Journal of Sports Science and Physical Education, Malaysia ISSN: 2232-1926
http://jsspj.upsi.edu.my/

Research article

THAI HIERARCHICAL CULTURE INFLUENCES UNDERGRADUATE NURSING STUDENTS' LEARNING

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Abstract

Journal of Sports Science and Physical Education 5(1): 9-21, 2016 - Low passing rates in the Thai licence test of graduating nurses from a nursing college programme raised a critical question as to why the students could not integrate theoretical knowledge into clinical nursing care. There are many studies about learning environments and strategies to improve the student nurses' competence. However, which conditions and learning strategies should be used, and when they should be applied in the process of learning had not been fully investigated, and especially so within the Thai system. This study uses a Straussian grounded theory approach to explore the perspectives of 32 undergraduate nursing students on their learning in the clinical context. The findings relating to learning within the hierarchical culture of Thai nursing showed that inattentive supervision plays a crucial role in creating an inappropriate clinical learning environment for nursing students leading to a loss of learning opportunities and lack of motivation to learn. As the critical thinking skills of nursing students can be better developed when they have self-confidence and motivation to learn, supervisors should educate them through relationships that show acceptance of the students as individuals and learners and provide them with enough help and support.

Keywords: Thai culture, grounded theory, learning motivation, learning strategies, academic outcomes

Introduction

Passing the licence test is important for both graduating nurses –because they can be licensed as professional nurses, and their institute –as the pass rate is one factor that accredits its operation. During the period 2002-2010, however, none of the 29 nursing colleges affiliated to the Praboromarajchanok Institute for Health Workforce Development (PBRI), Thailand, met the accreditation criterion of a 70% first attempt pass rate averaged over three years (Thailand Nursing and Midwifery Council, 2010a). This situation raised a critical question as to why the students could not integrate theoretical knowledge into clinical nursing care, on which the licence test items were focused (Thailand Nursing and Midwifery Council, 2010b).

The nursing Colleges in Thailand offer a four-year course for the Bachelor of Nursing Science. Clinical practice under the supervision of instructors or qualified nurse preceptors starts in the second semester of the second year and runs concurrently with theoretical sessions until the end of the course. In some settings, however, it is difficult to provide fully qualified preceptors and most students learn with preceptors who are concurrently responsible for nursing tasks during their shift (Boromarajonani College of Nursing, 2011). This factor has particular relevance in the study setting where the learning environment has been affected by conflict in the southern border provinces since 2004. Consequently, many nurses have tried to leave the border provinces (Kraonual, Hatthakit, & Boonyasopun, 2009).

This study aimed to explore students' perspectives on their learning in clinical context. However, this paper focuses on the learning environment of students to explain how the Thai hierarchical culture influences undergraduate nursing students' learning motivation and learning strategies.

Study design

A Straussian grounded theory approach was used. In grounded theory methods, the researcher recruits participants for theory construction, not population representativeness (Glaser & Strauss, 1967) and looks for variation of conditions to determine how a category varies in terms of its properties and dimensions (Corbin & Strauss, 2008; Strauss & Corbin, 1998). Sampling focuses initially on people, places and situations that provide the most pertinent data regarding the phenomenon under investigation (Strauss & Corbin, 1990). The researcher began with purposive sampling of experienced students—two groups of five from the fourth and third years of the program—in order to generate as many categories as possible. After initial hypotheses—statements about how concepts seem to relate—were generated by comparing concepts and their properties for similarities and differences, theoretical sampling of a further 22 participants was undertaken. The aim was to clarify the hypotheses and generate theory until theoretical saturation was achieved. Data were collected over a seven-month period, by individual in-depth interviews, in conjunction with observations and theoretical field notes to enable concurrent data validation with methodological triangulation. Two main questions based on grounded theory methodology—a way to reveal how people manage the situations they need to deal with—were addressed: 1) What is going on in participants' practical studies? 2) During their practical placements, how do participants learn about and deal with their clients' problems? The interviews were audio-taped, ranging from 45-90 minutes, and transcribed verbatim.

Participants

Participants were recruited from one Boromarajonani College of Nursing, in Southern Thailand. Thirty-two participants were recruited into the study—15 fourth year, 10 third year, and seven second year students. The participants' ages ranged from 20-31 years.

Data analysis

Data analysis proceeded concurrently with data collection. The techniques of open, axial and selective coding were used (Strauss & Corbin, 1998) moving back and forth until the substantive theory was developed. Each Thai interview transcript was scrutinised and key words, phrases, or sentences were underlined. Relevant sections were coded using the constant comparative method, so that categories could emerge. Each category was further differentiated into sub-categories using the paradigm model (Strauss & Corbin, 1990) to clarify and specify a precise category. All major categories were integrated and refined through varied techniques, including a formative diagram, discussions with supervisors, colleagues, and review of findings with 25 of the 32 participants, to ensure the theory developed could explain the learning process of the participants.

Results

The learning experiences of Thai undergraduate nursing students studying in the college programme are illustrated by a core category named the process of Developing Effective Strategies for Nursing Care. It incorporates two overlapping phases (categories) and four overlapping stages (sub-categories) of learning strategy improvement. The first category was continuing practical studies, which was based on two sub-categories: namely *attending to procedure training*, and *seeking case problems and how to provide nursing care*. The second category, learning how to provide nursing care, emerged later, based on two sub-categories: *modifying strategies for case learning*, and *discovering how to understand case conditions*. Student learning was facilitated by stimulating factors, and interrupted by negative influences throughout their course, by the chevron and rectangles above each particular stage and below the process. When influenced by positive factors, students were able to further enhance their skills, while those facing negative factors resorted to less sophisticated learning strategies. Some students remained in the procedure training stage, delaying seeking out case problems and how to provide nursing care. Others further developed their nursing skills, but only some participants accomplished the last stage of the process. The findings presenting in this paper focus on the first two stages, *attending to procedure training* and *seeking case problems and how to provide nursing care*, noted in Figure 1 (page 11).

Attending to procedure training

In this stage, beginning with their first clinical placement and continuing through subsequent placements, participants start developing their basic nursing skills to care for their assigned cases, as well as seeking opportunities to perform basic procedures on other patients. The first issue that all participants raised when asked about their practical studies, especially when describing their first placement, was that they were worried and afraid about practising as they were expected to perform procedures yet felt they did not have enough skills or confidence to do so. Some participants were afraid to contact and work with nurses and

preceptors who reprimanded or were unfriendly. Hearing about their reputation or experiencing their inattentive responses influenced the students' confidence to talk to them or ask for help, especially when they looked busy. If possible, they avoided doing procedures with these persons as much as they could. A third year participant said that:

In my second year as I started my practice, at first, I felt so tense because my seniors said the nurses at that ward reprimanded students. Like, everything I would like to try, but I didn't do it at all. …Normally, if the case was mine, I tried to contact my instructor to supervise me. That helped me to have an opportunity to try. With the nurses, I didn't contact them much.

Participants reported they were anxious that their preceptors, other nurses, or even their seniors would reprimand them if they made a mistake, or did not know how to perform procedures, and might blame them for not paying attention to their theoretical studies. Reprimands within the sight of patients or relatives made participants feel worried that patients or relatives may no longer trust their competence. Others felt stressed after being reprimanded, losing confidence to care for their patients on particular shifts. A third year participant confirmed that:

...The nurses there were very critical. So serious! Yes! They spoke to us rudely and angrily, like "Ku" [personal pronoun, I or me, used in the past, but now considered impolite], ... They frequently said "…", "…"[impolite words to say to educated persons]. I sometimes felt discouraged. Like, I didn't dare to care for patients because they frequently reprimanded me in their sight, … …No! no! [speaking with high volume] no confidence to do at all. Patients might have no confidence in my competence too. Being scolded like that!…

As the instructors from the college did not often come to practice settings in the afternoons, most participants reported encountering problems when practising with preceptors or nurses who were not interested in teaching, or providing opportunities to learn on their shifts. Those nurses focused on completing their tasks; they did not want the students to work with them because they worked very slowly. A third year participant said:

...They [nurses] were quite silent. Really silent! [speaking with high volume]. …Sometimes, I tried to ask them, "What can I do to help you?" They didn't say anything [speaking with high volume]. Moreover, even students' cases, they did all the care. … They said that was their duty, so they had to complete it. If they allowed us to do, it was slow. ….Sometimes, I would like to observe [what they did], but they didn't respond. …They didn't talk anything and had no reaction. I thought I had to go. Ok! Didn't observe! …

Some participants reported being reprimanded by nurses the first time they arrived at settings. Others were reprimanded for performing procedures awkwardly, slowly, and sometimes making mistakes; nurses frequently talked negatively to the students or scolded them, rather than teaching them how to improve their techniques. A fourth year participant said:

They [the nurses] said, "You practise! Just practise!" "Don't contact me. I don't teach. It's not my business." …That what they said, I heard. They said, "Don't contact me". …They said like, "Don't work with me. Doing like that was very slow. Slow! ….Don't see me. I am not your preceptor. …"

Participants in this stage wanted to learn to be skilful in basic procedures. When practising under conditions described above that inhibited their learning development, they applied differing strategies to maintain their learning.

Avoiding trouble was the main strategy that the participants used to maintain their learning opportunities. As nursing students, they had to learn how to conduct themselves in clinical settings, to be humble and adaptable with nurses and preceptors, to wait for appropriate opportunities to ask for help and careful to not irritate or offend them. When reprimanded or encountering inattentive responses, the participants could not show any negative reactions to these persons because of social mores of Thai culture. They could not question or argue. As they needed to learn with clinical staff, the students had to conceal their feelings, as well as pretending acceptance that what they were reprimanded for was true. They could not refuse nurses' requests for help, even when they were busy caring for their patients or the tasks were unpleasant. The only avenues to release tension were by talking with friends, seniors, or other significant persons and thinking in positive ways. A third year participant described this experience:

...I knew sometimes I was right, but anyway, as I was junior and as I was a student, I thought it was better if I concealed my feelings. It was good to keep good relationships. Sometimes, if I didn't talk about that problem, when they felt better,..., they might teach me something. But if I argued with them,...,so bad relationships would be formed. Next time, they might not be interested to teach me anymore. ...I thought more about the future as I might return to practise there again.

Participants reported feeling confused and conflicted about the techniques some preceptors or nurses applied to procedures, which differed from what they had learned or were described in their texts. One second-year participant explained:

...She [preceptor] allowed me to do a wound dressing, but it was different from the way I demonstrated. ...I didn't know it was really different in each ward..... She told me not to use '...'[named the solution], but used that [solution]....She asked me about what I had learned. At first, I didn't dare to respond because what I had learned was not the same thing. It was not the same thing as hers. I felt that [what I had learned] was really wrong. If she said like that, it was really wrong and I would have to change.

Although they thought that what some preceptors/nurses did was wrong, they did not dare to ask for their reasons, or even more explanation, because of being concerned about irritating them. Participants learned to adapt their practices to that of each clinical setting. After having opportunities to practise for a period of time, however, these students tried to use the concepts they had learned in College, but they adapted their performance to setting-based practices.

Another strategy the participants applied when on duty with clinical staff who were not interested in teaching them, was to accept the situation, even though their motivation to learn was lessened, and to complete their assigned tasks. They explained it with the word "Tumjai". This means they had to accept *inattentive supervision* and try to ignore the

reprimanding/scolding because they could not avoid it. These were the only opportunities to practise at that time. A fourth year participant explained:

"Tumjai![means to restrain one's mind]" Yes! [laugh] "Tumjai" and continued my duty [speaking with laugh]. ....Like, I had to work in that block with that nurse who I didn't like or who reprimanded quite a lot and I had to care for a patient under her supervision. ...I meant I had to do my best on duty. ... I wanted my instructor to do that (more than her). ...but…, I had to work with her. ...OK! I already "Tumjai" that I would be reprimanded. Sure!

In order to maintain their learning when encountering difficulties from inattentive preceptors some participants sought *alternate opportunities to learn*. A third year participant offered this example:

...If I faced that [serious reprimanding], I might feel upset a little bit. Anyway, it [my feeling] returned back while I did another thing. I still had patients and other preceptors/nurses. Sometimes, if that nurse was a reprimanding nurse, I tried to avoid her.....I avoided that situation and then contacted another nurse who could teach me ...who was willing to teach students...

Others said, when working with disinterested nurses they tried to observe what they did, without asking questions. Participants could not avoid unwanted events affecting their practice. Some conditions they encountered contributed to lost opportunities to develop their skill and brought feelings of fear, confusion, conflict, or even discouragement.

More than half of the participants reported they could not fully develop their skills because of insufficient opportunities to practise. Moreover, a perceived bias shown by some supervisors or nurses towards certain students also made some participants discouraged and unhappy about their practice. When facing such situations, some revealed they also did not want to read or practise any more. A third year participant said:

....When preceptors asked [something], they [students] couldn't respond. Even when preceptors asked them again, they couldn't respond at all. Anyway, they got the highest scores in our group. ...They always tried to talk and contact preceptors/nurses. I mean they tried to talk like, "Could I help you with that?"...So, preceptors scored the ones they knew. ....They [preceptors/nurses] favoured the ones that were close to them. The ones who were talkative and contacted them might get the opportunity to try. ...For me, I didn't contact them much, sometimes I didn't want to do that at all.

Participants described facing inattentive response situations throughout their nursing course; they felt they had tolerated something that made them unhappy and discouraged, and that this was a common thing that the students could not avoid.

When moving from the first stage of *attending to procedure training* to the second stage of *seeking case problems and how to provide nursing care*, student learning was influenced by the same inhibiting or disruptive conditions. As well as factors relating to individuals and the environment, the hierarchical relationships in Thai culture that are embedded in Thai nursing contributed to lack of motivation to learn.

Seeking case problems and learning how to provide nursing care

The focus of the second and subsequent placements was on case learning and providing relevant nursing care. However, in this stage of learning, participants rarely asked for explanations of issues they were not clear about as they were worried about reprimanding or inattentive responses. As a second year participant said:

Yes! Normally, when patients were admitted, I sometimes asked [preceptors/nurses] why they had symptoms like that. So, the preceptors/nurses explained to me. Anyway, they gave me a short explanation. ...I didn't get that at all. The first time I heard, I didn't understand, but I didn't dare to ask [for more explanations]. I was quite worried that they might say like, "I already told you, but why do you not understand?", things like that [laugh].

Some were worried that their supervisors might blame them for not reading the textbooks, whereas others felt ashamed to ask. Consistent with the first stage, participants did not want to annoy nurses while they were working. Others reported the main reason that inhibited their questioning was being worried about reciprocal questions. They were concerned they would not be able to respond to follow up questions or they did not want to have more questions to research, so they avoided asking. They sometimes tried to read and understand by themselves if possible. Even the participants with moderate-high GPA asked for more explanation only when they really did not understand. A third year participant commented:

They looked like reprimanding nurses. I was quite worried that if I asked them something ah, they might think I was hampering them... They had to work. Seeing they were quite busy, so they might not have time to talk to me. If I asked something, they might say ah, "You would like to ask me, but did you read about that?" ... So, I was quite afraid I couldn't respond [to their reciprocal questions]. I feared that I wasn't ready, ... so I didn't want to talk [to them] or ask something.

Nearly half of the participants thought their preceptors and the nurses were at times not interested in teaching and/or providing learning opportunities. For example when second-year students asked about assessing some abnormal sounds from their patients, the nurses just named the abnormal sounds without further explanation.

... Like crepitation [a soft fine crackling lung sound like that made by rubbing hair between the fingers close to the ear. It is caused by a build-up of fluid that associated with different medical conditions], I thought it was like ruffled hair, ... Mmm! I couldn't identify it. When listening, I told a preceptor/nurse that it was another [sound], even though it was [crepitation]. ....No! [no more explanation from them]. They just told me [that's what the sound was]. So, I and my friend still felt confused. ..,If possible, I hoped I could do percussion, identify abnormal sounds, or ... But! For the teaching and learning I got, I just learned something basic, ... No in-depth teaching, not providing the things students could apply.

The preceptors and nurses often gave limited information and told students to search by themselves when they asked for more explanation, as illustrated in the following extract:

[Sometimes], I asked them why doctors had to treat patients with this/that. …What was this/that? Normally, they told me to search by myself [laugh]. When I was asking, they responded like, "Not telling", …They needed me to search by myself. I meant sometimes they just explained me a little bit and told me to search more… .

Throughout this stage, the participants continued to meet conditions that had a marked negative effect on their efforts to develop their case learning skills. This was especially so for the students whose understanding and competence was insufficient. One strategy in response to these conditions was to *complete routine care and orders* for their cases and to *help nurses with their routine tasks* rather than focusing on case learning. A fourth year participant said:

... Normally, practising [in an evening shift], I wasn't assigned for one case. I mean I didn't have free time. I had to, ah, take vital signs for all of patients in a ward, … …Like, I was assigned one case, but I had to work for all of the patients in that block, ... And then if having a case needing a blood puncture, I had to do so. …

This focus on basic nursing care left some participants tired and unable to focus on further case learning when they returned from the clinical setting. A second year participant said:

...But! I didn't quite review [about my notes I took about the cases I had cared for] …I was tired, yes! After finishing a morning shift, I felt fatigued. I wanted to lie down, yes! Because when practising at a ward, I paid full attention to doing [nursing care activities]. So, when coming back, in a break time, I needed to take a rest.

Discussion

The clinical teaching and learning environment strongly influences student learning opportunities. Some aspects of that environment in this study demotivated their learning, sometimes contributing to conflicted thoughts and feelings. In particular, *inattentive supervision* plays a crucial role in creating an inappropriate clinical learning environment for nursing students leading to a loss of learning opportunities. The findings of this study are supported by previous studies (Brynildsen, Bjørk, Berntsen, & Hestetun, 2014; Dale, Leland, & Dale, 2013). In particular, a review paper on students' perceptions of learning in the clinical environment reported that over the last decade, nursing students from different countries perceived that nursing was focused on performing tasks; i.e. they were trained by fitting into ward work to complete tasks (Henderson, Cooke, Creedy, & Walker, 2012), a finding that is consistent with the current study.

Inattentive supervision, including reprimanding/scolding, diverting students' learning by asking for help with nurse tasks, or showing bias, resulted in internal conflict for participants in this study. Participants were unable to argue or show any opposing reaction, refuse, request, or even express their thoughts to these persons as Thai cultural norms require them to give respect to preceptors/nurses as they are their superiors. Thais value preserving social relationships by avoiding confrontation and are less likely to impose on others, especially those who are in higher rank, social status or age scale, than them, especially in a Thai nursing culture that values the junior-senior system (Naiyapatana, Burnard, & Edwards,

2008). When facing inattentive responses of preceptors or nurses, Thai nursing students are expected to accept what their preceptors/nurses said and hide their feelings, otherwise, they might not be supported. Such situations were also found in a qualitative study by Naiyapatana et al. (2008) that revealed most of the students thought that being a first year and adapting to the nursing hierarchy was one of their main stressors. Similarly, another study (Kamdee, Arkal, & Thathan, 2007) reported that nursing students thought their preceptors had lowest caring behaviour in respect to both positive and negative student feelings. Conflict arising from preceptor relationships is not unique to Asian countries with a social hierarchy. A mixed method study that explored the nature of conflict in the preceptorship experience of Canadian undergraduate students and preceptors during their final clinical placement (Mamchur & Myrick, 2003) revealed that the incidence of nursing preceptor conflict was significant and was reported by 24% of students and 17% of preceptors.

Preceptorships are an essential part of learning success in professional education, especially in supporting nursing students to accomplish their clinical skills (Heydari, Yaghoubinia, & Roudsari, 2013) and clinical learning outcomes (Duong, 2011). However, consistent with other research (Arkal & Chutchavarat, 2004; Hsu, 2006), preceptors in the present study were limited in their ability to fully support student learning. They focused on tasks and routine work because of workload pressures consequent upon the chronic nursing shortage (Arkal & Chutchavarat, 2004). As a result, the quality of preceptorships was the major factor that needed improvement (Lawal, Weaver, Bryan, & Lindo, 2016).

Moreover, internal conflict of participants in this study arose over differences in techniques of some nurses/preceptors; participants felt unable to ask for reasons or more explanation from their superiors and were thus left with questions and uncertainty, that inhibited the development of assertiveness and critical thinking skills, which are desired attributes of nurses. This finding is consistent with the findings of an Australian grounded theory study (Reid-Searl, Moxham, Walker, & Happell, 2009) that explored the internal conflict of Australian final year nursing students facing inadequate supervision while administering medication in the clinical settings. These students also reported little power to question the nurses' techniques (Reid-Searl et al., 2009). In the present study, experienced students tried to adhere to the concepts they had learned, but adapted their performance to practices of the particular setting.

It could therefore be argued that currently the hierarchical culture of Thai Nursing contributes to lost learning opportunities and inhibits the development of critical thinking and assertiveness skills of nursing students more than it helps and supports them to learn.

An interesting comparison can be made with the earlier qualitative work of Gillespie (2002) in Canada, whose findings highlighted the importance of a "connected student-teacher relationship" (p. 569) in supervision, where students felt that they were in a safe environment that affirmed them as individuals and supported their active participation in learning process, increasing their self-confidence and motivation to learn and their abilities to recognise and respond to patients' needs, and to develop an increased level of clinical judgment. This observation was confirmed by a study of Jamaican nursing students (Bryan, Weaver, Anderson-Johnson, & Lindo, 2013) who reported that positive interpersonal relationships were vital in assisting students to increase critical thinking skills.

Practical applications

Because the hierarchical culture of Thai nursing influences students' opportunities to learn and develop their assertiveness and critical thinking skills, clinical staff should be aware of what the students have to learn and promote the development of a sense of "belongingness" in the clinical setting. Positive relationships with instructors, preceptors and nurses that show acceptance of the students as individuals and learners will increase students' self-confidence in practising and their motivation to learn, supporting the development of critical thinking skills.

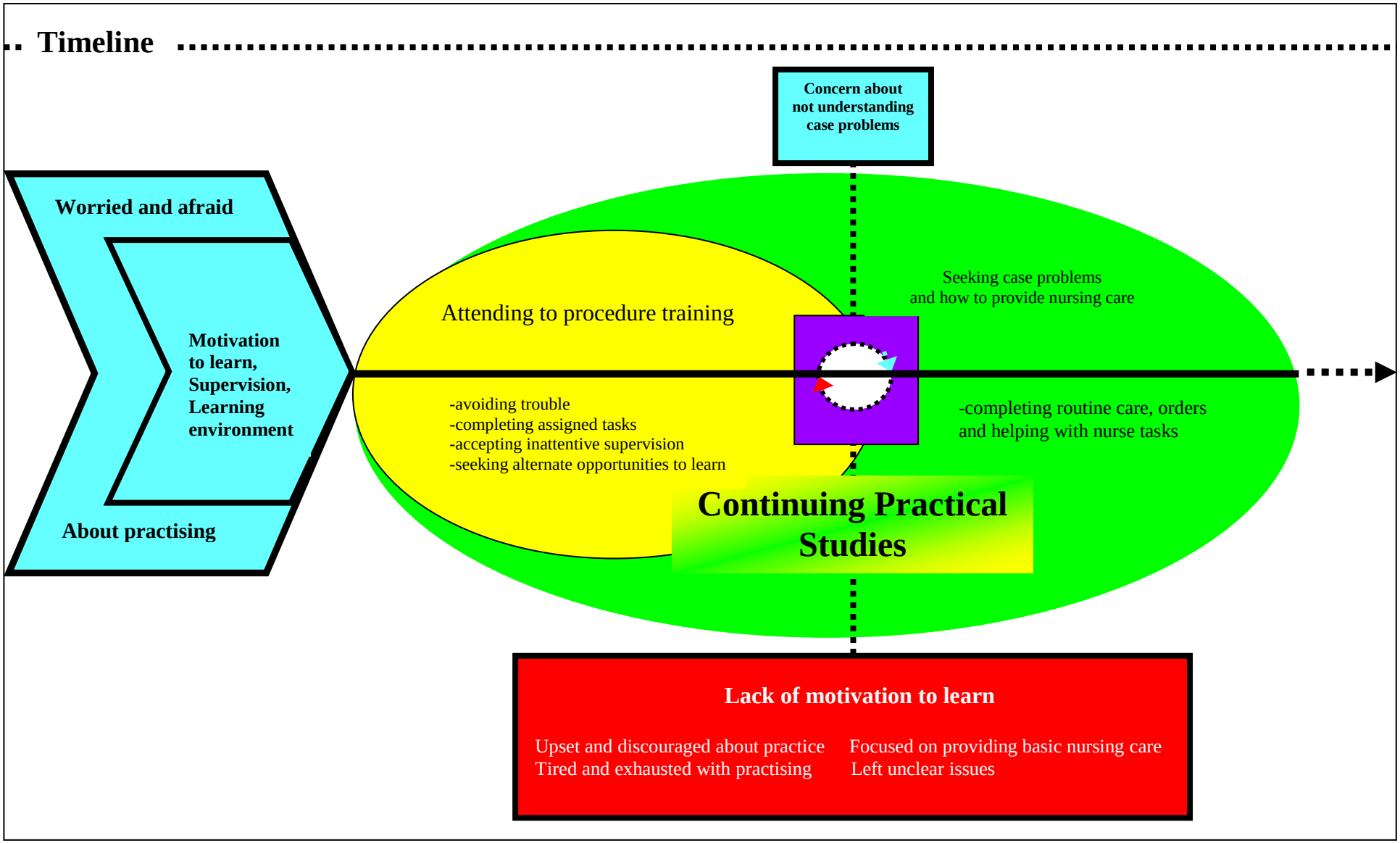

Figure 1 The first two stages of the process: Attending to procedure training and seeking case problems and how to provide nursing care

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