 2 nd year | 98.9%(88) | 1.1%(1) | 89 | $\chi^2=0.834$ P=0.659 |
| | 3 rd year | 98.1%(206) | 1.9%(4) | 210 | |
| | 4 th year | 96.2%(25) | 3.8%(1) | 26 | |
| Marital status | Single | 98.4%(241) | 1.6%(4) | 245 | $\chi^2=0.250$ P=0.617 |
| | Married | 97.5%(78) | 2.5%(2) | 80 | |

Students' perception of the effect of psychosocial support from their clinical educator on their training during internship was not dependent of background indicators ($P>0.05$), which is logical since they were quite unanimous in their perceptions.

The question is: how satisfactory they are with respect to the psychological support they received during their internship training? This is answered in the later lines.

Students' perspectives**Students' knowledge of psychosocial support**

| Code | Grounding | | Quotation |
|----------------|-----------|------|-----------------------------------------------------------------------|
| | n | % | |
| Right | 31 | 9.5 | |
| Social support | 18 | 5.5 | "It is support addressing social issues" |
| | 7 | 2.1 | "It is support addressing the mind of students and their social life" |
| | 6 | 1.8 | "It is supporting students socially" |
| Wrong | 294 | 90.5 | |
| No idea | 3 | 0.9 | |
| psychotherapy | 6 | 1.8 | "It is support for mental cases" |
| No response | 285 | 87.7 | |

N=325

Figure: Students' knowledge of psychosocial support

Students generally could not give the correct definition of psychosocial support 90.5% (294).

Table 4: Students' knowledge of the various types of psychosocial support

| Code | Quotation |
|-------------------------------------------------------------------------|-----------|
| Students have No knowledge on the various types of psychosocial support | "No idea" |

Students have No knowledge on the various types of psychosocial support.

Educators' perspectives**Table 5: Educators knowledge of psychosocial support**

| Code | Grounding | | Quotation |
|-------|-----------|----|----------------------------------------------------------------------------------------------------|
| | N | % | |
| Right | 5 | 25 | |
| | 5 | 25 | "It is support that addresses social issues of a student as well as the psychology of the student" |
| Wrong | 15 | 75 | |
| | 11 | 55 | "It is support addressing mental issues" |
| | 4 | 20 | "No idea" |

The same as the students, educators could not give the right definition of psychosocial support 75% (15).

Characterization of Psychosocial Support

| Items | Stretched | | | | | Collapsed | | |
|---------------------------------------------------------------------|-----------------|-----------------|-------------|-----------------|----------------|-----------------|-------------|-----------------|
| | SD | D | N | A | SA | D | N | A |
| Considers students ideas and initiations | 8.6% (43) | 52.0% (169) | 0.0% (0) | 29.5% (96) | 9.8% (32) | 60.6% (197) | 0.0% (0) | 39.4% (128) |
| Respects student | 13.2% (43) | 46.5% (151) | 0.0% (0) | 31.4% (102) | 8.9% (29) | 59.7% (194) | 0.0% (0) | 40.3% (131) |
| Establishes a therapeutic relationship with students | 28.3% (92) | 38.8% (126) | 0.0% (0) | 21.5% (70) | 11.4% (37) | 67.1% (218) | 0.0% (0) | 32.9% (107) |
| Assist in building self-concept, self-esteem, and self-efficacy | 17.2% (56) | 42.8% (139) | 0.0% (0) | 30.5% (99) | 9.5% (31) | 60.0% (195) | 0.0% (0) | 40.0% (130) |
| Provides feedback and explanations to students based on their ideas | 20.9% (68) | 30.8% (100) | 0.0% (0) | 32.6% (106) | 15.7% (51) | 51.7% (168) | 0.0% (0) | 48.3% (157) |
| Provides reinforcement | 16.9% (55) | 33.2% (108) | 0.0% (0) | 42.8% (139) | 7.1% (23) | 50.2% (163) | 0.0% (0) | 49.8% (162) |
| Develops a friendly relationship | 20.3% (66) | 34.8% (113) | 0.0% (0) | 32.9% (107) | 12.0% (39) | 55.1% (179) | 0.0% (0) | 44.9% (146) |
| Cooperates with students | 18.2% (59) | 29.5% (96) | 0.0% (0) | 35.4% (115) | 16.9% (55) | 47.7% (155) | 0.0% (0) | 52.3% (170) |
| Has positive regard for student | 15.4% (50) | 33.5% (109) | 0.0% (0) | 33.2% (108) | 17.8% (58) | 48.9% (159) | 0.0% (0) | 51.1% (166) |
| Tolerates and accept students | 22.5% (73) | 31.1% (101) | 0.0% (0) | 35.7% (116) | 10.8% (35) | 53.5% (174) | 0.0% (0) | 46.5% (151) |
| Motivates students | 17.5% (57) | 36.6% (119) | 0.0% (0) | 34.2% (111) | 11.7% (38) | 54.2% (176) | 0.0% (0) | 45.8% (149) |
| Assist in the acquisition of effective interpersonal skills | 16.6% (54) | 32.0% (104) | 0.0% (0) | 39.1% (127) | 12.3% (40) | 48.6% (158) | 0.0% (0) | 51.4% (167) |
| Establishes warm communication | 17.8% (58) | 34.2% (111) | 0.0% (0) | 39.1% (127) | 8.9% (29) | 52.0% (169) | 0.0% (0) | 48.0% (156) |
| Shows confidence in student | 14.5% (47) | 40.3% (131) | 0.0% (0) | 35.4% (115) | 9.8% (32) | 54.8% (178) | 0.0% (0) | 45.2% (147) |
| Deals with students mistakes | 17.2% (56) | 38.2% (124) | 0.0% (0) | 34.2% (111) | 10.5% (34) | 55.4% (180) | 0.0% (0) | 44.6% (145) |
| Collaborates with student | 14.2% (46) | 34.2% (11) | 0.0% (0) | 34.5% (112) | 17.2% (56) | 48.3% (157) | 0.0% (0) | 51.7% (168) |
| Promotes self confidence | 15.1% (49) | 35.1% (114) | 0.0% (0) | 34.5% (112) | 15.4% (50) | 50.2% (163) | 0.0% (0) | 49.8% (162) |
| open and available and has a positive attitude towards students | 15.7% (51) | 34.8% (113) | 0.0% (0) | 36.3% (118) | 13.2% (43) | 50.5% (164) | 0.0% (0) | 49.5% (161) |
| MRS | 17.2% (1008) | 36.6% (2139) | 0.0% (0) | 34.0% (1991) | 12.2% (712) | 53.8% (3147) | 0.0% (0) | 46.2% (2703) |

N_{cases}=325N_{responses}=5850

Students in their majority were not satisfied with the psychosocial support they received during their training with a weight of unsatisfactory of 53.8%.

They were mostly dissatisfied with the inadequate establishment a therapeutic relationship with students with proportion of 67.1% (218) whereby 28.3% (92) were very dissatisfied.

A proportion of 60.6% (197) perceived that educators don't consider students' ideas and initiations among which 8.6% (43) were very dissatisfied.

Those that stated that educators don't assist students in building self-concept, self-esteem, and self-efficacy were 60.0% (195) whereby 17.2% (56) were very dissatisfied.

A proportion of 59.7% (194) stated that educators don't respect students among which 13.2% (43) were very dissatisfied.

A proportion of 55.4% (180) disagreed to the fact that educators deals with students' mistakes whereby 17.2% (56) were very dissatisfied.

This was followed by the 55.1% (179) that perceived that educators don't develop a friendly relationship whereby 20.3% (66) were very dissatisfied.

Those that perceived that educators don't show confidence in students were 54.8% (178) whereby 14.5% (47) were very dissatisfied.

Those that stated that educators don't motivate students were 54.2% (176) whereby 17.5% (57) were very dissatisfied.

A proportion of 53.5% (174) perceived that educators don't tolerate nor accept students whereby 22.5% (73) strongly disagreed.

Those that were of the opinion that educators don't establish warm communication were 52.0% (169) whereby 17.8% (58) were very dissatisfied.

A proportion of 51.7% (168) perceived that educators don't provide feedback and explanations to students based on their ideas whereby 20.9% (68) were very dissatisfied.

Still above the majority, 50.5% (164) disagreed to the fact that educators open up and are available and have a positive attitude towards students whereby 15.7% (51) strongly disagreed.

Those that perceived that educator don't provide reinforcement were 50.2% (163) whereby 16.9% (55) strongly disagreed. The same proportion disagreed with the promotion of self-confidence by educators whereby 15.1% (49) strongly disagreed.

As for indicators with proportions of dissatisfaction below majority though considerable, they were:

A proportion of 48.9% (159) perceived that educators did not have positive regard for students whereby 15.4% (50) were very dissatisfied.

A proportion of 48.6% (158) stated that educators don't assist students in the acquisition of effective interpersonal skills whereby 16.6% (54) were very dissatisfied.

Those that perceived that educators don't collaborate with student whereby were 48.3% (157), among which 14.2% (46) were very dissatisfied.

A proportion of 47.87% (155) was of the opinion that educators don't cooperate with students whereby 18.2% (59) were very dissatisfied.

Table 6: Thematic analysis depicting student nurses' perception of the importance or contribution of psychosocial support in their training

| Code | Code description | Grounding | | Quotation |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | n | % | |
| Satisfactorily | | 38 | 11.7 | |
| Socialization | Improves socialization ability, the ability to work with people from different background, understanding social difficulties and contextualizing solutions | 12 | 3.7 | "Permit me to work with people from different domains and cultural backgrounds with their different ways of thinking" "It helps me to know more about people of different tribes and their culture" "it helps to know the beliefs of others" |
| Improves competence | Makes students more confident thus enhancing their problem-solving ability | 9 | 2.8 | "It helps us to come out with solutions to problems that we encounter" "The ways of instructions will enable me to work hard" "By educating on patient-nurse relationship" "It makes students to think critically and maturely" |

| | | | | |
|---------------------------------|-----------------------------------------------------------------------------------------------------------|-----|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Enhances professionalism | Enhances professionalism as patients can be better taken care of as well as special cases | 7 | 2.2 | “We can better provide assistance to our patients” “It helps the nurse to know how to manage some particular cases” “Increases knowledge on the profession and seriousness” “It helps students handle task more professionally” |
| Encouraging | It is a motivating factor that encourages the student to learn | 6 | 1.8 | “It acts as an encouragement” “It encourages our work and helps us to keep up with our training” |
| Psychological relief | Relives the students psychologically by enabling them to cope with the stress and anxiety during the work | 4 | 1.2 | “To enable the student to cope with the stress and anxiety during the work” “It is important because it helps students to cope with their emotions and also have a sense of belonging” |
| Unsatisfactorily | | 287 | 88.3 | |
| Stressful | Training perceived as stressful | 13 | 4.0 | “During training I went through a lot of stress” “a lot of difficulties in training” “No support in training” |
| No reason | | 274 | 84.3 | |

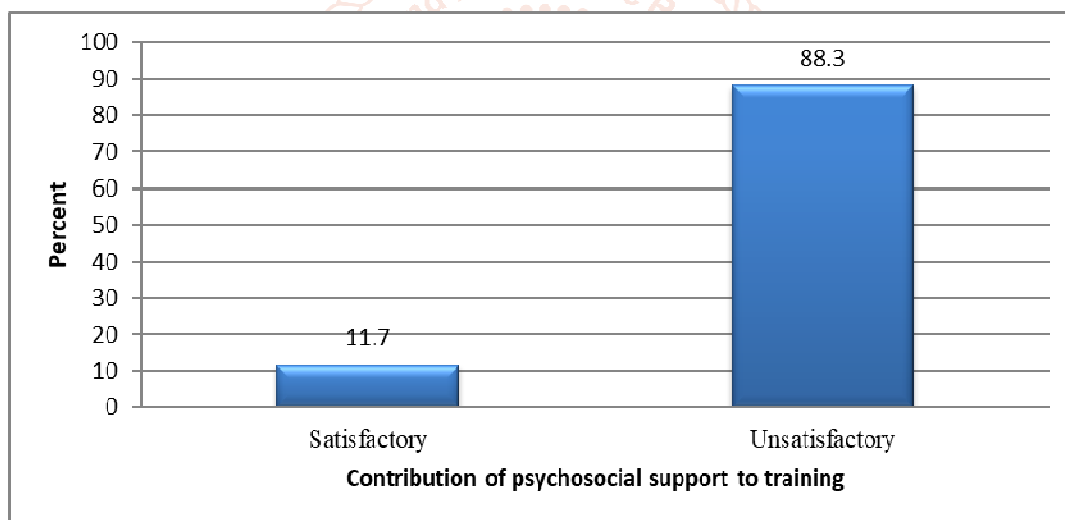


Figure 3: Students' perceived contribution of psychosocial support to training

Students generally perceived that psychosocial support is very important in their training

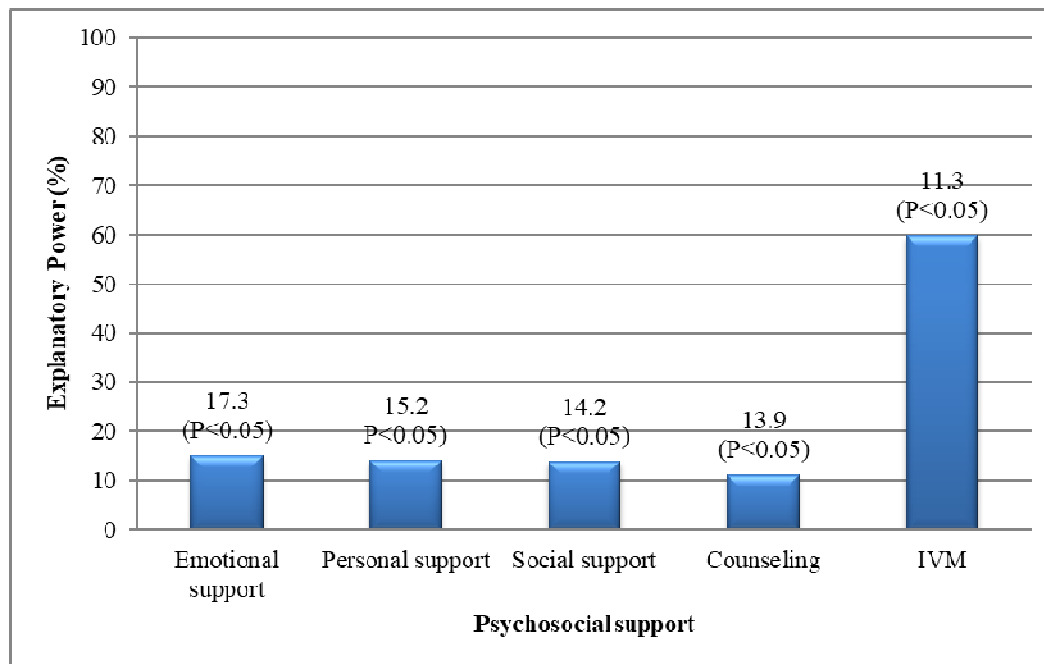
Table 7: Thematic analysis depicting student nurses' perception of the loopholes found psychosocial support from clinical educator

| Code | Code description | Grounding | Quotation |
|------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------------------------------------|
| Inadequate educator-student relationship | Atmosphere at times not friendly as educator is rude and shouts, not patient | 6 | “At times they educate us with tension” “More patience when dealing with young people” |
| Unsatisfactory role modeling | Educators not preaching by example, not really practicing what they say on the field | 3 | “They don't practice the real thing on the field” “Educator not consistent” |
| Not cognitively oriented | Psychosocial support should be more cognitively oriented as to enhance the understanding of individual patients | 2 | “It should be based more on the cognitive in order to understand our individual patients” |
| Wrong judgment | | 1 | “Don't judge people physically” |

SUMMARY OF FINDINGS

| Research hypotheses | Statistical tests | Comments |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Research hypothesis one: There is no significant relationship between emotional support and the training of nursing students on internship. | Binary Logistic Regression Model: - Model validation test (Ominbus Tests of Model Coefficient, Likelihood Ratio test and Wald Statistics; $P < 0.05$, then the variability explained is significant) - Overall Predictive or Explanatory Power (Cox & Snell R square; the higher the value, the more the effect of the predictive component on the outcome variable) - Predictive effect of individual predictors (Wald Statistics; $P < 0.05$, then the influence of the predictor on the outcome variable is significant) | The influence of emotional support on nursing training was appraised using Logistic Regression Model. The variability explained by this model was significant (Omnibus Tests of Model Coefficient: $\chi^2 = 53.519$; $P = 0.000$) and this was supported by the Likelihood Ratio test (Overall statistics: $\chi^2 = 48.341$; $P = 0.000$) and the Wald statistics ($P = 0.000$). The Explanatory Power (EP) / Predictive Power was 17.3% (Cox & Snell R Square = 0.173). The hypothesis stated above was then rejected; therefore implying that the better the emotional support, the better the outcome of nursing training as testified by the positive sign of the Standardize Coefficient Beta (B), and this influence, though somehow moderate was perceptible (17.3%). |
| Research hypothesis two: There is no significant relationship between social support and the training of nursing students on internship. | Binary Logistic Regression Model: - Model validation test (Ominbus Tests of Model Coefficient, Likelihood Ratio test and Wald Statistics; $P < 0.05$, then the variability explained is significant) - Overall Predictive or Explanatory Power (Cox & Snell R square; the higher the value, the more the effect of the predictive component on the outcome variable) - Predictive effect of individual predictors (Wald Statistics; $P < 0.05$, then the influence of the predictor on the outcome variable is significant) | The influence of social support on nursing training was appraised using Logistic Regression Model. The variability explained by this model was significant (Omnibus Tests of Model Coefficient: $\chi^2 = 34.178$; $P = 0.000$) and this was supported by the Likelihood Ratio test (Overall statistics: $\chi^2 = 30.971$; $P = 0.000$) and the Wald statistics ($P = 0.000$). The Explanatory Power (EP) / Predictive Power was 13.9% (Cox & Snell R Square = 0.142). The hypothesis stated above was then rejected; therefore implying that the better the social support, the better the outcome of nursing training as testified by the positive sign of the Standardize Coefficient Beta (B), and this influence, though somehow moderate was perceptible (14.2%). |
| Research hypothesis three: There is no significant relationship between personal support and the training of nursing students on internship. | Binary Logistic Regression Model: - Model validation test (Ominbus Tests of Model Coefficient, Likelihood Ratio test and Wald Statistics; $P < 0.05$, then the variability explained is significant) - Overall Predictive or Explanatory Power (Cox & Snell R square; the higher the value, the more the effect of the predictive component on the outcome variable) - Predictive effect of individual predictors (Wald Statistics; $P < 0.05$, then the influence of the predictor on the outcome variable is significant) | The influence of personal support on nursing training was appraised using Logistic Regression Model. The variability explained by this model was significant (Omnibus Tests of Model Coefficient: $\chi^2 = 49.683$; $P = 0.000$) and this was supported by the Likelihood Ratio test (Overall statistics: $\chi^2 = 43.283$; $P = 0.000$) and the Wald statistics ($P = 0.000$). The Explanatory Power (EP) / Predictive Power was 15.2% (Cox & Snell R Square = 0.152). The hypothesis stated above was then rejected; therefore implying that the better the personal support, the better the outcome of nursing training as testified by the positive sign of the Standardize Coefficient Beta (B), and this influence, though somehow moderate was perceptible (15.2%). |
| Research hypothesis four: There is no significant | Binary Logistic Regression Model: - Model validation test (Ominbus Tests of Model Coefficient, Likelihood Ratio test and Wald | The influence of counselling on nursing training was appraised using Logistic Regression Model. The variability explained by this model was significant (Omnibus Tests of Model |

| | | |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| relationship between counselling and the training of nursing students on internship. | <p>Statistics; $P < 0.05$, then the variability explained is significant)</p> <p>- Overall Predictive or Explanatory Power (Cox & Snell R square; the higher the value, the more the effect of the predictive component on the outcome variable)</p> <p>- Predictive effect of individual predictors (Wald Statistics; $P < 0.05$, then the influence of the predictor on the outcome variable is significant)</p> | <p>Coefficient: $\chi^2 = 40.292$; $P = 0.000$) and this was supported by the Likelihood Ratio test (Overall statistics: $\chi^2 = 37.047$; $P = 0.000$) and the Wald statistics ($P = 0.000$). The Explanatory Power (EP) / Predictive Power was 13.9% (Cox & Snell R Square = 0.139). The hypothesis stated above was then rejected; therefore implying that the better the counselling, the better the outcome of nursing training as testified by the positive sign of the Standardize Coefficient Beta (B), and this influence, though somehow moderate was perceptible (13.9%).</p> |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



Comparing the predictive effects of predictive components

The combined effect of all the components was equally significant with a Predictive Power of 59.9% with roughly 40% variability not explained. This implies that if psychosocial support is provided to nursing students, they have 60% chance of developing good professional abilities and effective learning will occur.

Discussion

Students generally were dissatisfied with nursing training with weight of 85.5%. They mostly dissatisfied with the training because of the lack of a positive and nurturing environment that will allow them to feel confident, progress in their clinical skills and abilities, and improve their critical thinking and decision-making 94.8% (308) followed by the inadequate support of their moral needs 94.5% (307), emotional needs 93.5% (305), personal needs 93.2% (303), little or no support to handle daily challenges 92.9% (302), the need for physical and psychological security 91.7% (298) having the same proportion with the need for both recognition and positive feedback,

then came will to be truly self-actualizing 91.1% (296), the fact that they have to strive to improve their self-confidence and self-esteem and hence their well-being 89.5% (291), having the same proportion with the need for social and emotional care and psychosocial needs such as the need for love and affection, to have values, to be able to hope, to be confident and have a sense of self-worth. This is in line with leodoro (2013) who states that during nursing education and training, nursing students are frequently exposed to various stressors which may directly or indirectly impede their learning and performance. The nature of clinical education presents challenges that may cause students to experience stress. Moreover, the practical components of the program which is important in preparing students to develop into professional nurse role by its nature have made the program even more stressful than other programs.

In the same line of dissatisfactions, there was this experience fear of making mistakes and being evaluated by faculty members 88.9% (289), inadequate support of social needs 88.6% (288), the

perception that one is a source of psychosocial risk which can influence not only successive dysfunctional work behaviors, but also the desire to continue the academic study 85.8% (279), the fact that one don't feel like individual learner, with his or her own learning needs and style and unique gifts 83.4% (271), the fact that one don't feel like being at the center of decisions, seeing myself as experts, working alongside professionals to get the best outcome 81.2% (264), the perception that one is not really satisfied with the training received 80.9% (263), the lack of resilience which is the capacity to cope and stay healthy in spite of the negative things 80.0% (260), having the same proportion with the fact that one is prone to stress and anxieties, 74.5% (242) stated that they cannot build their knowledge base on acquire skills, 73.5% (239) could not cope with adversity, while 72.6% (236) could not take risks and do the work of developing personally and professionally. The least proportion for dissatisfaction for an aspect of training was 72.6%, thus implying that students were not really satisfied with nursing training. This is also in line with Evans.W (2004) who stated that clinical sources of stress includes; fear of the unknown, a new clinical environment conflict between the ideal and real clinical practice unfamiliarity with medical history, lack of professional nursing skills, unfamiliar patients' diagnoses and treatments, providing physical, psychological and social care to patients, fear of making mistakes, giving medication to children, and the death of a patient. Oermann found that stress experienced by nursing students in clinical practice increased as they progressed through the program.

Other reported sources of stress include negative interaction with instructors, being observed by instructors and being late, poor relationships with clinical staff and even talking with physicians. In the most recent study conducted by Pryjmachuk and Richards, they found out that challenges as well as stress in nursing students arises from a combination of personal and extracurricular factors rather than from the educational program itself. Meanwhile Seyedfatemi et al. reported that the most stressful situations are new friends and working with people they don't know.

Stress has a detrimental effect not only on the physio-psycho-social health of an individual but as well-being as a whole. Researches have shown that excessive stress can be harmful to a student's academic performance, welfare, and could interfere with learning a complex, psychomotor skill. Furthermore, stress could result to deleterious symptoms such as alcoholism and drug dependence,

eating disorder, indiscriminate use of illegal substances, sleep disorder, suicide, absenteeism, mental health disorders, and even psychological symptoms. Thus, the undergraduate years for student nurses is considered as one of the most sensitive period in their lifespan since learning during these years may be compromised due to stress reactions produced.

Furthermore students' characterization of nursing training was not dependent of age, gender, level of study and marital status ($P>0.05$), thus comforting the problems they raised in relation to nursing training.

Based on students perceived importance of nursing training, they generally perceived that nursing training is important with proportion of 99.4% (323). This attest to the fact that all students deem it very important and necessary for training to occur in the field as they get to deliver care literally to humans which requires no errors nor mistakes. Lundy, (2014) states that nursing is a profession within the health care sector focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life. Nurses may be differentiated from other health care providers by their approach to patient care, training, and scope of practice. Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people (Benner, Sutphen, Leonard and Day, 2010). Advocacy, promotion of a safe environment, research, participation in shaping health policy, health systems management, and education are also key nursing roles. As per education its key indicators include knowledge (learning facilities and experience of trainees), skills (practice) and Attitude (caring) (Egenes, 2009).

Nursing education encompasses teaching and learning of the safe and effective delivery of nursing care through a variety of teaching and learning methods, including lectures, seminars, presentations and tutorials. This include practicing on lifelike models which provides a safe way in which you can develop, practice and gain confidence in your nursing skills, professional values, communication and interpersonal skills, nursing practice and decision making, leadership, management and team working (Block, 2005). Successful education in nursing ensures that nurses must possess numerous skills and qualities, including: attention to detail, multi-tasking skills, compassion and caring, a strong ethical and moral code, respect for all people, superior communication

skills, the ability to work as a collaborative and cooperative member of the nursing care team, adherence to basic safety measures, good hands on skills, flexibility regarding work shifts, solid stress management (Gubrud, Schoessler, 2009). Nursing education addresses theoretical and philosophical aspects of education addressing the practical training provided to nurses with the purpose to prepare them for their duties as nursing care professionals. This education ensures transmission of knowledge and skills provided to nursing students by experienced nurses and other medical professionals who are qualified and experienced for the educational tasks. Thus nursing training is very important.

As per the results it could only be obvious that this perception was dependent of the background indicators since they were almost unanimous on the importance of nursing training. Moreover students generally perceived that the amount of training received was sufficient 76.3% (248), and was not dependent of background indicators ($P > 0.05$), thus implying that they were unanimous for the majority that it was sufficient even though the training encompassed various challenges.

Pertaining to the characterization of psychosocial support, students generally perceived that psychosocial support has a positive effect on their training during internship 98.2% (319), thus emphasizing the importance of psychosocial support in nursing training. This is in line with Hirsh and Barlem (2015) who state that regarding the knowledge produced concerning stress among nursing students, two study perspectives were identified in the literature: the first refers to the investigation of potentially stressor factors/elements in daily life and the implications for the mental health of these subjects, while the second branch composes the coping strategies for maintaining the well-being in the university context (Silva TCD, Barros, 2016). The studies that fit the first perspective point that the potential stressor factors/elements in the nursing course are related to the curriculum of theoretical activities, laboratory practices, and immersion into the practical scenario (Chopra ASM & Adiba, 2013). It is understood that the course's dynamics, the performance of welfare actions to different populations, and other activities aimed at improving the knowledge and abilities specific to the nursing care may generate high tension levels, strain, exhaustion, stress, and psychic suffering in students (Benavente SBT, Silva RM, Higashi AB, Guido LA, 2014).

In addition, Andrews and Wan (2009) illustrated in their findings the relevance of psychosocial support in

the training of nursing students as they enumerated that psychosocial support is a very important component in the training of future nurses and their development. The more psychosocially healthy the students are, the more they will be productive and successful in their academic and clinical training. Ultimately, health and productive nurses will be able to handle the challenges of the nursing profession and provide good patient care as well as contribute to the nursing profession.

In regards to students' knowledge of psychosocial support, students generally could not give the correct definition of psychosocial support 90.5% (294) as most of them stated that "it is support that deals with mental cases" whereas psychosocial support that makes novices feel comfortable includes such things as providing nursing students personal, moral, social and emotional support in the classroom and clinical learning environment and suggesting ways in which to balance the demands and expectations of students and teachers in the new environment. It involves assisting in building self-concept and self-esteem, good communications, positive interactions, counseling, effective listening skills and caring personalities. Clinical educators who work along with students effectively have been found to be those who interact directly in helping and facilitating teaching processes, helping in the construction of teaching and learning situations and providing emotional and professional learning support (Wang and Odell, 2002). Psychosocial support is important in ensuring the success of students especially for those who discover an array of new responsibilities during clinical education (Yost, 2002).

In light of this study, irrespective of the fact that psychosocial support is very important in the training of nursing students, most students raised complains on the part of the clinical educators not providing psychosocial support as need be. They raised loop holes in the part of their educators such as: inadequate educator-student relationship "atmosphere at times not friendly as educator is rude and shouts, not patient, educators not preaching by example, not really practicing what they say on the field and psychosocial support is not cognitively oriented leading to little or no understanding of individual patients. This is in line with other reported sources which state that some challenges students face during internship are as a result of negative interaction with instructors (Timmins F, Kaliszer M, 2002), being observed by instructors and being late (Kim KH, 2003), poor relationships with clinical staff (Evans W, Kelly B, 2004) and even talking with physicians (Kim KH, 2003). In the most recent study conducted

by Prymachuk and Richards (2007) they found out that stress in nursing students arises from a combination of personal and extracurricular factors rather than from the educational program itself. When all of these challenges are not properly addressed, little or no learning occurs.

Establishing a good pedagogical relationship is an essential part of motivating a student, supporting her in her work and assessing her progress. Her learning is best fostered by an atmosphere of openness, where she can be herself, and this is created through strong relationships (Chan, 2001). An open atmosphere is particularly helpful in situations where you need to deal with tensions or even conflicts, help her accept the kind of problems that can arise along the way, or motivate her (Chesser Smyth, 2005). Her intelligence cannot be separated from her emotions, and any given subject cannot be isolated from her interactions with her environment.

In addition this relationship helps the student: deal with her problems (pain, mourning, interpersonal conflicts, academic difficulties), see herself as playing an active role, see her problems more clearly and realistically, understand them better, describe her perceptions of the man be able to identify her own potential solutions, express her emotions and opinions and be able to better satisfy her physical, psychological, social and spiritual needs and make good choices (hutchings, williamson, 2005). They help students: appropriate knowledge, build their knowledge bases and acquire skills; know themselves better, have more self-confidence, be more assertive and make better self-assessments, develop the ability to deal with conflict through negotiation, mediation and problem solving in order to live more harmoniously with others and avoid becoming either the oppressor or the oppressed, learn to be more open with others and more understanding and accepting of themselves, of what they are going through and above all Prepare for careers as responsible professionals and deal with their problems as well as find well-balanced ways to adjust to changes (Clarke, Gibb, Ramprogus, 2003).

Psychosocial support is about practical actions that teachers, counselors and other adults can do to enhance student's well-being, respond to their needs, and provide protection, healing and comfort. At schools this support should include: student -friendly and protective environments, supportive classroom interaction, opportunities for play, creative, recreational and life-skills activities, individual assistance such as counseling for students who need some more advanced help (Gilbert, Bilsker, 2012).

In addition educators should be holistic as in, consider students educational, psychological, physical, social, welfare and safety needs enabling student centered approach. The support should promote positive aspects of life, build coping mechanism and resilience. It should as well uphold the students' rights to learning, participation and protection from harm and violence. Moreover all activities related to students should be geared towards listening and responding to students problems, allowing students to express their feelings and needs, helping students to set goals, ensuring that students have positive, nurturing relationships and connections in their lives, Providing students with safe spaces to learn (Woodward, 2015). Holistic Support for students is critical for successfully implementing educational interventions designed to enhance learning in both formal and opportunistic settings (UNICEF, 2003). Moreover all activities should be accessible for all students without any discrimination. Male and female students should be treated equally. Students with special needs and girls may need special attention to ensure that they can participate.

Furthermore decisions about activities should be made solely on student's development and their psychological well-being and needs. Psychosocial activities should not be conducted to further political, economic, or personal interests, or for the benefit of media interest. It should focus on the student's best interest, needs and abilities rather than problems and deficits child-friendly: create safe and stimulating clinical environments with caring clinical educators and enjoyable learning experiences. Underlying the humanistic perspective on learning is the assumption that each individual is unique and that all individuals have a desire to grow in a positive way. Spontaneity, the importance of emotions and feelings, the right of individuals to make their own choices, and human creativity are the cornerstones of a humanistic approach to learning (Rogers, 1994; Snowman & Biehler, 2006).

A supportive learning environment can mitigate students' anxiety and feelings of stress. It is one in which the teacher acknowledges and responds to the feelings of stress and anxiety that are experienced by students. One of the foundations of psychosocial wellbeing is access to basic needs (food, shelter, livelihood, healthcare, education services) together with a sense of security that comes from living in a safe and supportive environment (Rhoades, Eisenberger, 2002). The benefits of psychosocial support results in a positive impact on students wellbeing, and address the basic psychological needs of students competence.

Psychosocial support is a continuum of care and support which influences both the students and the social environment in which they study and live. Psychosocial support addresses a person's emotional, social, mental and spiritual needs and all essential elements of positive human development (Gilbert, Bilsker, 2012). Psychosocial support builds internal and external resources for students to cope with adversity. It provides students physical, economic, educational, health and social needs. Psychosocial support also helps build resilience in children. It's based on an ongoing nurturing relationship that communicates understanding, unconditional love, positive regard, tolerance and acceptance, and extends to care and support offered by teachers, specialized psychological and social services (Ager, 2002).

Bankert and Kozel (2002) suggested that creating a supportive clinical environment that demonstrates value, respect, and support as a collaborative enterprise between clinical educators and students not only fosters relationships but also promotes learning in a non-stressful manner. They explain a supportive clinical learning environment is based on genuine dialog, engagement, and reflection. Psychosocial support can be achieved via specific targeted activities and programs, it is important to understand that all interactions with students have to be psychosocially supportive. For example, respecting students, showing a positive attitude towards them and valuing their presence are all ways of helping to improve student's self-confidence and self-esteem and hence their well-being. Further, the development of formal and informal support systems with faculty, staff, and peers optimizes academic and social connections and provides essential resources to proactively address stress and positively impact retention and satisfaction, increases self-esteem, promotes success and satisfaction, and increases the number of professional nurses available to deliver high-quality health care for global populations (cprf, 2007).

Moreover the creation of more welcoming spaces in the academic environment, as well as strategies to improve the transition from the student stage to the professional phase are important recommendations to increment the coping and adaptation modes of these students to the stressing situations, and will undoubtedly contribute to positive outcomes regarding their emotional well-being, academic performance, and future professional practice.

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