

The Impact of Nurse Mentors on Healthcare Students' engagement In Clinical Learning

Dr. Felicity Stone¹, Dr. Peter Graham²

¹School of Nursing, Canterbury Christ Church University, Canterbury, United Kingdom

²School of Nursing, Canterbury Christ Church University, Canterbury, United Kingdom

Received: 25-08-2025; Revised: 10-09-2025; Accepted: 25-09-2025; Published: 14-10-2025

Abstract

The clinical learning experience is critical in influencing the professional competence, confidence, and preparedness of nursing students to practice. Students are affected by the environment, as well as by the support, guidance, and teaching strategies that nurse educators can offer them. This paper discusses the importance of student engagement in the context of clinical practice and how nurse educators can be viewed as the drivers of meaningful learning experiences. Engagement is promoted by nurse educators through supportive relationships, encouragement of reflective practice, promotion of critical thinking and offering constructive feedback. Educators can help to achieve positive learning outcomes, the promotion of professional identity, and enhancement of patient care skills in nursing students through effective mentorship and role modeling. The findings show that innovative pedagogical tools and the continuous professional development of nurse educators are required to provide maximum student learning and interest in different clinical scenarios.

Keywords: *Nursing education, Clinical learning environment, Student engagement, Nurse educators, Mentorship, Reflective practice, Professional identity, Experiential learning.*

1.Introduction

It is generally recognized that nursing education is a field that cannot be delivered through the framework of a classroom setting alone; it flourishes when theory and practice are systematically and intentionally combined. The clinical learning environment thus constitutes the core of professional preparation where students develop the knowledge acquired in theory into practical skills and gradually gain the confidence needed to work independently. Among pre-licensure nursing students, the transition to the clinical arena may be one of the most important milestones in their training. It is here that they meet patients of a varied cultural, socioeconomic, and psychological background, witness the multidisciplinary health team dynamics, and participate in decision-making activities that challenge their critical reasoning skills. The move towards clinical setting is however not often smooth. Students often say that it is daunting, characterized by anxiety, a state of reality shock, and a sense of inadequacy as they seek to manage both the academic requirements and the vagaries of patient care. These difficulties highlight the importance of a positive and effective clinical learning experience, which is built and guided by nurse educators with care and great attention(1).

Nurse educators play an important role in narrowing a gap that can sometimes seem insurmountable between theory and practice. Through the creation of facilitated learning activities, observation of students during their first interactions with a patient, and constructive feedback, educators facilitate the conversion of negative experiences into a chance to learn. A student who is not well supported might feel as though thrown into the deep end and not able to transfer basic biomedical science into clinical reasoning, but a student with a good teacher tends to pick up faster, gain strength and accept professional responsibilities. In that regard, the quality of nursing education cannot be judged by the content of the curriculum but by the quality of interaction in the clinical setting. In this environment, participation is not just about turning up, but also about the willingness of the students to be involved in patient care, their desire to be thinkers and reflectors about practice, collaborate with peers, faculty, and health professionals.

The introduction of baccalaureate nursing programs in most parts of the world including the Middle East and the Sultanate of Oman is a sign of the growing needs of highly skilled nurses who can provide safe and evidence-based care. An example in Oman itself is the BSN degree program adopted at the Sultan Qaboos University, which supplemented the needs of the domestic health sector by modifying its nursing education to international standards. This curriculum was a focus on not only learning essential and specialized knowledge but the six competencies identified in the Quality and Safety Education for Nurses (QSEN) program: patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, informatics, and safety. The inclusion of these

The Impact of Nurse Mentors on Healthcare Students' engagement In Clinical Learning

competencies into clinical placements puts a great burden on nurse educators who need to design learning experiences that will help to develop not only technical but also professional values. In so doing, the laboratory of nursing education becomes the clinical learning environment that calls the students to experiment, reflect, and refine their practicing under supervision(2).

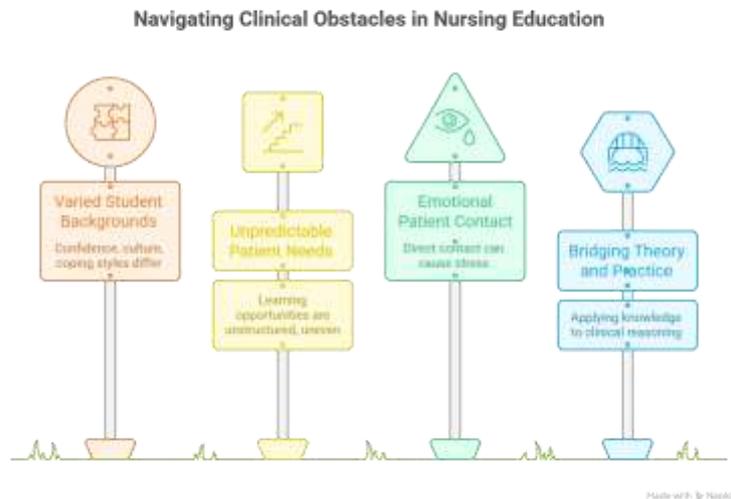


FIGURE 1 Navigating Clinical Obstacles in Nursing Education

However, the clinical set up can also give rise to formidable clinical obstacles. Different students come into clinical rotations with different confidence, cultural views, and personal coping styles. Moreover, patient needs are rather unpredictable and learning opportunities may be unstructured or non-uniform. There are wards where students can be actively involved, and there are wards where the students are restricted to an observational role. An additional source of stress that can discourage learning unless properly addressed is the emotional tone of direct patient contact, especially with ill or terminal patients. Such challenges highlight the significance of intentional strategies to facilitate dialog, reduce anxiety, and provide continuity in learning. Here nurse educators have a key role to play, not only in the planning of the clinical activities, but also in making the students feel supported, valued and motivated to continue.

Studies have continuously shown that student engagement is a predictor of effective learning results. Active learners tend to have more opportunities to build critical thinking, higher scores of clinical reasoning, and knowledge transfer to practice. They also note increased satisfaction with the education, better adaptability and professional identity formation. The following strategies promote engagement and combine experiential learning and reflecting, promote collaborative and peer-supported learning, and promote meaningful student-faculty interaction: In addition, engagement performs well in those environments where experience diversity is recognized and leveraged as a source of learning. The experience of meeting patients with diverse cultural and social backgrounds, interprofessional collaboration with other health care workers, and involvement in simulated situations can all help students expand their thinking and increase their flexibility(3).

In this context, the nurse educator is placed as a supervisor, as well as a mentor, role model, and learning facilitator. They will need to create common learning activities, provide students with individualized feedback, facilitate the growth of reflective abilities in students, and exhibit professional qualities (empathy, accountability, and evidence-based decision-making). When educators create high expectations, assist students through stressful transitions, and promote active participation, they can help students to use challenges as stepping stones on their way to competence. Meanwhile, the relationship between the educator and the student is mutual. The students come in with their knowledge, values and cultural backgrounds which enhance the learning environment and influence the teaching methods by the educator. This way, clinical education can be seen as a successful form of collaboration where both sides create meaning together and help the nursing practice to develop further.

2. Background

The clinical learning environment is a key interface between academic learning and practice-based healthcare, providing a dynamic environment in which the nursing student is exposed to the complications of patient care

directly. The clinical setting, unlike in classroom learning where knowledge is frequently acquired in a structured and predictable manner, subjects the student to uncertainty, urgency and diversity in a manner that both stretches their intellectual and emotional ability. Participation in this environment is not a passive condition, but rather an active process of involvement, contemplation and adjustment. Nursing students are supposed to combine cognitive knowledge with psychomotor skills, and emotional intelligence, not to mention living in a fast and multiracial workplace. This change may be overwhelming to the beginner learner, and students often report feeling stressed, vulnerable, and doubtful when they face the realities of patient care. This is understandable, such is the nature of the clinical setting; theory will have to be put into practice instantaneously, and the circumstances may be less analogous to a classroom setting. Based on this awareness, teachers have highlighted the importance of organized engagement techniques so as to convert these stressful experiences into learning processes.

The level of student investment in practice can be considered in general as the degree to which learners devote their time, energy, and commitment to both academic and interpersonal aspects of practice. Active involvement of students does not mean that they passively complete a set of tasks, but they attempt to reason why interventions are made or not, why evidence can underpin clinical decisions, and whether the results of their actions are justified. Some of these behaviors include initiating patient conversation, collaboration with peers, and critical reflection on clinical experience. It is also characterized by persistence in the face of difficulties, like low levels of resources, cultural differences, or gaps in the knowledge that one already has. Engagement in this sense is not a state and is actually a dynamic process that is influenced by the interaction of the individual student, the clinical team and the learning environment(4).

The literature highlights that the clinical learning environment is commonly seen by students as stimulating and stressful. Research indicates that students appreciate the experience of being able to apply the theory into practice, but also report the clinical environment as a source of anxiety, especially during initial placements. These fears are further aggravated by the fact that there are other elements such as lack of proper preparation, lack of supervision, and lack of expectation which compel some students to check out, or learn superficially. On the other hand, when the students feel that they are supported by teachers and invited to the clinical team, they can be more inclined to accept the challenge, show initiative, and continue to persevere in the face of adversity. Thus, engagement is no less of a feature of environmental support than of personal motivation.

Diversity is another important determinant of engagement. Nursing students usually begin clinical practice in environments where they come into contact with culturally, linguistically, and socioeconomically diverse patients. This variety may appear overwhelming at first but eventually it will add richness to the learning experience as it helps broaden the students outlook on health and illness. Working with a variety of patients provides flexibility, intercultural communication competency, and understanding, which are becoming more vital in the modern global healthcare systems. Nurse educators who get students to consider such experiences and incorporate them into practice make diversity a potent learning tool. Engagement is, thus, not only the learning of clinical skills but also the learning of a professional identity that is culturally competent and socially responsive.

Engagement is dependent upon the role played by pedagogical practices. The traditional approaches that heavily use observation and memorization may not be adequate to support the current learner. Instead, these simulation-based, problems-based learning and reflective practice approaches have evolved to be increasingly useful in facilitating deep learning. One of them can be simulated case scenarios in which students get a opportunity to train in a safe environment on how to make decisions and then they can be introduced to actual patients. Reflective writing tasks help students to break down their behavior, feelings, and thinking, which strengthens critical thinking. Likewise, e-learning sites open learning space beyond the clinical ward and allow students to discuss cases, access resources, and learn in peer-to-peer settings even after clinical hours. All these approaches focus on participation, inquiry and personal responsibility- key aspects of engagement.

Simultaneously, the involvement cannot be confined to methods of education only. The interpersonal aspect of clinical education is also important. Students always indicate that the availability of friendly, helpful, and effective nurse educators is a major difference factor and facilitator to their meaningful engagement. The teacher is not only a teacher of how things are done but also a teacher of how to be and how to inspire and guide. By providing feedback, reinforcing student effort and prompting them to discuss their actions reflectively, teachers can build a culture of psychological safety that allows them to take risks and view mistakes as a chance to learn. In that regard, interaction is cultivated not by the fear of judgement but by a collaborative relationship between the learner and the teacher.

The Impact of Nurse Mentors on Healthcare Students' engagement In Clinical Learning

Multidimensionality of engagement is also a problem of complexity. It includes cognitive (investment in thinking and understanding), behavioral (active involvement with clinical tasks) and emotional (positive attitude to learning and patient care) engagement. A combination of these dimensions is required in clinical education. Let me give an example of a student who is active and engaged in activities, but does not analyze the meaning of what they are doing might become technologically skilled without a deeper professional understanding. Equally, a learner with intellectual curiosity but lacking confidence to take action might not be able to practice what he or she knows. As such, nurse educators need to develop learning experiences that are holistic in nature, meaning that they should incorporate cognitive, behavioral, and emotional aspects(5).

Altogether, the context to attaining engagement in the clinical learning environment is the ability to fully recognize the complexity, challenges, and transformative potential of the latter. Nursing students are not passive receivers of knowledge but dynamic agents who need to work hard and have the environment support their development. The dynamic and stressful nature of the clinical setting gives it a rich environment to develop critical and resilient thinking and professional identity, as long as the students are sufficiently stimulated. Nurse educators can contribute significantly toward the realization of meaningful learning outcomes through the establishment of positive relationships, integration of new pedagogical strategies, and promotion of reflection. Lastly, the engagement context is essential not only to enhancing student satisfaction but also to prepare the future nurse with the competency to deliver safe, caring and evidence-based care in different healthcare systems.

3.Structures for Clinical Nursing Education Student Involvement

Aim of Engagement-Centered Clinical Learning

The ultimate goal of engagement-based clinical learning is to change nursing education as a passive transfer of knowledge to an active student-driven process that develops professional competence. Conventional approaches to nurse education have traditionally been concerned with imparting theoretical knowledge in the classroom, and clinical practice has been one location where this can be applied. Nevertheless, there is modern understanding that clinical engagement is not just in application of what has been learned. It must expose students to experiences that encourage problem-solving, self-directed learning, collaboration and reflective thought. The focus on engagement is intended to empower nurses by allowing them to be technically competent, and yet responsive, sensitive and able to make informed judgments in complex and diverse healthcare settings. This shift in purpose is representative of the growing appreciation of the idea that student engagement is a predictor of future professional success, or the dissonance between what is being taught and what is being learned.

Theoretical Underpinnings of Engagement

There are a few learning theories that support the concept of student involvement in clinical environments. Indicatively, experiential learning theory as developed by Kolb, is based on knowledge being created by the very process of transformation of experience and it supports a process of concrete experience, reflective observation, abstract conceptualization and active experimentation. When applied to nursing, this model would suggest that students learn best when they are actively engaged in patient care, critically evaluate their actions and use the information they gained in the future(6). Likewise, constructivism theories suggest that learning is a social phenomenon by indulging in interaction with others, peers, educators, and even patients. This perspective emphasizes cooperation, dialogue and meaning-making, in which the clinical environment is considered a social classroom. These ideas are further complemented by models of student-centered learning proposed by Kember, who suggests a group of approaches that should take into account the situation, culture and individual distinctions of a learner. Combined, these theoretical views provide a framework that can guide teachers in creating clinical experiences that can enhance greater engagement.

Reciprocal Relationships in Clinical Education

Training participation works best when the students view clinical education as a two-way process as opposed to a one-way flow of information. In this model, the educator and the student play a role in the formation of the learning experience. Teachers offer support, materials and advice, students enter the interaction with curiosity, cultural vision and own values. This give and take leads to a feeling of ownership of learning, and students will be motivated to engage in the process instead of just following orders. Additionally, having reciprocal relationships builds up trust that provides an atmosphere where students feel comfortable enough to pose questions, take risks and learn through errors. These dynamics transform the clinical space, which may be perceived as a frightening experience, into an empowering one, confirming that engagement is co-constructed.

Diversity and Inclusivity as Catalysts of Engagement

Nursing students in modern healthcare are exposed to a diverse group of patients based on their cultural, ethnic, and socioeconomic backgrounds. Such experiences are not only a must, but also a necessary part of professional identity formation. Diversity exposure allows students to open their minds by challenging their beliefs, communication skills, and competence. Inclusivity in the clinical learning setting extends also beyond patient care and includes peer-to-peer interaction and collaboration with interdisciplinary health professionals. This aspect of participation can be increased by having teachers develop exercises that ask students to reflect upon diversity, whether through guided discussions, role-playing games, or culturally competent care group activities. Not only do these practices prepare students to practice in a global healthcare environment, but they also encourage empathy and flexibility-what professionalism in nursing means(7).

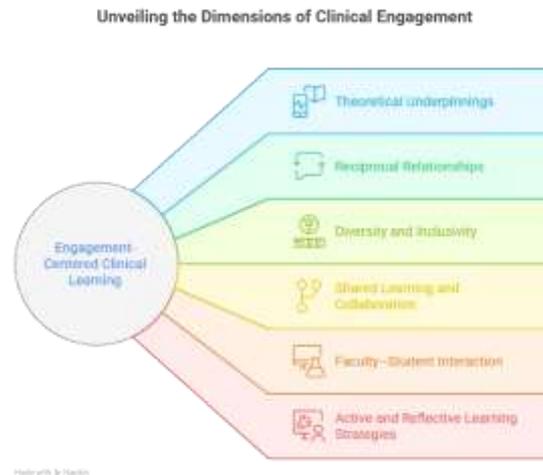


FIGURE 2 Dimensions of Clinical Engagement

Shared Learning and Collaboration

Teamwork is an element of good interaction. Nursing students are not taught in vacuums; they are placed within a clinical ecosystem comprising peers, mentors, preceptors, and other practitioners. Explicit learning experiences, including group simulation, peer teaching practice, or interprofessional rounds, provide a setting in which learning is cooperatively built. In the process, students develop an appreciation of diversity in multiple views, competition in disputes, and shared solution-making to issues of patient care. When students feel encouraged to take control in other areas of collective learning, they become more engaged because they develop a sense of responsibility and agency. The literature shows that those students participating in collaborative clinical work experience greater motivation, satisfaction, and intellectual development than those participating in traditional, person-centered models.

Faculty–Student Interaction as a Driver of Engagement

Student-faculty relationships continue to be among the most predictive signs of student engagement. Accessible, helpful, and attentive faculty may result in a tremendous increase in learning outcomes. Not only is participation offered by rigorous instruction but also casual discussion, mentoring, and access to guidance. Formal types of interaction, such as case-based discussions, concept mapping exercises and feedback sessions, provide formal opportunities to interact on deeper levels, but the informal conversations that foster rapport and trust are equally important. When students feel that faculty are available to them as role models, they tend to be more active, to seek feedback, and to persist when facing challenges. In this regard, engagement is both relational and pedagogical.

Active and Reflective Learning Strategies

Engagement is based on active learning strategies. Examples include simulation-based training, projects and reflective journals that are evidence-based. What is required of students in the context of these strategies is not memorizing but applying, analyzing and synthesizing knowledge. Specifically, reflective practice allows students to critically reflect on their experiences and address their feelings and assess their performance. Guided reflection helps students to build self-awareness, a fundamental concept in lifelong learning and career development. Likewise, evidenced based projects also promote a critical evaluation of research and its use in patient care that

The Impact of Nurse Mentors on Healthcare Students' engagement In Clinical Learning

connects scholarly inquiry with clinical relevance. These learning strategies are active and real and provide students with guided avenues through which they can relate practice and theory.

Engagement as a Holistic Process

The goal of engagement-based learning, theoretical models, and the subtopics of reciprocity, diversity, collaboration, faculty interaction, and active strategies constitute a complete picture of the concept of clinical engagement. Engagement will not be an isolated event or activity but a continuous process that involves balance in the cognitive, behavioral and emotional senses. When carefully developed, the clinical setting presents the most promising place to develop resilience, adaptability, and professional identity by leveraging the inherent challenges of the clinical setting. Nurse educators are the designers of this process, as they are the ones creating experiences in which the theory is combined with practice, and students are guided to manage the unavoidable anxieties of clinical learning.

4.Aspects of Clinical Nursing Education Student Involvement

Global Perspectives on Clinical Engagement

The studies carried out in different countries have consistently shown that the key element in determining the success of the nursing education is the student engagement. In Europe and North America, research focuses on the idea that active engagement in clinical learning improves the skill of students in reconciling theoretical learning with patient-centered care. Within the Asian context, the concept of engagement is mostly associated with cultural considerations, including hierarchical relationships between the faculty and students or family-oriented patient care practices. In the Middle East, there is very little research but the available evidence indicates that nursing students have specific problems adapting to contemporary healthcare systems without losing culturally rooted values. Such a variety of global views indicates that although engaging with others is a universal educational objective, the meaning and implementation of this engagement may vary depending on cultural, institutional, and systemic backgrounds. It is through acknowledgement of this variability that teachers are able to develop strategies that are not only locally relevant, but also aligned with international standards of nursing education(8).

Psychological Dimensions of Engagement

In addition to academic performance, clinical learning is also closely related to psychological conditions of students. Nursing students are aptly described by researchers as having a reality shock, when they first enter the hospital setting, which results in anxiety, a lack of self-confidence, and occasionally withdrawal as an active participant. Psychological engagement means one needs to be resilient and emotionally regulated, and these two issues are reinforced when students are supervised in a supportive manner. Research indicates that students who feel that their teachers are caring leaders tend to outgrow their preliminary fears and see obstacles as a chance to improve themselves. Moreover, engagement has been associated with motivation theory: intrinsically motivated students who enjoy learning as an end, are more engaged than extrinsically motivated students who care about grades or external rewards. This underlines the importance of pedagogical strategies that develop intrinsic motivation, including the aspect of offering independence in clinical activities and self-directed learning.

Pedagogical Innovations Driving Engagement

Innovation in education is a topic that is repeated in clinical nursing engagement literature. Conventional approaches, such as student shadowing nurses or using strict task lists, are also being considered inadequate in training reflective practitioners. Rather, nurse educators are integrating simulations based training, electronic learning systems, and interprofessional partnerships to promote interactions. Simulation gives students the opportunity to learn how to make important decisions under a low risk and manageable environment, which gives them confidence before they can work with real patients. Digital platforms like Moodle can be used to continue the interaction outside of the ward, to enable interactive quizzes, on-line discussions, access to resources beyond clinical exposure. With teamwork being developed and strategies extended, interprofessional education, in which nursing students learn together with students in medicine, pharmacy, or allied health, is taught. Together, these innovations not only optimize engagement; they equip students with the realities of collaboration in an evidence-based healthcare practice.

Barriers to Effective Engagement

Although it has been acknowledged that it is important, there are systemic and individual impediments to engagement in clinical settings. Crowded wards, limited nurse educator time, and some inconsistent clinical placements minimise opportunities to meaningfully participate. The students might feel that they are the sidelined

group when the healthcare workers look at them as a burden and do not see them as partners to the care of the patient. Moreover, differences in the quality of preceptors may lead to disproportional experiences as students with active mentors and those who have absent mentors will be forced to work independently in problematic situations. At the individual level, cultural differences, language barriers and absence of previous exposure to hospital environments may lead to reduced confidence among students(9). These challenges underscore the importance of institutional dedication to the construction of systematic clinical learning settings, where the role of nurse educators is appropriately reinforced, and the role of students is clearly defined.

Outcomes of Student Engagement in Clinical Education

One of the findings that have been made consistently in the literature is that there is a positive relationship between learning outcomes and student engagement. Not only do engaged students have better academic grades, they also show greater clinical reasoning, critical thinking, and flexibility in complicated healthcare situations. Longitudinal research results demonstrate that students who score more on engagement measures in training have a better chance of continuing in the nursing profession and demonstrating more robust professional identity formation. It has also been related to patient outcomes that the student participants involved in care deliver safer and friendly care services. In institutional terms, the promotion of engagement leads to increased retention rates, decreased dropout rates in nursing programs, and workforce shortages. These findings prove that engagement is not the wish of a teacher but a factual necessity to train qualified nurses to meet world health care requirements.

The Interpersonal Core of Engagement

It turns out that the central role of inter-person relationships in engagement of the student is perhaps the most visibly prominent theme in the literature. Faculty approachability, positive feedback, and mentorship continue to be ranked as determinative by students when it comes to the clinical experience. Student participation in classroom activities is more successful in rooms where they feel respected, valued and motivated to participate. The role of peer relationships is also significant; collaboration with peers during the learning process can help the individual feel a sense of belonging, relieve stress, and concentrate more on the clinical problem. The work with patients is also an additional way to enrich engagement, with students learning to find a balance between technical skills and empathy, communication, and ethical decision-making. This social element validates the reality that engagement is not cognitive or behavioral, but highly relational.

5. Conclusion

Clinical learning environment is the crucible whereby the nursing students leave novice status and assume the status of competent professionals and student involvement is the catalyst which will make the learning environment a place of significant development. The analysis of the views and evidence reveals clearly, that the involvement in clinical education is not a marginal issue but rather the cornerstone on which nursing competence, confidence, and professional identity are anchored. Clinical placements without interaction will most certainly turn into a routine exercise in observation where students would be practicing in accordance with orders, without learning to think critically or even reflectively. Engagement turns the clinical environment, however, into a participatory field of inquiry, where knowledge is challenged, modified, and internalized in the service of patient care and professional growth.

Nurse educators play the key role in ensuring to change this. They have more influence not only in terms of technical teaching but also in terms of mentoring, role modeling and emotional support. Teachers can help students overcome fears, challenging questions, and intellectual risk by developing an inclusive and safe atmosphere. They support learning experiences in which theory and practice can be combined, leading students through simulations, reflective practice, evidence-based projects, and interaction with patients. In that way, not only do they teach skills, but they also teach the habits of critical thought, the habits of flexibility and ethical delicacy, which will stand with them throughout a career as a nurse. It is always evident that, in the approachable, communicative, and responsive states of faculty, a student can engage more deeply with the faculty, resulting in improved learning outcomes, increased resilience, and solid professional identity development.

What both research and practice point to is that engagement has to be nurtured. It happens not automatically just because the students are put in a clinical ward. Rather, the engagement needs to be organized in terms of collaboration, reflection, and participatory engagement. The exposure of diverse patients, colleagues, and interprofessional teamwork enhances the variety in student experiences by helping them stretch their thinking. The intellectual interest and a feeling of belonging are created in common learning settings, such as group assignments,

The Impact of Nurse Mentors on Healthcare Students' engagement In Clinical Learning

peer learning, or group case analyses. Engagement between the faculty and the students strengthens motivation and offers advice when learners are faced with difficulties that threaten to overwhelm them. Reflective journals to simulations: simulations involve the application of active learning strategies to relate abstract ideas to real-world experiences. When these dimensions are intentionally combined, they all lead to an environment where engagement is maintained and enhanced.

The long-term significance of engagement extends far beyond student satisfaction or immediate academic outcomes. Active students will have an increased chance of becoming resilient professionals who will not give up on the nursing profession because of the challenges that come along with it. They bring with them traditions of critical reflection, rational decision-making and reflective practice all essential to ongoing professional growth. Engagement also impacts patient care directly, and better communication, empathy, and problem-solving in more engaged students in the learning process is subsequently shown to reflect in safer and higher-quality patient care. Therefore, the positive effects of engagement move at a personal student level to the healthcare system in general and serve to underline its importance as a pillar of professional nursing education.

Meanwhile, there are still problems. Engagement can be impaired by institutional factors including cohorts of students, scarce clinical placements, and time demands on nurse educators. There are also internal factors that students might experience such as a lack of confidence, cultural differences or fear of error. These barriers were identified, which contributes to the fact that systematic investment in clinical education not only in the allocation of resources, but also in training faculty and the opportunity to integrate engagement strategies into the curriculum, rather than have them available to each person at their own will, should be taken. Engagement can only be fully achieved as a principle of clinical learning by tackling barriers at the environmental and individual levels.

Finally, the clinical learning environment should be conceptualized as more than a context of skill learning: it is a living, relational, and transformative place in which interaction can define the quality of learning. Nurse educators have the responsibility via their devotion, creativity, and guidance to assist in preparing this atmosphere where not only expertise is given, but also thoughtful, versatile, and caring practitioners. The general purpose is obvious: it is not a choice to engage, but a necessity. It is how nursing students are trained to address the changing needs of healthcare systems, the various needs of patients, and ethical needs of the profession. With nursing education constantly serving as an answer to the challenges in healthcare experienced across the globe, making sure that students are involved in their clinical learning will always be the most valuable part of raising future nurses that are not only competent in their practice but also human-centered.

Acknowledgement: Nil

Conflicts of interest

The authors have no conflicts of interest to declare

References

1. Myall M, Levett-Jones T, Lathlean J. Mentorship in contemporary practice: The experiences of nursing students and practice mentors. *Journal of Clinical Nursing*. 2008;17(14):1834–1842.
2. Jokelainen M, Jamookeah D, Tossavainen K. The benefits of mentorship in nursing: A systematic review of empirical studies. *International Journal of Nursing Studies*. 2011;48(4):508–520.
3. Henderson A, Cooke M, Creedy D. Nursing students' perceptions of learning in practice environments: A review. *Nurse Education Today*. 2012;32(3):299–302.
4. Webb C, Shakespeare P. Judgments about mentoring relationships in nurse education. *Nurse Education Today*. 2008;28(5):563–571.
5. Melincavage S. Student nurses' experiences of anxiety in the clinical setting. *Nurse Education Today*. 2011;31(8):785–789.
6. Sharif F, Masoumi S. A qualitative study of nursing student experiences of clinical practice. *BMC Nursing*. 2005;4(1):6.
7. Budgen C, Gamroth L. An overview of practice education models. *Nurse Education Today*. 2008;28(3):273–283.
8. Levett-Jones T, Lathlean J, Higgins I. The duration of clinical placements: A key influence on nursing students' experience of belongingness. *Australasian Journal of Advanced Nursing*. 2008;26(2):8–16.