

REFINING CLINICAL PRACTICE THROUGH VERBAL FEEDBACK: A CONCEPT ANALYSIS

Somia Saghir

MSN, PhD scholar, Shifa Tameer- e- Millat University, Patras Bukhari Road, H-8/4, Islamabad-44000, Pakistan.

Mohammad Ishtiaq

MSN, PhD scholar, Assistant Professor, Shifa Tameer- e- Millat University, Patras Bukhari Road, H-8/4; Islamabad-44000, Pakistan.

Anny Ashiq Ali

MSN, Assistant Professor, IQRA University Nursing College (IUNC)

*Corresponding author: annyali248@gmail.com

Article Info



This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license <https://creativecommons.org/licenses/by/4.0>

Abstract

This study explores the significance and impact of verbal feedback in nursing education, focusing on its role in enhancing cognitive, metacognitive, affective, and professional competencies. The research employs a comprehensive concept analysis following the methodology proposed by Walker and Avant (2011). The defining attributes of verbal feedback, such as focus, valence, clarity, timeliness, specificity, and tone, are identified and discussed. Model, borderline, and contrary cases are presented to illustrate the application of verbal feedback in clinical scenarios. Antecedents, including teachers' competency, self-awareness, and active participation, are explored, along with the consequences, such as improved cognitive performance, increased motivation, patient satisfaction, strengthened teacher-student relationships, and enhanced educational quality. The study concludes by emphasizing the importance of structured and one-on-one verbal feedback for continuous improvement in nursing practice.

Keywords: *verbal feedback, clinical practice, nursing students, nursing teacher.*

Introduction

Feedback is one of the most successful teaching-learning strategies (Aggarwal et al., 2016). Feedback facilitates students in acquiring cognitive, metacognitive, affective, and professional competencies (Dasila et al., 2016). In addition, it acts as an assessment tool because it identifies the learner's strengths and potential areas of improvement (Susan et al., 2017). Feedback given to students not only offers information on present practice but also guides them about measures to be considered for better performance in the future (Lovric et al., 2015).

Feedback is communicated in writing and/or verbally. Written feedback is an effective strategy for strengthening students' performance. However, students frequently request the facilitators to verbally explain the written feedback because of a lack of clarity in written feedback. The lack of clarity may originate from teachers' lack of feedback competence or students' ability to comprehend the implicit and explicit meaning of the given feedback. Verbal feedback can decrease such kind of ambiguities because clarification questions can be asked and addressed immediately (Susan et al., 2017; Gul, et al., 2016; Tayebi et al., 2017).

Nurses and students are driven to pursue continued professional progress and engage in reflective practice when they work in an environment where feedback is valued and encouraged. This creates an improvement cycle in which feedback stimulates learning, which leads to greater growth and progress in nursing practice (Lovric et al., 2015; Ryan & McAllister, 2019). Verbal feedback is significantly important in nursing for effective interaction between teachers and students and comprehensive assessment and management of patients. Verbal feedback is an efficient strategy in clinical learning where student and teacher interaction is limited, and quick clinical judgment and decision making is required. It gives useful information for educated decision-making, hence improving patient safety and quality of care. Providing verbal feedback fosters a culture of continual learning in the clinical setting. Performance analysis and growth areas are recognized through regular feedback, allowing for continual improvement. It allows students and teachers to shape performance constructively while prioritizing patient safety by encouraging communication (Johnson et al., 2016).

Purpose

This study aims to comprehensively analyze the concept of verbal feedback in nursing education, exploring its significance and impact on student learning and professional development.

Data Source

The literature search employed five online databases, including CINAHL, PubMed, Research Gate, Wiley Online Library, and ERIC, supplemented by Google Scholar. Keyword searches encompassed terms like feedback, verbal feedback, teacher's competency, attributes of feedback, students' learning, clinical practices, and nursing faculty experiences. In total, the search yielded relevant insights from a diverse range of sources. From an initial pool of 135 articles, 105 were selected through keyword matching in titles and abstracts. After eliminating duplicates (45 articles), 74 articles were subjected to full-text reading. Following screening for eligibility criteria and relevance to clinical feedback, 33 articles were included in the literature review, while 22 were excluded for reasons such as language, unavailability of full text, and non-alignment with the study focus.

Data Synthesis

Methodology

Verbal feedback concept will be analyzed by following steps proposed by Walker and Avant (2011) which are as follows:

1. Select a concept
2. Determine the purpose of the analysis
3. Identification of all possible uses of the concept

4. Determine the defining characteristics/attributes
5. Model case identification with examples
6. Identification of related model cases, borderline, contrary, invented, and illegitimate cases
7. Determination of antecedents and consequences
8. Defining empirical referents

Selection of a Concept and its Significance in Nursing

Verbal feedback is extremely important in the clinical domain of nursing since it plays a critical role in improving many elements of nursing practice. It aids in the development and refinement of clinical skills such as decision making by offering particular guidance and direction to students and healthcare professionals seeking to increase their technical proficiency (Newman et al., 2021). Furthermore, verbal feedback encourages individuals to analyze patient problems, reflect on their actions, and consider alternate approaches to care. This promotes a better comprehension of complex healthcare problems and the ability to make informed clinical decisions (Jin et al., 2023)

Commonly the word feedback is considered to be associated with written feedback. Therefore, there is need to highlight the concept of verbal feedback which is equally important as described earlier. Aggarwal et al. (2016), Majority of the students (95%) prefer verbal feedback over written feedback because it helps in obtaining rapid response from teachers, reducing ambiguity and risk of error, and increasing productivity and quality of care. In addition, it allows for open conversation about actual performance (Agricola et al., 2020). Therefore, this concept was selected for analysis.

Purpose of the Concept Analysis

The aim of the verbal feedback analysis is to thoroughly define it and describe its characteristic, antecedents and consequences so that the concept can be effectively used in the practice. Furthermore, I will cover its uses in different disciplines which enhances its scope.

Definitions of Verbal Feedback

As the term ‘verbal feedback’ is made of two words ‘verbal’ and ‘feedback’. Meanings of the separate words and the collective term ‘verbal feedback’ are searched in different dictionaries and articles which are presented as:

Verbal

Verbal is defined in a dictionary as “spoken rather than written” (Merriam-Webster, 2022). Another dictionary defined it as, “pertaining to or concerned with words only” (Cambridge Dictionary, 2022).

Feedback

Feedback is defined as “information about reactions to a product, a person's performance of a task which is used as a basis for improvement” (Cambridge Dictionary, 2022). Besides that, it is “the transmission of evaluative or corrective information about an action, event, or process to the original or controlling source” (Merriam-Webster, 2022). Feedback is described as an assessment tool that fosters a learning environment where students seek out information about their performance and the desired performance in order to enhance their work (Johnson et al., 2016).

Verbal Feedback

These two words ‘Verbal’ and ‘Feedback’ are commonly used together. Verbal feedback is the process that provides an opportunity for performers and assessors to engage in an open and interactive discussion on a performance that has been done by the performer (Zhang & Zheng, 2018). Moreover, Verbal feedback is the expression of constructive criticism, opinion, or evaluation using spoken language with the intention of providing direction, encouragement, or improvement in a particular situation or context (Fulham et al., 2022).

Possible Uses of the Concept

Feedback is an essential component of active learning. The students' progress and level of participation are enhanced. It influences persistence and performance by influencing students' self-efficacy and motivation (Altmiller, 2016; Fulham et al., 2022). Verbal feedback can help nurses and patients communicate better, which can enhance patient satisfaction and its outcome (Ilanga Koon et al., 2022). Additionally, verbal feedback from managers can improve nurses' career growth and job satisfaction. Effective verbal feedback provided by the supervisor helped the nurses to their find areas of improvement and learn new skills (Groves et al., 2015). In nursing, verbal feedback can be used to enhance clinical judgment. Verbal feedback from colleagues can help nurses make more informed judgements about patient care. To improve their knowledge, nurses should seek feedback from peers with diverse viewpoints and expertise (Heffner & Cowan, 2022).

Surrogate Terms

Oral feedback, spoken feedback, and informal feedback are interchangeably used in literature to explain the concept of verbal feedback (Hardavella et al., 2017; Khairani & Refnaldi, 2020). These surrogate terms have similar meanings; therefore, can be utilized interchangeably. In comparison to written feedback, verbal feedback is real-time spoken communication that allows rapid clarification, conversation, and personalized instruction (Masava, 2016).

Defining Attributes

According to Walker & Avant (2011), defining attributes are the hallmarks and unfold over time. Moreover, they are considered the center of significance for concept analysis (Schiller, 2018). The key attributes of the verbal feedback are:

Focus: The verbal feedback should be pertinent to the content or action and should be adequate to cover all the aspects of the areas of improvement (Geranmayeh et al., 2020; Susan et al., 2017).

Valence: Verbal feedback with valence involves offering positive comments on strengths and providing constructive suggestions for improvement in areas that need development (Adamson et al., 2018; Susan et al., 2017).

Clarity: Verbal feedback with clarity involves using understandable language and concepts, tailoring the feedback to the student's level of development for improved learning outcomes (Brookhart, 2008; Kane & Wools, 2019).

Timely: Verbal feedback refers to the immediate provision of information or assessment regarding the accuracy of factual knowledge, indicating whether the response or understanding is correct or incorrect (Brookhart, 2008; Ansari & Usmani, 2018).

Specificity: Verbal feedback provides students with clear direction on required actions or improvements, striking a balance by offering specificity without overly prescriptive instructions, empowering them to take responsibility for implementing the feedback (Burgess et al., 2020; Hardavella et al., 2017).

Tone: Verbal feedback, delivered with respect, entails using language that honors and recognizes the student's efforts and accomplishments, creating a positive and supportive atmosphere for learning (Panzieri and Derham, 2020; Kane & Wools, 2019).

Model Case

Ayesha-a nurse manager, found Eliza, a novice nurse, looking anxious and overworked during a shift. She noticed that Eliza was falling behind on more important responsibilities, including giving medications, and spending a lot of time on tasks that could be assigned to nursing assistants. Ayesha approached Eliza and promised to assist her in planning her workload. She inquired Eliza about her state of mind and difficulties she was dealing with. Eliza acknowledged that she was feeling overburdened and was struggling with task prioritization. Ayesha provided verbal feedback to Eliza in a friendly manner and advised her strategies for effective time management and prioritizing her duties. She stressed the value of prioritizing the most crucial duties and delegating less important tasks to nursing assistants. Eliza

appreciated Ayesha's advice and assistance. She was better able to manage her workload and finish time-sensitive projects on deadlines. Eliza developed competence and self-assurance, which enabled her to give patients better care. She was satisfied with the feedback and motivated to work better. She improved her work performance based on the feedback. Her patients were also satisfied with her care.

Borderline Case

A borderline case illustrates some of the critical attributes of the concept (Walker & Avant, 2011). A 3rd-year nursing student was performing an abdominal assessment of 65-year-old male patient in front of a faculty member in the medical ward. The patient spoke limited English and had a history of anxiety. During the assessment, the student noticed some abnormal findings and asked the patient about his symptoms. However, the patient became anxious and was unable to communicate his symptoms effectively. Meanwhile, the faculty was observing the student. The faculty member took the students aside and provided feedback on patient's physical assessment technique. The faculty voice tone was harsh while providing feedback to the students.

Contrary Case

The contrary case contains none of defining attributes of the concept (Schiller, 2018).

The 2nd-year student taught the patients on diabetic foot care. However, the student delivered a poorly organized and inadequately prepared teaching session in the presence of the faculty member. Faculty member share feedback after clinical rotation. Her feedback was focused on students' approach to the patients and general health education principles and process. After receiving the feedback students looks more confused and sought the help of friends to understand the comments of the faculty member.

Determination of Antecedents and Consequences

According to Walker and Avant (2011), some events that must be present or happen before the concept are called antecedents. Conversely, consequences are that the concept might lead to or result in certain events (Schiller, 2018).

Antecedents

According to the reviewed literature, antecedents for verbal feedback are, teachers' competency, self-awareness, and active participation.

Teachers' Competency

Teachers' competency in giving verbal feedback is one of the most crucial components that help to look for possible gaps and provide the right direction for the future to make better and strengthen their performance (Johnson et al., 2016). Verbal feedback is a complex phenomenon and needs special attention and competency. Therefore, teachers needs to have a ability to deliver clear, constructive comments that support student growth, using appropriate language and timing for effective communication (Susan et al., 2017).

Self-Awareness

This is a pivotal ability that helps students to get aware of their strengths and areas of improvement that make them unable to accept teachers' verbal feedback openly and plan realistic approaches accordingly (Madhavanpraphakaran et al., 2014; Newman et al., 2021). Moreover, the reflection of self-awareness can be seen through their behaviors' which show a desire for learning (Burgess et al., 2020).

Active Participation

Literature suggests that shared understanding is developed by the active participation of the student and faculty in the assessment process and it boosts the students' engagement in learning (Carless & Boud, 2018). Furthermore, the intention of learning can be seen through active involvement in the feedback process and increasing professional skills (Plakht et al., 2013).

Interpersonal Relationship

Effective verbal feedback works as a pillar to foster open communication and trust between healthcare professionals, promoting collaborative teamwork and a positive work environment (Ansari & Usmani, 2018).

Communication Skills

Developing strong communication skills among healthcare professionals establishes a solid groundwork for providing effective verbal feedback, promoting constructive and meaningful interactions within healthcare environments (Moore et al., 2018).

Consequences of Verbal Feedback

Good verbal feedback ultimately will lead to safe patient care. Several studies have been conducted to see the impact of verbal feedback on nurses and nursing students. The most common consequences of verbal feedback are, students' performance and satisfaction, strengthening the teacher-student relationship, and quality of education.

Improve Cognitive Performance

Verbal feedback leads to significant improvement in cognitive and clinical performance. They are well constructed and planned so give an opportunity to reflect more productively. Moreover, specific and descriptive verbal feedback aimed to enhance learning effectively by giving chance for face-to-face and one by one discussion (Aggarwal et al., 2016; Agricola et al., 2020).

Increased Motivation

Verbal feedback is a two-pronged tool that can either increase or decrease the students' motivation. The first prong of the verbal feedback i.e., positive feedback is eagerly received by students. However, the second prong i.e., negative feedback requires skill as it can impede students' progress (Henderson et al., 2019). This skill should be used in such a way that it motivates students to improve their performance. There are various methods of providing feedback to reduce the negative affect of the feedback (Plakht et al., 2013). One of them is sandwich method is an effective method of feedback delivery that increases the motivation of the feedback receiver. In this method, the "top and final slice" comprises the first prong of the verbal feedback, and it "sandwiches" the second prong related to improvement (Hardavella et al., 2017; Henderson et al., 2019; Plakht et al., 2013).

Improved Patient Satisfaction

Patient satisfaction is important in the healthcare sector. Verbal feedback results in the professional development of nurses which in turn results in more patient satisfaction. Nurses receive verbal feedback in clinical settings and it helps to improve their communication skills which help them in professional life. Good care and communication improve patients' perspectives and satisfaction levels. Moreover, without compromising patients' safety, verbal feedback provides a platform for patient satisfied care (Zhang & Zheng, 2018).

Strengthening the Teacher-Student Relationship

This approach helps create a mutually respectful and collaborative dynamic that strengthens the teacher-student relationship by establishing a positive and supportive atmosphere that encourages open communication and trust (Aggarwal et al., 2016)

Quality of Education

Effective verbal feedback has a beneficial impact on educational quality. It encourages student participation, improves comprehension, and enables individualized learning. Students can improve, cultivate critical thinking abilities, and attain higher academic results with timely and constructive feedback (Burgess et al., 2020).

Increase Confidence of Student

Effective verbal feedback increases students' confidence. Receiving acknowledgment and acclaim for their accomplishments and efforts, as well as constructive feedback for improvement (Brookhart, 2008; Henderson et al., 2019)

Conclusion

Verbal feedback is one of the incredible strategies employed to improve the students' learning in clinical practice. Moreover, verbal feedback provides a platform for appreciative interaction with students which enhances the motivation to improve their performance. Verbal feedback giver and receiver require specific skills to make it promising especially in a healthcare setting. This will result in improved performance and professional development which in turn positively impacts healthcare services and patient satisfaction. Structured and one-on-one verbal feedback is preferred by students as it helps them to identify their deficiencies and strengths.

If one is aware of their weaknesses and strengths, they can improve by working continuously on their performance. This will help to overcome weak areas and make strengths more effective to discharge responsibilities efficiently.

Implications

This analysis contributes significantly to nursing practice by emphasizing the imperative need for targeted training programs for educators, ensuring they possess the necessary skills for providing effective verbal feedback. The integration of reflective practices in the curriculum addresses the enhancement of students' self-awareness, directly impacting their learning experience and creating a foundation for ongoing professional development. The emphasis on open communication within educational institutions speaks to the cultivation of positive learning environments, crucial for effective teaching and learning. Moreover, recognizing the impact of verbal feedback on patient satisfaction underscores its relevance to nursing practice, emphasizing the multifaceted skills essential for healthcare professionals. The conclusion advocates for continuous professional development as a key strategy, directly contributing to the advancement of nursing education, research, and policy by promoting a culture of continual improvement and ensuring high-quality patient care.

References

- Adamson, E., King, L., Foy, L., McLeod, M., Traynor, J., Watson, W., & Gray, M. (2018). Feedback in clinical practice: Enhancing the students' experience through action research. *Nurse Education in Practice*, 31, 48-53. <https://doi.org/10.1016/j.nep>
- Aggarwal, M., Singh, S., Sharma, A., Singh, P., & Bansal, P. (2016). Impact of structured verbal feedback module in medical education: A questionnaire- and test score-based analysis. *International Journal of Applied and Basic Medical Research*, 6(3), 220. <https://doi.org/10.4103/2229-516X.1869681>
- Agricola, B. T., Prins, F. J., Sluijsmans, D. M. A., Agricola, B. T., Prins, F. J., Impact, D. M. A. S., & Prins, F. J. (2020). Impact of feedback request forms and verbal feedback on higher education students' feedback perception, self-efficacy, and motivation. *Assessment in Education: Principles, Policy & Practice*, 27(1), 6–25. <https://doi.org/10.1080/0969594X.2019.1688764>
- Altmiller, G. (2016). Strategies for providing constructive feedback to students. *Nurse Educator*, 41(3), 118-119. DOI: 10.1097/NNE.0000000000000227
- Ansari, T., & Usmani, A. (2018). Students' perception towards feedback in clinical sciences in an outcome-based integrated curriculum. *Pakistan Journal of Medical Sciences*, 34(3), 702. Doi: 10.12669/pjms.343.15021
- Brookhart, S. M. (2008). Feedback that fits. Engaging the whole child: Reflections on best practices in learning, teaching, and leadership, 65(4), 54-59.
- Burgess, A., van Diggele, C., Roberts, C., & Mellis, C. (2020). Feedback in the clinical setting. *BMC Medical Education*, 20(S2), 460. <https://doi.org/10.1186/s12909-020-02280-5>
- Cambridge Dictionary (2022). *feedback*. Cambridge University Press. <https://dictionary.cambridge.org/dictionary/english/feedback>
- Cambridge Dictionary (2022). *verbal*. Cambridge University Press. <https://dictionary.cambridge.org/dictionary/english/verbal>
- Carless, D., & Boud, D. (2018). The development of student feedback literacy: Enabling uptake of feedback. *Assessment & Evaluation in Higher Education*, 43(8), 1315- 1325. <https://doi.org/10.1080/02602938.2018.1463354>
- Dasila Prabha, K., Veer Bharti, V., Pon Chitra, R., Divjya, K., & Singh, J. (2016). Perceptions of nursing students on clinical teaching behaviors of teaching faculty: Correlational survey design. *Journal of Nursing and Health Sciences*, 5(4), 37-41.
- Fullham, N. M., Krueger, K. L., & Cohen, T. R. (2022). Honest feedback: Barriers to receptivity and discerning the truth in feedback. *Current Opinion in Psychology*, 46, 101405. <https://doi.org/10.1016/j.copsyc.2022.101405>
- Geranmayeh, M., Khakbazan, Z., Azizi, F., & Mehran, A. (2020). Effects of feedback on midwifery students' self-assessed performance and their self-assessment ability: A quasi-experimental study. *International Quarterly of Community Health Education*, 40(4), 299-305. <https://doi.org/10.1177/0272684X19885512>
- Groves, M., Mitchell, M., Henderson, A., Jeffrey, C., Kelly, M., & Nulty, D. (2015). Critical factors about feedback: 'They told me what I did wrong, but didn't give me any feedback'. *Journal of Clinical Nursing*, 24(11-12), 1737-1739. doi:10.1111/jocn.12765
- Gul, R. B., Tharani, A., Lakhani, A., Rizvi, N. F., & Ali, S. K. (2016). Teachers' Perceptions and Practices of Written Feedback in Higher Education. *World Journal of Education*, 6(3), 10–20. <https://doi.org/10.5430/wje.v6n3p10>
- Hardavella, G., Aamli-Gagnat, A., Saad, N., Rousalova, I., & Sreter, K. B. (2017). How to give and receive feedback effectively. *Breathe*, 13(4), 327–333. <https://doi.org/10.1183/20734735.009917>
- Heffner, C. L., & Cowan, J. A. (2022). *The Strength-Based Clinical Supervision Workbook: A Complete Guide for Mental Health Trainees and Supervisors*. Taylor & Francis. <https://doi.org/10.4324/9781003006558-13>

- Henderson, M., Phillips, M., Ryan, T., Boud, D., Dawson, P., Molloy, E., & Mahoney, P. (2019). Conditions that enable effective feedback. *Higher Education Research and Development*, 38(7), 1401–1416. <https://doi.org/10.1080/07294360.2019.1657807>
- Ilangakoon, C., Ajjawi, R., Endacott, R., & Rees, C. E. (2022). The relationship between feedback and evaluative judgement in undergraduate nursing and midwifery education: An integrative review. *Nurse Education in Practice*, 58, 103255. <https://doi.org/10.1016/j.nepr.2021.103255>
- Jin, E., Kang, H., Lee, K., Lee, S. G., & Lee, E. C. (2023). Analysis of nursing students' nonverbal communication patterns during simulation practice: A Pilot Study. In *Healthcare* (Vol. 11, No. 16, p. 2335). MDPI. <https://doi.org/10.3390/healthcare11162335>
- Johnson, C. E., Keating, J. L., Boud, D. J., Dalton, M., Kiegaldie, D., Hay, M., McGrath, B., McKenzie, W. A., Nair, K. B. R., Nestel, D., Palermo, C., & Molloy, E. K. (2016). Identifying educator behaviours for high quality verbal feedback in health professions education: Literature review and expert refinement. *BMC Medical Education*, 16(1), 1–11. <https://doi.org/10.1186/s12909-016-0613-5>
- Kane, M. T., & Wools, S. (2019). Perspectives on the validity of classroom assessments. In *Classroom Assessment and Educational Measurement*. Taylor & Francis. <https://doi.org/10.4324/9780429507533-2>
- Khairani, I., & Refnaldi, R. (2020). English teachers' oral feedback in teaching and learning process. *Journal of English Language Teaching*, 9(1), 377-389.
- Lovric, R., Prlic, N., Zec, D., Pušeljic, S., & Žvanut, B. (2015). Students' assessment and self-assessment of nursing clinical faculty competencies: Important feedback in clinical education. *Nurse Educator*, 40(5), E1-E5. DOI: 10.1097/NNE.000000000000137
- Madhavanpraphakaran, G. K., Shukri, R. K., & Balachandran, S. (2014). Preceptors' perceptions of clinical nursing education. *The Journal of Continuing Education in Nursing*, 45(1), 28-34. <https://doi.org/10.3928/00220124-20131223-04>
- Merriam-Webster (2022). *Verbal*. Merriam-Webster. <https://www.merriam-webster.com/dictionary/verbal>
- Masava, B. (2016). *Student nurses' experience of feedback during clinical learning at a rural nursing school: An exploratory study* (Doctoral dissertation, Stellenbosch: Stellenbosch University). <https://scholar.sun.ac.za>
- Moore, Rivera, S., Ga, B., Olivares, C., Ta, L., Pm, M., Rivera, S., Ga, B., Olivares, C., & Ta, L. (2018). with people who have cancer (Review). *Cochrane Database of Systematic Reviews Communication*. <https://doi.org/10.1002/14651858.CD003751.pub4.www.cochranelibrary.com>
- Newman, M., Kwan, I., Schucan Bird, K., & Hoo, H. T. (2021). The Impact of Feedback on Student Attainment: A systematic review. *Education Endowment Foundation*. DOI: 10.13140/RG.2.2.27838.00323
- Panzieri, J., & Derham, C. (2020). Student nurses' experiences of receiving verbal feedback within the clinical learning environment: To what extent does this promote sustainable feedback practices? *Enhancing Student-Centred Teaching in Higher Education: The Landscape of Student-Staff Research Partnerships*, 237- 253.
- Plakht, Y., Shiyovich, A., Nusbaum, L., & Raizer, H. (2013). The association of positive and negative feedback with clinical performance, self-evaluation and practice contribution of nursing students. *Nurse Education Today*, 33(10), 1264–1268. <https://doi.org/10.1016/j.nedt.2012.07.017>
- Ryan, C., & McAllister, M. (2019). The experiences of clinical facilitators working with nursing students in Australia: An interpretive description. *Collegian*, 26(2), 281- 287. <https://doi.org/10.1016/j.colegn.2018.07.005>
- Schiller, C. J. (2018, April). Teaching concept analysis to graduate nursing students. In *Nursing Forum* (Vol. 53, No. 2, pp. 248-254).
- Susan, M., Roth, S., Ostertag, G., Acquisitions, C., Scott, A., Editor, A., Houtz, J., Editing, B., Ressler, J. S., Park, G., Graphic, S., Kalyan, M., Services, P., Stock, C., Designer, P., & Steichen, K. (2017).

Effective Feedback HOW TO GIVE. *Alexandria, V USA: ASCD*, 1–27.

- Tayebi, V., Armat, M. R., Ghouhani, H. T., Khorashadizadeh, F., Member, F., & Member, F. (2017). *Electronic Physician (ISSN : 2008-5842)*. August, 5008–5014.
- Walker, L. O., & Avant, K. C. (2011). *Strategies for theory construction in nursing* (5th ed.). New York, NY: Prentice Hall.
- Zhang, L., & Zheng, Y. (2018). Feedback as an assessment for learning tool: How useful can it be? *Assessment and Evaluation in Higher Education*, 43(7), 1120–1132. <https://doi.org/10.1080/02602938.2018.1434481>