

# Nursing students' rights in clinical practice in South Korea: a hybrid concept-analysis study

Sunghee Park<sup>1</sup>, Mi-Young Choi<sup>2</sup><sup>1</sup>Professor, Department of Nursing, Kunsan National University, Gunsan; <sup>2</sup>Professor, Department of Nursing Science, Chungbuk National University, Cheongju, Korea

**Purpose:** This study aimed to derive a conceptual definition and attributes for nursing students' rights in clinical practice in South Korea. **Methods:** This concept-analysis study was conducted at a nursing school in South Korea. The participants were recruited using purposive sampling. The inclusion criteria were being a fourth-year nursing student and having two or more semesters of practical experience. The hybrid model used in this study had three stages. First, 12 studies were reviewed during the theoretical stage. Second, 10 in-depth interviews were conducted during the fieldwork stage. Third, in the analytical stage, the concept of nursing students' rights related to clinical practice was defined and the attributes were derived. **Results:** The analysis established five attributes of nursing students' rights: the right to learn, the right to be protected from infections and accidents, the right to be cared for and supported, the right to be respected, and the right to be recognized as a member of a nursing team. A key theme that emerged from this study was having the right to learn in a safe and supportive environment. **Conclusion:** It is necessary to develop a measurement tool based on the above five attributes and to verify its effectiveness.

**Key words:** Concept formation; Human rights; Nursing, practical; Students, nursing

## Corresponding author

### Mi-Young Choi

Department of Nursing Science,  
Chungbuk National University,  
1 Chundae-ro, Seowon-gu, Cheongju  
28644, Korea  
TEL: +82-43-249-1798  
FAX: +82-43-266-1710  
E-MAIL: myb98@chungbuk.ac.kr

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## INTRODUCTION

A nursing student's rights in clinical practice refer to his or her rights as a student participating in clinical training. The rights of nursing students include the rights to study, be protected, be supported, and handle grievances [1,2]. Therefore, it is necessary to provide clinical education in a way that respects the rights of nursing students [2]. Clinical education in nursing prepares students to become nurses by providing opportunities to apply theory to clinical situations and acquire knowledge and skills [3-5]. Nursing students in clinical practice are often exposed to situations in which their human rights are violated, such as cases of discrimination and bullying. They may also receive verbal or physical abuse from medical staff and patients, be exposed to infection, or experience safety accidents [6-10]. However, nursing students tend not to assert their rights to safety [11].

For nursing students to receive safe, effective clinical training, it is necessary for them to be aware of their rights [2,11]. To evaluate the degree to which nursing students' rights are

respected, a scale that can measure the concept must first be developed [2]. A literature review shows that previous studies on the rights of nursing students have not adequately addressed this topic, offered a concept analysis, or developed a measurement tool. Among previous studies about the clinical experiences of nursing students [3,4,6,8-11], some studies focused only on the learning aspect [3,4,9], some investigated only the incivility experienced by nursing students [6,8,10], and one study addressed coping experiences [11]. These studies are insufficient for understanding and measuring the rights of nursing students in clinical practice.

A previous study on nursing students' awareness of their rights in clinical practice reported that they felt isolated during practicum and did not assert their rights. The nursing students felt that a support system was needed to protect and advocate for nursing students [2]. That study is meaningful in that it qualitatively examined nursing students' rights in clinical practice. However, its theoretical analysis and results do not support the development of a measurement tool [12]. Taken together, the studies conducted to date have had limi-

tations in developing a tool to measure the rights of nursing students in clinical practice.

The current study is a preliminary study that conducted a concept analysis to support the development of an instrument in the future. Hybrid concept analysis is a useful model for understanding concepts that combines theoretical and fieldwork approaches [12,13]. Therefore, the purpose of this study was to use a hybrid model to derive conceptual definitions and attributes for nursing students' rights in clinical practice. For this purpose, a literature review-based theoretical analysis was performed, along with an analysis of empirical data collected from clinical settings. This study provides basic data for developing a scale to measure the rights of nursing students, thereby contributing to improving the awareness of those rights in clinical practice.

## METHODS

**Ethics statement:** This study was approved by the Institutional Review Board (IRB) of Kunsan National University (No. 1040117-202006-HR-009-02). Informed consent was obtained from all participants.

### 1. Study Design

This concept-analysis study used a hybrid model to derive a definition and attributes for nursing students' rights in clinical practice. The paper was prepared according to the 32-item checklist for interviews and focus groups in the Consolidated Criteria for Reporting Qualitative Research (COREQ) [14].

### 2. Participants

For the fieldwork stage, purposive sampling was used to recruit participants for interviews. Purposive sampling is a method of selecting potential subjects who can provide rich and diverse experiences related to research questions [15]. In-depth interviews were conducted among participants who satisfied the inclusion criteria for the fieldwork stage. The inclusion criteria were 1) consenting voluntarily to participate in interviews, and 2) being a fourth-year undergraduate nursing student with at least two semesters of clinical practice experience [9,16]. A total of 10 individuals participated.

### 3. Data Collection and Setting

The theoretical, fieldwork, and final analytical stages were conducted following Schwartz-Barcott and Kim's three-stage hybrid model of concept analysis [12].

The participants were informed that all research data would be encrypted and stored on a private computer and would be deleted after the study was published. The interviewees were students at the researchers' universities, and some of them were also enrolled in the researchers' classes, so the recruitment for interview participation was conducted after all semester classes and clinical practice were completed and credits were awarded. Each participant received a gift after the interview.

#### 1) Theoretical stage

The keywords used for searching were "clinical practice," "rights," "experience," "nursing students," and "qualitative." During the initial screening, studies were excluded if there was no English abstract, if undergraduate students were not included, or if the study was not related to clinical practice. During the secondary screening, duplicate and non-qualitative studies were excluded. A total of 12 studies were finally selected (Figure 1).

#### 2) Fieldwork stage

In this stage, a qualitative study was conducted using face-to-face in-depth interviews to explore participants' experiences. Data were collected from July 15 to August 30, 2021. Interviews were conducted in a comfortable and quiet place (e.g., cafe, seminar room) deemed suitable for speaking with the participants. The main questions were, "What do you think about the rights of nursing students during clinical practicum?" and "How was your experience of the rights of nursing students during your clinical practicum?" These semi-structured questions were asked to collect participants' experiences and thoughts. Since each interview was conducted freely at a time chosen by its participant, the duration varied to some extent; each interview lasted 60 to 80 minutes. After informed consent was obtained, the interviews were recorded with a tape recorder and field notes, then transcribed immediately afterwards to share the results among the researchers.

### 4. Data Analysis

The data were analyzed using conventional content analysis [17]. First, the two researchers repeatedly reviewed the interview transcripts and extracted meaningful statements. Second, codes were produced by grouping interrelated statements. Third, the interrelated codes were grouped into sub-categories, which were then grouped into final categories (attributes). Feedback on the research findings was requested from the participants.

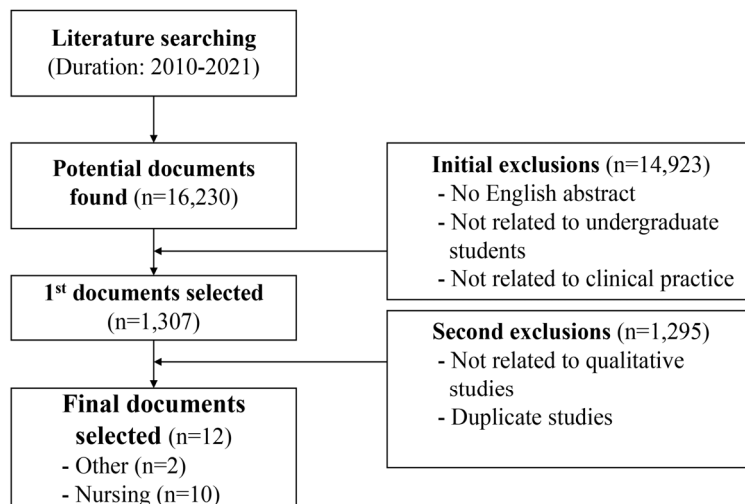


Figure 1. Procedure of literature identification and selection.

### 5. Rigor

Research rigor was determined based on credibility, suitability, auditability, and verifiability [18]. For credibility, the researchers maintained neutral attitudes, avoided bracketing, and carefully listened to participants without interruption. To ensure suitability, the researchers extracted meaning from the participants' detailed descriptions of their experiences and collected data until it was saturated. To maintain auditability, the researchers and experts held feedback sessions to review whether the participants' statements were summarized in a way that retained their intentions. To maintain verifiability, the participants' statements were summarized, so that readers could verify the results.

## RESULTS

### 1. Theoretical Stage

A total of 12 studies were selected, 10 from the field of nursing and two from other fields. A search of the available literature indicated that five key attributes of nursing students' rights included the right to learn, right to be protected from infections and accidents, right to receive care and support, right to be respected, and right to be recognized as a nursing team member. Each attribute had a set of subcategories (Table 1) [2-4,9,11,16,19-24], as follows. First, the right to learn refers to a right to the types of learning that nursing students can experience only in clinical practice [4]. Since nursing is a practice-based discipline, this means that nursing students must be able to learn clinical competence sufficiently [4,9,18]. Second, the right to be protected from infections and accidents

means that nursing students must be protected from exposure to situations where safety or infection prevention measures cannot be maintained during the clinical practicum [2,25]. Third, the right to receive care and support indicates that nursing students should be supported and defended [2,18,19]. Fourth, the right to be respected means that nursing students should be respected while learning—not ignored, criticized, or discriminated against [2,6,19,25]. Fifth, the right to be recognized as a nursing team member refers to the right to be considered both a learner and a team member under the supervision of a clinical educator [9,16].

### 2. Fieldwork Stage

#### 1) General characteristics of the participants

A total of 10 fourth-year nursing students from two universities in Jeonbuk and one university in Seoul participated in this study. Two students were male, and the rest were female. The participants' ages ranged from 21 to 27 years with a mean age of 23.40±1.84 years. They had three to four semesters of clinical experience (18-26 weeks) with a mean of 22.80±4.13 weeks.

#### 2) Attributes of nursing students' rights in clinical practice identified at the fieldwork stage

A total of 41 meaningful codes were extracted from the in-depth interviews with the participants. Interrelated codes were grouped to produce 18 subcategories. Lastly, interrelated subcategories were grouped into five attributes, identical to those from the theoretical stage. Based on the interviews, the key attributes of nursing students' rights were the right to learn, right to be protected from infections and acci-

**Table 1.** Attributes of Nursing Students' Rights in Clinical Practice Defined in the Theoretical Stage

Related references (n=12)	Subcategories (n=29)	Categories/Attributes (n=5)
Park and Cho (2019) [2] Kapucu and Bulut (2011) [3] Miligi et al. (2019) [4] Aliafsari Mamaghani et al. (2018) [9] Esmaili et al. (2014) [16] Kim and Kim (2017) [21] Kim and Huh (2013) [24] Rajeswaran (2016) [19]	Learning that can be obtained from clinical practice Students are encouraged to engage in clinical practice. Careful supervision of nurses and clinical instructors. Limited learning opportunities and systematic education. Allowed to learn the necessary skills. Students' rights to education are disrespected. Right to study. Nurses' reluctance to instruct students.	Right to learn
Park and Cho (2019) [2] Oh et al. (2016) [11] Kim and Kim (2017) [21] Kim and Huh (2013) [24] Rajeswaran (2016) [19]	Safe learning environment with infection prevention. Students are not protected. Students do not receive proper protection. Right to be protected from infections and accidents. Fear of being exposed to infections.	Right to be protected from infections and accidents
Park and Cho (2019) [2] Kim and Kim (2017) [21] Najafi Kalyani et al. (2019) [20] Rajeswaran (2016) [19]	Right to receive support. Support system to protect students' rights. Nurses' discrimination and lack of support. Received inadequate support.	Right to receive care and support
Park and Cho (2019) [2] Kapucu and Bulut (2011) [3] Aliafsari Mamaghani et al. (2018) [9] Esmaili et al. (2014) [16] Kim and Kim (2017) [21] Najafi Kalyani et al. (2019) [20] Rajeswaran (2016) [19] Jamshidi et al. (2016) [23] Bawadi et al. (2019) [22]	Being ignored and treated as if one does not exist. Students are treated with kindness and respect. Bullying and discrimination. Students must not be criticized, must be respected. Students feel that they are treated unfairly. Nurses treat students as if they were servants. Being overly criticized for mistakes. Discrimination and lack of trust. Negative attitudes and actions of nurses.	Right to be respected
Kapucu and Bulut (2011) [3] Aliafsari Mamaghani et al. (2018) [9] Esmaili et al. (2014) [16]	Students are introduced to hospital staff. Students are included as team members. Introduced to hospital wards and given nursing tasks.	Right to be recognized as a nursing team member

dents, right to receive care and support, right to be respected, and right to be recognized as a nursing team member. Table 2 shows how the codes are grouped into subcategories and how the subcategories are grouped into attributes.

### 3. Final Analysis Stage

The five attributes identified in the theoretical stage were confirmed in the fieldwork stage, and the subcategories of each attribute were grouped identically. These attributes were identified by combining the results from the theoretical and fieldwork stages: the rights to learn, be protected from infections and accidents, receive care and support, be respected, and be recognized as a nursing team member (Table 3).

Based on the results of this analysis, the conceptual definition is as follows: nursing students' rights in clinical practice are the rights of students who practice nursing skills by applying theories they have learned to real tasks; these include the

rights to manage tasks independently, assert their opinions, and make demands of others.

## DISCUSSION

This study aimed to analyze the concept and attributes of nursing students' rights in clinical education. The topic was selected because the important issue of the rights of nursing students during their clinical practicum has been overlooked. This study was structured according to a three-stage hybrid model. First, five attributes were identified through literature review during the theoretical stage, and then the same attributes were classified through in-depth interviews with nursing students. Because the attributes matched in these two stages, their labels were not changed during the final analytical stage.

In this study, the right to learn was confirmed as the first relevant aspect. It includes being encouraged and given opportunities to observe and engage in clinical practice, receiv-

**Table 2.** Attributes of Nursing Students' Rights in Clinical Practice and Results of the Participants' In-Depth Interviews Defined in the Fieldwork Stage

Summarized statements from participants (n=81)	Codes (n=41)	Subcategories (n=18)	Categories/ Attributes (n=5)
(ID 3) It was an opportunity to observe how theories learned in school can be applied to real clinical settings. (ID 1) It was good to be able to observe nursing skills in detail. (ID 5) Simply observing a nursing task was also helpful.	1)-1. Observing nursing procedures was positive and useful.	1) Encourage students and provide them opportunities to observe and practice nursing skills	[1] Right to learn: 1)-4)
(ID 4) Students should be given a chance to try practicing a simple nursing skill. (ID 6) I wanted to try administering an intravenous injection. (ID 4) Students should be encouraged to try doing tasks that are within the scope of their abilities. (ID 7) It would be good if students could practice the skills they want to learn.	1)-2. Students should be encouraged to try nursing skills that are within the scope of their abilities.		
(ID 10) I rarely had the opportunity to apply nursing techniques. (ID 4) Not having a chance to administer an injection was disappointing. (ID 3) I could not directly observe the nurses while they were performing nursing tasks because I felt uncomfortable and did not want to be a nuisance. (ID 7) I am disappointed that there were not many opportunities for me to closely observe nursing practice.	1)-3. Not having many chances to try nursing skills was disappointing. 1)-4. It was uncomfortable and disappointing not to be able to observe nurses' actions during nursing procedures.		
(ID 2) I think students should be able to administer intramuscular injections under the supervision of a nurse. (ID 7) I think there needs to be clinical training on how to administer intravenous injections under the supervision of a nurse. (ID 10) I felt like I learned something when I was supervised on injection administration techniques. (ID 3) I administered intravenous injections under the supervision of a nurse.	2)-1. Students should be able to learn injection administration techniques under the supervision of a nurse. 2)-2. Students felt the experience of having learned something while a nurse supervised administering an injection.	2) Guide and supervise students as they acquire nursing skills necessary for patient care	
(ID 5) Preliminary education and guidelines for nurses are needed on how to supervise and manage students in clinical practice. (ID 9) There was no orientation by a nurse manager. (ID 10) I was not provided with an orientation at the right time by the nurse manager.	3)-1. Preliminary education and guidelines for nurses are needed on how to supervise students in clinical practice. 3)-2. Students did not receive the nurse manager's orientation on time.	3) Ensure that both nurse managers and nurses participate in clinical practice education	
(ID 5) A well-designed clinical practice education program is needed. (ID 6) It would be good if students could be provided with specific clinical practice guidelines. (ID 8) It would be good if students' tasks could be clarified through a systematic orientation. (ID 10) A clinical education system for students must be established within clinical practice wards.	4)-1. Both a well-designed clinical practice education program and guidelines are needed. 4)-2. Students' tasks must be clarified by establishing a systematic clinical education program.	4) Provide systematic guidelines on clinical practice education	

**Table 2.** Attributes of Nursing Students' Rights in Clinical Practice and Results of the Participants' In-Depth Interviews Defined in the Fieldwork Stage (Continued)

Summarized statements from participants (n=81)	Codes (n=41)	Subcategories (n=18)	Categories/ Attributes (n=5)
(ID 6) There should be hard work to prevent infections among students through information exchange between the school and the hospital.	1)-1. Clinical practice should be a place where students are safe and protected from infections.	1) Guarantee that clinical practice takes place in a safe environment where students are protected from accidents and infections	[2] Right to be protected from infections and accidents:
(ID 10) Students should be able to engage in clinical practice in a safe environment.			1)-2)
(ID 7) Students feel anxious when exposed to situations in which they are not safe from accidents and infections.	1)-2. Students raised concerns about safety accidents and exposure to infections.		
(ID 5) I received education on how to manage safety accidents during clinical practice at school.	1)-3. Students received education on how to manage safety accidents during clinical practice at school.		
(ID 9) I received information about infected patients from a nurse in advance.	2)-1. Students must be provided with information about infected patients in advance.	2) Inform students about infected patients in advance	
(ID 4) It is necessary to provide students with information about infected patients in advance.			
(ID 8) I was not aware of infected patients and met with them.	2)-2. Students encountered infected patients because they had not been informed about infected patients.		
(ID 10) I was not informed about infected patients and met with them.			
(ID 1) The clinical practice professor informed the hospital of students' requests on the students' behalf.	1)-1. The clinical practice professor must inform nurses of students' requests on behalf of the students.	1) Advocate for students	[3] Right to receive care and support:
(ID 3) The clinical practice professor informed the nurse manager of a ward of students' requests on the students' behalf.			1)-4)
(ID 4) The clinical practice professor must advocate for students.			
(ID 5) A support and management system is needed at school to protect students' rights.	1)-2. Students' requests must be systematically managed and advocated for to ensure students' rights.		
(ID 2) I felt that students' rights were respected when their requests were accepted.			
(ID 2) I was instructed to immediately report any mistreatment or problems to the clinical practice professor.	2)-1. Students should be able to report mistreatment immediately.	2) Manage students' grievances	
(ID 7) Students should be able to report unfair events immediately.			
(ID 7) Students should have the right to refuse tasks that will put them at a disadvantage.			
(ID 2) Students' problems were resolved thanks to the involvement of the clinical practice professor.	2)-2. Steps should be taken to immediately resolve and manage a student's problems or requests.		
(ID 4) Students' requests were accepted and improved with the involvement of the nurse manager.			
(ID 4) It was good that the nurses provided immediate feedback on students' nursing techniques.	3)-1. It was good that the nurses provided immediate and detailed feedback on students' nursing techniques.	3) Support a positive ward atmosphere and the provision of feedback	
(ID 9) It was good that the nurses provided detailed feedback on students' nursing techniques.			
(ID 10) I liked the warm and welcoming ward atmosphere.	3)-2. A warm ward atmosphere and kind nurses are needed.		
(ID 1) Nurses need to be kind.			
(ID 5) Nurses who are kind to others seem admirable.			
(ID 5) I felt like I was not allowed to interrupt the nurses.	3)-3. Students felt uncomfortable in a ward atmosphere where they felt like they were walking on eggshells.		
(ID 2) I felt uncomfortable and as if I was walking on eggshells just because I was a student.			

**Table 2.** Attributes of Nursing Students' Rights in Clinical Practice and Results of the Participants' In-Depth Interviews Defined in the Fieldwork Stage (Continued)

Summarized statements from participants (n=81)	Codes (n=41)	Subcategories (n=18)	Categories/ Attributes (n=5)
(ID 8) Nurses need to develop more interest in helping students in clinical practice. (ID 2) Nurses lacked awareness about student supervision. (ID 2) The clinical practice professor must care for students.	4)-1. Nurses need to develop more interest in helping students in clinical practice. 4)-2. The clinical practice professor must care for students.	4) Offer interest and support for clinical practice education	[3] Right to receive care and support: 1)-4)
(ID 10) Hospitals must provide more support for clinical practice education. (ID 5) Students have the right to not be verbally abused. (ID 9) Students were insulted and verbally abused. (ID 8) Nurses did not treat students with respect. (ID 6) Clinical practice education was limited because of gender discrimination. (ID 8) Students were discriminated against by the medical staff.	4)-3. Support from the hospital is needed. 1)-1. Students have the right not to experience verbal abuse or be insulted. 1)-2. Students experienced discrimination.	1) Ensure that students are not discriminated against and bullied	[4] Right to be respected: 1)-4)
(ID 6) Nurses lacked interest in students in clinical practice. (ID 7) Nurses viewed students as worthless beings. (ID 9) Nurses treated students as if they were invisible. (ID 9) Nurses treated students as if they were objects.	2)-1. Nurses had no interest in students or viewed them as worthless beings. 2)-2. Students were treated as if they did not exist.	2) Do not look down on students	
(ID 2) It sometimes felt like one was just offering labor to the hospital. (ID 3) I wasn't sure if I was receiving clinical practice education or working. (ID 7) Students were asked to do administrative tasks. (ID 4) Nurses involved students in trivial tasks. (ID 8) Nurses told students to take care of troublesome work. (ID 10) It sometimes felt like one was merely taking care of chores.	3)-1. Clinical work felt like labor. 3)-2. Some tasks had no relevance to clinical practice. 3)-3. Students felt like they were taking care of troublesome chores.	3) Do not treat students as people who merely take care of troublesome chores	
(ID 1) Students would feel more respected if nurses could ask them for a favor instead of ordering them. (ID 10) Students felt more respected when addressed by nurses in a respectful manner. (ID 4) Nurses need to address students respectfully. (ID 8) Students felt disrespected when students do not address them appropriately. (ID 9) Patients addressed students by inappropriate names.	4)-1. Nurses should be more considerate and ask students for a favor instead of ordering them. 4)-2. Nurses should address students by a respectful name. 4)-3. Addressing students by inappropriate names makes them feel as if they are not being treated as students in clinical practice.	4) Treat students with respect and consideration	
(ID 7) It is necessary that students are introduced to patients, and patients are asked to respect students. (ID 10) It would be good if students were introduced to the ward on the first day and told what to do. (ID 10) It would be good if a nurse manager could introduce the students to the nurses and tell them what will be taught during clinical practice education. (ID 5) Nurses did not accept greetings from students when they arrived or left work.	1)-1. Students must be introduced to the patients and medical staff in a ward and be told the tasks they need to do. 1)-2. Students felt like they were not welcomed.	1) Introduce and welcome students	[5] Right to be recognized as a nursing team member: 1)-4)

**Table 2.** Attributes of Nursing Students' Rights in Clinical Practice and Results of the Participants' In-Depth Interviews Defined in the Fieldwork Stage (Continued)

Summarized statements from participants (n=81)	Codes (n=41)	Subcategories (n=18)	Categories/ Attributes (n=5)
(ID 4) Nurses did not allow students to perform nursing skills because they were unsure of the students' level of clinical experience.	2)-1. Nurses did not assign any tasks to students because of concerns over students making mistakes.	2) Trust students with nursing tasks	[5] Right to be recognized as a nursing team member: 1)-4)
(ID 4) Patients enjoyed conversing with students. (ID 5) Patients and their caregivers expressed gratitude for the care that the student has provided.	3)-1. Patients and their caregivers expressed gratitude for the care that the student has provided.	3) Allow students to assist with nursing tasks	
(ID 6) Students formed good rapport with patients. (ID 10) Students were appreciated by patients and treated with consideration.	3)-2. Students formed a trusting relationship with patients.		
(ID 3) Students must be provided with work breaks and a place where they can rest.	4)-1. Students should be provided time and space for rest.	4) Guarantee that students have meal and work breaks and can leave work on time	

ing supervision and guidance on nursing skills, having the head nurse and other nurses participate in providing clinical education, and being provided with guidelines on systematic education. The National Student Nurses Association also grants the right to learn [1]. Students want a clinical education in which they can observe nursing procedures [2,5], are encouraged to engage actively in nursing procedures [3], and can practice necessary nursing skills under nurses' supervision [4,16]. Nursing students chose nurses as the most helpful people [20] and considered the supervision and education provided by nurses to be highly valuable [26].

Since nursing students view nurses as being able to provide them with clinical education and supervision, nurses must actively prepare for and participate in providing such clinical education. Students also reported that nursing managers should participate actively in clinical education [16] and provide students with guidelines [2], which is in line with the students' reports in the current study. Nursing students identified limited opportunities to learn or observe nursing procedures [2,9], a lack of clinical education guidelines [19], a lack of a systematic approach to clinical education, and inconsistent education between different clinical instructors [9] as the characteristics of poor education.

Students must be encouraged to observe nursing procedures, practice nursing skills, and be provided with a standardized education with systematic guidelines. Nurses and nurse managers must actively participate in providing clinical education, and nurse managers must try to provide students with systematic and standardized guidelines. Nurses must let students practice nursing skills themselves and give them as many opportunities to observe and engage in nursing proce-

dures as possible. By engaging in this process, nurses can improve the learning rights of students in clinical practice.

The right to be protected from infections and accidents includes engaging in clinical practice in a safe environment, in which students are protected from infections and are provided with information about infected patients. Previous studies have also identified the right to engage in clinical practice in a safe environment, where students are protected from infections [2], and the right to learn in a safe environment [1], which are in line with the results of the current study.

However, students are rarely provided with information about infected patients [25] and are not protected from accidents [27], indicating a lack of information about infected patients and poor handling of accidents. Nursing students' right to health is violated when they are exposed to infections or accidents. Therefore, it is necessary to introduce a system that regularly checks hospital wards to focus on preventing infections and accidents. There must also be mandatory orientation sessions on the prevention and handling of infections and accidents before students start their clinical practicum.

The right to receive care and support includes being advocated for and encouraged, having one's grievances managed, working in a positive ward atmosphere, and being given care and support during clinical education. Previous studies have reported that nursing students need a clinical educational support system that protects and advocates for students [2], grievance-handling procedures [1], a positive atmosphere [3], support from clinical professors [7,27], and guidance and feedback from nurses who show interest in educating students [4,26], which are consistent with participants' reports in the current study. Meanwhile, nursing students also recog-



**Table 3.** Results of a Concept analysis of the Nursing Students' Rights in Clinical Practice at Each Stage

Theoretical stage	Fieldwork stage	Final analytic stage
<p>Right to learn</p> <ul style="list-style-type: none"> <li>- Learning that can be obtained from clinical practice</li> <li>- Encouragement for students to engage in clinical practice</li> <li>- Careful supervision by nurses and clinical instructors</li> <li>- Limited learning opportunities and systematic education</li> <li>- Permission to learn the necessary skills</li> <li>- Disrespect of students' rights to education</li> <li>- Right to study</li> <li>- Nurses' reluctance to instruct students</li> </ul>	<p>Right to learn</p> <ul style="list-style-type: none"> <li>- Encouragement and provision of opportunities for students to observe and practice nursing skills</li> <li>- Guidance and supervision in acquiring nursing skills necessary for patient care</li> <li>- Both nurse managers and nurses participate in clinical practice education</li> <li>- Provision of systematic guidelines on clinical practice education</li> </ul>	<p>Right to learn</p>
<p>Right to be protected from infections and accidents</p> <ul style="list-style-type: none"> <li>- A safe learning environment with infection prevention</li> <li>- Lack of protection for students</li> <li>- Lack of proper protection received by students</li> <li>- Right to be protected from infections and accidents</li> <li>- Fear of being exposed to infections</li> </ul>	<p>Rights to be protected from infections and accidents</p> <ul style="list-style-type: none"> <li>- A safe environment for clinical practice, where students are protected from accidents and infections</li> <li>- Advance notification about infected patients</li> </ul>	<p>Right to be protected from infections and accidents</p>
<p>Right to receive care and support</p> <ul style="list-style-type: none"> <li>- Right to receive support</li> <li>- Support system to protect students' rights</li> <li>- Nurses' lack of support and discrimination</li> <li>- Inadequate support received</li> </ul>	<p>Right to receive care and support</p> <ul style="list-style-type: none"> <li>- Advocacy for students</li> <li>- Management of students' grievances</li> <li>- Positive ward atmosphere and feedback</li> <li>- Interest and support for clinical practice education</li> </ul>	<p>Right to receive care and support</p>
<p>Right to be respected</p> <ul style="list-style-type: none"> <li>- The feeling of being ignored and treated as if one does not exist</li> <li>- Treatment of students with kindness and respect</li> <li>- Bullying and discrimination</li> <li>- The need not to criticize students to respect them</li> <li>- Students' feeling that they are treated unfairly</li> <li>- Nurses' treatment of students as if they are servants</li> <li>- Excessive criticism for mistakes</li> <li>- Lack of trust and discrimination</li> <li>- Negative attitudes and behaviors of nurses</li> </ul>	<p>Right to be respected</p> <ul style="list-style-type: none"> <li>- Absence of discrimination and bullying</li> <li>- No sense of being looked down on</li> <li>- No treatment of students as people who merely take care of troublesome chores</li> <li>- Treatment of students with respect and consideration</li> </ul>	<p>Right to be respected</p>
<p>Right to be recognized as a nursing team member</p> <ul style="list-style-type: none"> <li>- Introduction of students to hospital staff</li> <li>- Students as team members</li> <li>- Introduction to hospital wards and assignment of nursing tasks</li> </ul>	<p>Right to be recognized as a nursing team member</p> <ul style="list-style-type: none"> <li>- Introduction and welcome for students</li> <li>- Students trusted with nursing tasks</li> <li>- Students' assistance with nursing tasks</li> <li>- Clinical practice in which students have guaranteed meal and work breaks and can leave work on time</li> </ul>	<p>Right to be recognized as a nursing team member</p>

nized nurses' negative attitudes and lack of support for students [9,19], an unsupportive ward atmosphere [19], lack of support and resources in hospitals [21], and lack of awareness of nursing students' rights [2,11] as poor clinical educational experiences. Therefore, efforts are needed to encourage students to receive clinical education in a positive and supportive environment. It is also necessary to explore a system to advocate for students when they receive unfair treatment.

The right to be respected includes not being discriminated against or bullied, not being ignored, and not being treated as someone who takes care of troublesome chores. Nursing students do not want to be ignored or discriminated against [2,19,22], or to be treated like a person who takes care of troublesome chores [9]. No one wants to work with someone who

bullies or looks down on them. In the current study's in-depth interviews, students reported feeling respected when being addressed by respectful appellations instead of being spoken to disrespectfully. They also felt respected when they were asked to do a favor, instead of being commanded or ordered. The level of awareness of nursing students' rights should be assessed and continuously improved. A system should be in place to make nursing staff, patients, and caregivers aware of nursing students' rights, and to foster mutually respectful interactions.

The right to be recognized as a nursing team member includes being welcomed and introduced to the hospital staff, assisting with nursing tasks, having guaranteed meal and rest times, and being able to leave work on time. In previous studies, being officially introduced to the medical staff [3,16], be-

ing appreciated for assisting nurses [4], having meals or rest time, and being allowed to leave work on time were reported as positive clinical experiences [2]. Recognizing nursing students as members of the nursing team is very unfamiliar in Korea. However, related studies have already been conducted abroad, and consistent results were obtained in this study as well. Nursing students have had the role of assisting nurses for a long time. Therefore, it will be necessary to have a system that delegates the duties of nurses to students so that students can engage in practice with a sense of belonging as members of the nursing team.

This study is meaningful in that, to the best of our knowledge, it is the first to conduct a concept analysis via a theoretical literature review and an analysis of empirical data from in-depth interviews, to gain an understanding of the concept of nursing students' rights in clinical practice. This study may contribute to improving the awareness of such rights and to the development of a measurement tool.

The educational implication of this study is that it provides empirical data on the rights of nursing students to practice safely. Based on the results of this study, it will be necessary to create a bill of rights for nursing students and guide them before their clinical training begins. The practical implication of this study is that it provides evidence regarding the need to improve the perception of nursing students' rights in hospitals. In addition, hospital officials should strive to ensure that nursing students' rights to learn are protected and an environment is guaranteed for safe practice.

One limitation of this study is that it was conducted among nursing students from specific regions. Therefore, the results might differ from the attributes of nursing students with different backgrounds. In addition, because the sample size of participants in the fieldwork stage was small, its representativeness cannot be guaranteed. Therefore, the results must be interpreted and generalized with caution. A third limitation is that at the theoretical stage, all included studies were limited to publications written in English or Korean.

Further research is needed to understand the application of the present attributes of nursing students' rights to nursing education and its direct impact on nursing students' outcomes. Furthermore, in clinical practicum contexts, there is a need to develop intervention programs that consider nursing students' rights and conduct research to prove their effectiveness.

## CONCLUSION

Five attributes of nursing students' rights in clinical practice were derived: the rights to learn, be protected from infections and accidents, receive care and support, be respected, and be recognized as a nursing team member. The main

theme derived from this study was the right to learn in a safe and supportive environment.

Nursing students want to be respected as students and to actively assist nurses with nursing tasks as members of a nursing team. They believe that hospitals and schools must devote more attention and support to providing them with systematic education, and that students' rights to engage in clinical practice in a safe environment must be protected. This study's clear division of nursing students' rights into five attributes will help to raise awareness of these rights in clinical education. Based on the results of this study, we suggest developing a scale that can measure how well nursing students' clinical practicum supports their rights.

## ORCID and ResearcherID

Sunghee Park <https://orcid.org/0000-0003-3920-6025>

<https://researcherid.com/rid/JHS-6457-2023>

Mi-Young Choi <https://orcid.org/0000-0002-9564-4161>

<https://researcherid.com/rid/AFJ-8732-2022>

## Authors' contribution

Conceptualization: all authors; Data collection, Formal analysis: all authors; Writing-original draft: all authors; Writing-review and editing: all authors; Final approval of published version: all authors.

## Conflict of interest

No existing or potential conflict of interest relevant to this article was reported.

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## Data availability

Please contact the corresponding author for data availability.

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## REFERENCES

1. National Student Nurses' Association. Code of ethics [Internet]. 2022 [cited 2023 June 20]. Available from:

- <https://www.dropbox.com/s/a229ong58d5jx4p/Code%20of%20Ethics.pdf?dl=0>
2. Park S, Cho H. Experiences of perception of nursing students' rights in clinical practice. *Journal of Korean Academic Society of Nursing Education*. 2019;25(4):471-483. <https://doi.org/10.5977/jkasne.2019.25.4.471>
  3. Kapucu S, Bulut H. Turkish nursing students' views of their clinical learning environment: a focus group study. *Pakistan Journal of Medical Sciences*. 2011;27(5):1149-1153.
  4. Miligi E, Selim A, Salem SS, Prince J. Experience of nursing students in clinical practice: a qualitative study. *International Journal of Nursing*. 2019;6(1):19-24. <https://doi.org/10.15640/ijn.v6n1a3>
  5. Peters AB, Quinn B, Moreno R. Undergraduate nursing clinical absences: a review 1, 2. *Teaching and Learning in Nursing*. 2019;14(1):37-42. <https://doi.org/10.1016/j.teln.2018.09.003>
  6. Ahn YH, Choi J. Incivility experiences in clinical practicum education among nursing students. *Nurse Education Today*. 2019;73:48-53. <https://doi.org/10.1016/j.nedt.2018.11.015>
  7. Ingraham KC, Davidson SJ, Yonge O. Student-faculty relationships and its impact on academic outcomes. *Nurse Education Today*. 2018;71:17-21. <https://doi.org/10.1016/j.nedt.2018.08.021>
  8. Kang J, Jeong YJ, Kong KR. Threats to identity: a grounded theory approach on student nurses' experience of incivility during clinical placement. *Journal of Korean Academy of Nursing*. 2018;48(1):85-95. <https://doi.org/10.4040/jkan.2018.48.1.85>
  9. Aliafsari Mamaghani E, Rahmani A, Hassankhani H, Zamanzadeh V, Campbell S, Fast O, et al. Experiences of Iranian nursing students regarding their clinical learning environment. *Asian Nursing Research*. 2018;12(3):216-222. <https://doi.org/10.1016/j.anr.2018.08.005>
  10. Park KO, Kim JK. Experience of incivility to nursing students during clinical practice. *Journal of Korean Academy of Nursing Administration*. 2017;23(5):524-534. <https://doi.org/10.11111/jkana.2017.23.5.524>
  11. Oh DN, Um YR, Kim C, Ju S, Choi JH, Park MS. The coping experience of nursing students in clinical practice: trying to be a meaningful presence. *Journal of Korean Academic Society of Nursing Education*. 2016;22(4):430-440. <https://doi.org/10.5977/jkasne.2016.22.4.430>
  12. Schwartz-Barcott D, Kim HS. An expansion and elaboration of the hybrid model of concept development. In: Rodgers BL, Knafl KA, Editors. *Concept development in nursing: foundations, techniques, and applications*. 2nd ed. Saunders; 2000. p. 1-458.
  13. Ko IS, Choi S, Kim JS. Development and validation of the new version of spirituality assessment scale. *Journal of Korean Academy of Nursing*. 2020;50(1):132-146. <https://doi.org/10.4040/jkan.2020.50.1.132>
  14. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007;19(6):349-357. <https://doi.org/10.1093/intqhc/mzm042>
  15. Cote L, Turgeon J. Appraising qualitative research articles in medicine and medical education. *Medical Teacher*. 2005;27(1):71-75. <https://doi.org/10.1080/01421590400016308>
  16. Esmaeili M, Cheraghi MA, Salsali M, Ghiyasvandian S. Nursing students' expectations regarding effective clinical education: a qualitative study. *International Journal of Nursing Practice*. 2014;20(5):460-467. <https://doi.org/10.1111/ijn.12159>
  17. Morse JM, Field PA. *Qualitative research methods for health professionals*. Sage Publications; 1995. p. 1-272.
  18. Sandelowski M. The problem of rigor in qualitative research. *Advances in Nursing Science*. 1986;8(3):27-37. <https://doi.org/10.1097/00012272-198604000-00005>
  19. Rajeswaran L. Clinical experiences of nursing students at a selected institute of health sciences in Botswana. *Health Science Journal*. 2016;10(6):471.
  20. Najafi Kalyani M, Jamshidi N, Molazem Z, Torabizadeh C, Sharif F. How do nursing students experience the clinical learning environment and respond to their experiences? A qualitative study. *BMJ Open*. 2019;9(7):e028052. <https://doi.org/10.1136/bmjopen-2018-028052>
  21. Kim SJ, Kim EJ. An exploratory study on the rights of students in their social work field practicum - in the aspect of the rights to learn and the rights to work -. *Korean Journal of Social Welfare*. 2017;69(1):147-174. <https://doi.org/10.20970/kasw.2017.69.1.007>
  22. Bawadi HA, Al-Hamdan ZM, Nabolsi M, Abu-Moghli F, Zumot A, Walsh A. Jordanian nursing student and instructor perceptions of the clinical learning environment. *International Journal of Nursing Education Scholarship*. 2019;16(1):20180037. <https://doi.org/10.1515/ijnes-2018-0037>
  23. Jamshidi N, Molazem Z, Sharif F, Torabizadeh C, Najafi Kalyani M. The challenges of nursing students in the clinical learning environment: a qualitative study. *The Scientific World Journal*. 2016;2016:1846178. <https://doi.org/10.1155/2016/1846178>
  24. Kim HJ, Huh JS. The right of the clinical training for the medical students and privacy of the patients. *Korean Journal of Medicine and Law*. 2013;21(2):107-123.
  25. Jaganath C, Bimerew M, Mthimunye KDT. Nursing students' perceptions of the clinical learning environment at a university in South Africa. *International Journal of Africa Nursing Sciences*. 2022;17:100467. <https://doi.org/10.1016/j.ijans.2022.100467>
  26. Arkan B, Ordin Y, Yilmaz D. Undergraduate nursing students' experience related to their clinical learning environment and factors affecting to their clinical learning process. *Nurse Education in Practice*. 2018;29:127-132. <https://doi.org/10.1016/j.nepr.2017.12.005>
  27. Foster H, Ooms A, Marks-Maran D. Nursing students' expectations and experiences of mentorship. *Nurse Education Today*. 2015;35(1):18-24. <https://doi.org/10.1016/j.nedt.2014.04.019>