

Nursing Interns' Perceived Feedback and its Influence on Gaining 21st Century Skills

Reda Abd El-Fatah Said Ahmed Abo Gad

Assistant professor, Nursing Administration, Faculty of Nursing, Tanta University, Egypt

Corresponding Author: Reda Abd El-Fatah Said Ahmed Abo Gad

Abstract:

Objective: Feedback has been seen as the impetus for development in learning; and today, giving valued feedback is generally seen as a key benchmark of efficient teaching and as a fundamental prerequisite for meeting 21st century nursing interns' expectations. Thus, exploring nursing interns' perceived feedback and its influence on gaining 21st century skills was the meant of this study.

Methods: A descriptive, correlational by means of cross-sectional research design was exploited. This study was implemented at Tanta University Hospitals' all intensive care units. The subject consisted of all (n =294) accessible nursing interns at Faculty of Nursing who were trained in the aforementioned hospitals. Nursing Interns' Perceived Feedback (68 items) and Nursing Interns' Ability to Gain 21st Century Skills (57 items) Questionnaires besides personal characteristics data were employed to assemble the study data.

Results: Nearly three-quarters of nursing interns were overall highly satisfied with obtained feedback, specifically, its timing, quality, feedback's value and its impact on strengthening their 21st century skills. While nearly two-thirds of them had moderately satisfied level concerning the quantity of feedback. Worth mentioning, over half of nursing interns started the correct activity on the same day after getting feedback. Also, the majority of nursing interns had adequate ability to gain overall 21st century skills.

Conclusion: A strong effect was found between given feedback, as rated by nursing interns and their ability to gain 21st century skills. So, clinical instructors need to provide feedback in a manner that incorporates 21st century skills such as offering timely, focused, frequent, and clear feedback that highlights nursing interns' actual performance, respect their feelings, privacy, and views.

Keywords: 21st Century Skills, Perceived feedback, Nursing interns

Date of Submission: 28-01-2019

Date of acceptance: 11-02-2019

I. Introduction

Nursing is an applied work profession that focused on skills. For the evolution of nursing interns' clinical aptitudes and competencies, the clinical experience is a basic prerequisite (Bradshaw & Lowenstein, 2011). Incorporating theoretical knowledge of nursing with practice is crucial for the advancement of the profession. Clinical learning is an imperative piece of nursing educational modules. In view of this clinical learning significance, Bachelor of Science's Nursing Program enclosed course of internship training through the closing year. This course is identified with a various nursing area of expertise, for example, medical, surgical, intensive care, pediatric, and obstetrics. Nursing interns (NIs) are nurse students that will be prepared clinically through these areas (Henderson, et al, 2011). Giving nursing interns' feedback provides a significant manner for enhancing their learning expertise. Feedback is a reactively procedure intends to supply NIs with intuition into the execution of their performance by giving data that helps to amend, strengthen, or recommend adjustment on their performance (Yang & Carless, 2013).

Feedback is fundamental for the nursing interns' professional development. It guides and helps in upgrading their confidence, in addition, their inspiration and self-respect (Duteau, 2012; Zilembo M, Monterosso, 2008). Feedback is referred to a particular data about the differentiation between nursing interns' actual noticed accomplishment and a standard that plan to enhance their performance (Van de Ridder, et al, 2008). Additionally, it is any data conveyed to NIs that are planned to alter their reasoning or conduct to improve their outcomes (Plakht, et al, 2013). Feedback can enable nursing interns to rate their clinical practice sensibly by using the instructor's useful reactions about their execution, along with limiting imprecise practices (Shute & Princeton, 2007). When nursing interns do not get proper feedback, they may end up by the pompous and compare themselves with professional nurses and assess themselves improperly. This can prompt erroneously expanded nursing interns' confidence levels which may negatively affect coming practice (Gerald, et al., 2014).

Nursing interns' feedback calls for to be a necessary portion of the evaluation plan and connected with the learning objectives, gave orderly, in manageable parts, and in a well-timed mode (**Mahmoud, et al., 2018**). As far as timing, feedback ought to be given routinely, particularly promptly following an unusual event, for example, "close-miss", error or following an extraordinary performance (**Hauer & Kogan, 2012; Watling, et al, 2012; Acher, 2010**). Additionally, feedback needs to be given on an on-going base through NIs' preparation to enhance their intellectual, technical and professional advancement (**Gerald, et al., 2014**). This permanence is essential since it enables nursing interns to review, practice, retry and be customized so as to fit the NIs' uniqueness and individual educational requirements, in addition, gives nursing interns learning chances to enhance their current clinical practices (**Plakht, et al, 2013; UNSW, 2013; Bradshaw & Lowenstein, 2011**). Feedback additionally ought to be proper, pertinent, expressive, constructive, comprehensible, identified with transparent evaluation criteria and explicit, to direct nursing interns in their clinical skill (**Osmun & Parr, 2011**).

Feedback can be given in informal, through preceptors' instructional conversations and on-the-spot remarks that are delivered during training time; or formal as a component of clinical appraisal of NIs' action. Feedback incorporates numerous types as written remarks on tasks, and verbal reactions give in class or independently and exhibit of how to accomplish something. Performance appraisal feedback gives data to NIs about their clinical abilities, thinking, and professional conducts (**Rowe & Wood, 2008**). Nursing interns' feedback has five roles in their learning expertise including; Correction function to make things ideal by making a remedial action. Reinforcement role viewed feedback as a solid outside stimulus that gives positive or negative support to conduct. The forensic role incorporates diagnosing issues with the work so nursing interns can perceive how to enhance their performance. Benchmarking role where feedback distinguishes a gap between what is comprehended or has been shown and the standard of execution anticipated. Finally, longitudinal advancement function pointed out at supporting enhancements in the following task and past (**Evans, 2013; Price, et al, 2010**).

Presenting high notch feedback is a primacy need to maximize NIs' accomplishments and fulfillment (**Mahmoud, et al., 2018**). Fundamentally, nursing interns' feedback practice has seven wide principles as clarified by **Gamlema and Muntheb (2014)** which are 1) encouraging the development of self-appraisal (reflection) in learning, 2) supporting instructor and peers' conversation around learning, 3) elucidating what is sound performance (objectives, criteria, norms expected), 4) giving chances to close the gap among present and required performance, 5) conveying high quality data to nursing interns about their learning, 6) promoting positive inspirational convictions and self-esteem, and 7) giving data to preceptors that can be utilized to shape the education.

While the significance of feedback is generally recognized, there seems, to be a discrepancy in the amount, type and timing of feedback that has gotten by nursing interns in clinical practice (**Gerald, et al., 2014**). In this regards, feedback can be impeded by numerous hindrances as the preceptors may get almost no guidance in giving feedback. In like manner, restricted time and resources make it hard to give inclusive feedback. Also, erratic feedback from numerous sources and NIs are opposed to or defending when getting criticism (**Zilembo M, Monterosso, 2008**). Also, inadequate support and direction for NIs can result in failure in accomplishing goals. Additionally, different social contrasts can make a challenge for clinical instructing and acquiring 21st century learning abilities (**Gerald, et al., 2014**).

Empowering nursing interns to become proficient in 21st century learning aptitudes necessitates linking feedback with learning outcomes. Efficient performance-based feedback requires nursing interns to show their dominance of the higher-order thinking abilities that they will require in reality (**Hammond & Adamson, 2010; Pacific Policy Research Center, 2010**). Feedback is in this way amongst the strongest effects on NIs' learning, which is fundamental to empower them, encourage critical reasoning and lifelong learning skillfulness (**Norcini, 2010**). Additionally, feedback ought to be associated with the NIs' goals and be founded on the nursing interns' observed skills and conduct (**Bott, et al, 2011**). Efficient feedback should address NIs' advancement towards the fulfillment of their learning objectives and prescribed activities to be embraced for better advancement towards set performance (**Shute, 2008**).

In the quickly changing 21st century, nurse specialists are anticipated to have higher order thinking capacity to continuously refresh specialized abilities while having caring behavior. To achieve this demand, nursing education must enable nurses with nonstop learning capacity and delicate skills traits of active communication, critical and meditative reasoning, teamwork, guiding, intercultural comprehending, ethics, and solving the problems. These traits need to be strengthened within the Bachelor of Nursing program course. Yet, with what has been named the blast of information in the 21st century, more noteworthy consideration started to be paid to the role of the nursing interns in dealing with this information (**Mohamed, 2006; Engelbrecht & Wildsmith, 2010**).

The 21st century views information blast, with data and facts rapidly getting to be outdated. This makes it essential that medical attendants' progress toward becoming a deep- rooted student to go up against new data

and adjustment to future change. As nursing interns of today will be tomorrow nurse specialists, they should be prepared at the beginning to display specialized know-how as well as to have a large group of professional conducts, for example, personal initiation, managing their time, capacity to coordinate their learning with interpersonal and managerial skills which could effectively inspire them to cooperate with clients, colleagues, and other health care personnel (Qalawa & Keshk, 2014; Mohamed, 2006).

As indicated by Regan, (2008) dependent on the Partnership for 21st Century Skills, the skills should have been educated incorporate; "Information, media literacy, and communication skills, Thinking and resolving the problems, Interpersonal, cooperative, and self-direction abilities, Global consciousness, Economic and business literacy, including entrepreneurial skills and civic literacy". In addition, the variable economy makes it more of indispensable need that nursing interns can utilize technology to solve issues, cooperate, and innovate.

Also, 21st Century Skills include ranges of inter-related skills: life and career aptitudes; learning and innovation skills; information, media, and technology abilities; and essence-subject dominance and familiarity with interdisciplinary topics. These ranges of skills are framed as required outcomes for nursing interns that are based on standards and evaluations, educational programs' curriculum and training, instructors' proficient improvement, and learning environments. Accordingly, the structure gives a comprehensive portrayal of the nursing interns' results and supportive systems required to build up 21st century career and life preparedness (Ledward & Hirata, 2011; Pacific Policy Research Center, 2010).

To get ready for the 21st century labor force, nursing interns should have the capacity to rapidly realize new technologies, procedures, and ideas which did not plausible exist just several years, or even months, beforehand. In the beginning 1900s, 95 percent of occupations just needed the nurses to apply fundamental methods, whilst the present working environment requires something more other than merely the fundamental knowledge (Rice, 2011). Barron and Hammond (2008) record that education ought to enable learners to figure out how to learn in ground-breaking ways, so they can deal with the requirements of evolving data, advancements, jobs, and social conditions. Rather conventional scholarly methodologies that underline memorization and recall, efficient educational frameworks are arranging to encourage higher-order thinking aptitudes, including critical reasoning and solving the problems, conducting research, cooperation, and communication (Makuma, 2016).

Significant of the study

The dynamic health care work environment of the 21st century has provoked a re-assessment of a conventional nursing educational module among nursing programs in trying to equip nursing students to face the intricacy and variety of the working environment. Following curricular changes have stressed objectives in education that reinforce the advancement of critical reasoning practices among graduates, and foster a renovated focus on caring and caring knowledge. A well-developed guideline of good practice is that 'work without feedback is totally unproductive for a student'. Moreover, there is a consensus rises up out of research that effective feedback is the most strong single effect on nursing interns' accomplishment. So, feedback has been seen as the impetus for development in instructing and learning and today, giving valued feedback is generally seen as a key benchmark of efficient teaching and as a fundamental prerequisite for meeting 21st century nursing interns' expectations.

The study's aim:

Exploring nursing interns' perceived feedback and its influence on gaining 21st century skills was the meant of this study.

Research questions:

- What are the nursing interns' perceived feedback levels?
- What is the nursing interns' ability to gain 21st century skills?
- What is the influence of nursing interns' perceived feedback on their ability to gain 21st century skills?

II. Subjects and Method

II. 1. Subjects:

Study design

A descriptive, correlational by means of cross-sectional research design was exploited.

Study Setting

This study was implemented in nursing interns' training areas at Tanta University Hospitals (All intensive care units; Anesthesia, Cardiac, Neurology, Medical, Neonate, and Pediatric Care Units).

Subject

All (n =294) accessible nursing interns at Faculty of Nursing who were trained in the aforementioned hospitals (last two months of 2015/2016 internship year) incorporated in this study.

Tools for Data Collection: two tools were exploited.

Tool (1): Nursing Interns' Perceived Feedback Questionnaire

A structured questionnaire was created by the researcher guided by **Seker & Dincer (2014); Rowe & Wood (2008); Gibbs & Simpson (2003)** to explore NIs' experiences regarding getting feedback in their clinical setting. It was structured in two sections;

The initial section: included NIs' characteristics data as sex, age, previous academic year grades, units, and previous private work.

The second section: comprised 68 items. The items were initially coordinated towards NIs' underlying ten constructs regarding; **1)** How often (as a percentage of time) you get each types of feedback (8 items); **2)** General NIs' perceptions of feedback (10 items); **3)** Value of feedback (5 items); **4)** Timing of feedback (3 items); **5)** Quantity of feedback (4 items); **6)** Quality of feedback (5 items); **7)** Impact of feedback on strengthening NIs' 21st century skills (7 items); **8)** Feelings of NIs toward getting feedback (9 items). Five points scaling ordered from strongly agree (5) to strongly disagree (1) was applied to estimate NIs' responses for the prior eight subscales. An aggregate score of 75 % and more was considered highly satisfied, a score of 74-60% considered moderately satisfied, while total score beneath 60% was viewed as unsatisfied. **9)** Preferences for different types of gotten feedback and types preferred (13 items) which rated as three points scaling; most of the time, some of the time, and seldom. Finally, **10)** NIs' action initiation time upon getting feedback (4 items) was measured on "never work, on the same week, immediately after receiving feedback, on the same day" scaling.

Tool (2): Nursing Interns' Ability to Gain 21st Century Skills Questionnaire

Such tool was prepared by the researcher dependent on **Alswaitry et al, 2010; SkillsUSA, 2010**, for assessing the ability of nursing interns to gain 21st century skills. It contained 57 items on five-points scaling from 5 to 1 represented as always, usually, sometimes, rarely and never, respectively. An aggregate score of 60 % and more was viewed as adequate skills, while total score beneath 60% was considered inadequate. The items were isolated into 8 areas as pursues: **1)** Communication (6 items); **2)** Problem solving &Critical thinking (6 items); **3)**Teamwork/ cooperation (6 items); **4)**Decision making (8 items); **5)**Responsibility (6 items); **6)** Employability (5 items); **7)** Self-awareness/ self-esteem (6 items); **8)**Life and career skills (14 items) divided into; adapt to change (3 items), be flexible (3 items), act creatively with others (4 items), instruct and lead others (4 items).

II. 2. Method:

Ethical considerations

Ethical acceptance was secured from the administrative personnel of the Faculty of Nursing and Tanta University Hospitals. Nursing interns received the possible explanations about the study's aim; their involvement was according to the willing. Informed consent was gotten from nursing interns before data gathering and their privacy was guaranteed using code numbers. All findings would be accounted for as group results.

Validity and reliability

A pilot study was done after designing of the tools on ten percentage (n=29) of the nursing interns to test the relevance of the questionnaires. Then they were kept out from the subject to guarantee the strength of answers. Reliability of the instruments was estimated by Cronbach coefficient Alpha test, the test result demonstrated that the two questionnaires had high internal consistency since, tool 1, ($\alpha = 0.899$) and tool 2, ($\alpha = 0.94$). Validation of the tools was rated by displaying the questionnaires to five specialists from the Faculty of Nursing staff, Tanta University. At that point, important alterations were finished based on the pilot study and experts' suppositions.

Fieldwork

Each nursing interns have independently filled the questionnaires after gave out by the researcher to them in small groups in their clinical training units, according to their attendance; the meant for the study was clarified before getting the sheet. The predestined time to finish the questionnaires was inside 20 - 25 minutes.

Statistical analysis

The collected data were reviewed, coded, entered, investigated and organized utilizing SPSS version 20. Both descriptive statistics (frequency, percentage, mean and standard deviation) and inferential measurements (chi-square test) were utilized by sort of factors.

III. Results

Table (1): Distribution of nursing interns regarding their personal characteristics (n=294)

Variable	n	%	Variable	n	%
Sex			Work in private hospitals		
• Male	82	27.9%	• Yes	186	63.3%
• Female	212	72.1%	• No	108	36.7%
Age in years			Previous year's Grade		
• 21	5	1.7%	• Fair	50	17.0%
• 22	154	52.4%	• Good	78	26.5%
• 23	117	39.8%	• Very Good	110	37.4%
• 24 or more	18	6.1%	• Excellent	56	19.0%
Internship clinical practice intensive care unit					
• Anesthesia	58	19.7%	• Medical	88	29.9%
• CCU	46	15.6%	• Neonate	30	10.2%
• Neurology	43	14.6%	• Pediatric	29	9.9%

Table 1, reveals that a high percentage (72.1%) of nursing interns were female and over half (52.4%) of them aged 22 years old. Over one-third, (37.4%) of nursing interns had very good grade in the previous year. Nearly two-thirds (63.3%) of nursing intern were working in private hospitals. As regard to the working unit, about one-third (29.9%) and about one-fifth (19.7%) of nursing intern were trained in medical and anesthesia intensive care unit at their internship.

Table (2): Frequency (as a percentage of time) of getting different types of feedback as reported by the nursing interns (n=294)

Type of received feedback	0%		25%		50%		75%		100%		Average Time
	n	%	n	%	n	%	n	%	n	%	
• No feedback	113	38.4	58	19.7	55	18.7	48	16.3	20	6.8	38.18
• Grades	31	10.5	114	38.8	44	15.0	74	25.2	31	10.5	46.09
• Individual written comments from the instructor	41	13.9	112	38.1	48	16.3	79	26.9	12	4.1	41.24
• Group oral feedback from the instructor	32	10.9	67	22.8	57	19.4	121	41.2	17	5.8	53.06
• Group written remarks from the instructor	39	13.2	116	39.5	55	18.7	65	22.1	19	6.5	44.39
• Personal verbal feedback from the instructor	27	9.2	44	15.0	75	25.5	133	45.2	15	5.1	48.55
• Peer feedback	30	10.2	59	20.1	70	23.8	114	38.8	21	7.1	47.19
• Self-evaluation	22	7.5	47	16.0	44	15.0	112	38.1	69	23.5	44.05

Table 2, illustrates that around two-fifths (39.5%, 38.8% & 38.1%) of nursing interns told that during 25% of their training time they were given group written remarks, grades, or individual written comments from the instructor. While, during 75% of nursing interns' clinical training time, around two-fifths (45.2%, 41.2%, 38.8% & 38.1%) of them told that they were given personal verbal feedback, group oral feedback from the instructors, peer feedback, and self-evaluation, respectively.

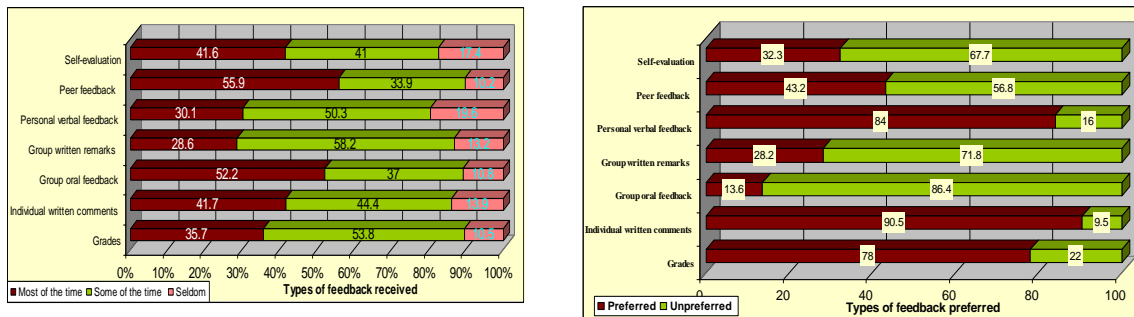


Figure (1): Frequency distribution of nursing interns' type of feedback gotten and type of feedback preferred (n=294)

As demonstrated in **figure (1)**, regarding types of feedback gotten, more than half of nursing interns most of the time were gotten peer feedback and group oral feedback from the instructor. In addition around two-fifths of them were gotten individual written comments from the instructor and self-evaluation, most of the time. While some of the time, more than half of the nursing interns got group written feedback, grades, and personal verbal feedback from the instructor. Regarding types of feedback preferred, the majority of nursing interns favored individual written and personal oral comments from the instructor. But, majority and over two-thirds of them were not favored group oral feedback from the instructor or self-evaluation.

Table (3): Distribution of nursing interns' perceived feedback satisfaction levels (n=294)

Aspects of feedback	Nursing interns' perceived feedback					
	Highly satisfied		Moderately satisfied		Unsatisfied	
	n	%	n	%	n	%
• General perceptions of feedback	177	60.2	45	15.3	72	24.5
• Value of feedback	165	56.1	51	17.3	78	26.5
• Timing of feedback	242	82.3	45	15.3	7	2.4
• Quantity of feedback	89	30.3	192	65.3	13	4.4
• Quality of feedback	209	71.1	62	21.1	23	7.8
• Impact of feedback on strengthening nursing interns' 21 st century skills	163	55.4	54	18.4	77	26.2
• Total perceived feedback	208	70.7	71	24.2	15	5.1

Table 3, uncovers that nearly three-quarters (70.7%) of nursing interns were overall highly satisfied with obtained feedback, but a minority (5.1%) of them were not satisfied. A high percent (82.3% &71.1%) of nursing interns were highly satisfied with the timing and quality of obtained feedback, respectively. Likewise, over half (60.2%, 56.1%, 55.4%) of them had high satisfaction level related to general perceptions, feedback's value, and impact of feedback on strengthening their 21st century abilities, respectively. While nearly two-thirds (65.3%) of nursing interns possess moderately satisfied level with respect to the quantity of feedback.

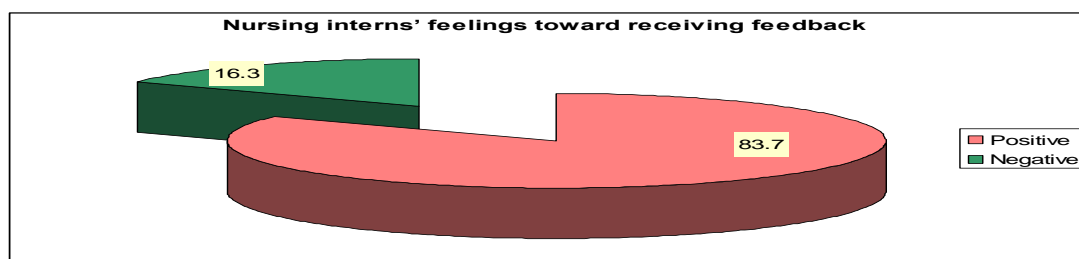


Figure (2): Nursing interns' feelings toward getting feedback (n=294)

As evidenced in **figure 2**, the majority of nursing interns hold positive feelings toward feedback, while, a minor percentage of them had negative feelings when getting feedback.

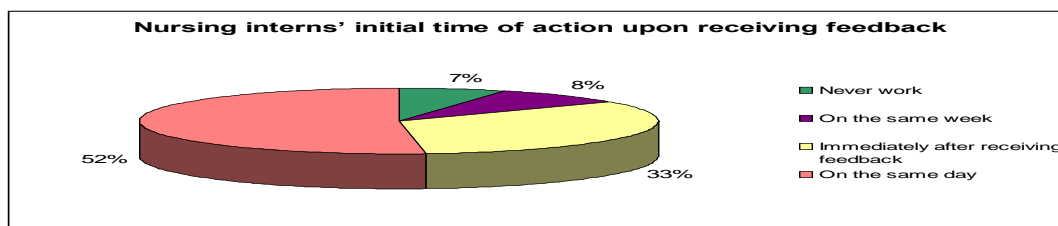


Figure (3): Nursing interns' initial time of correct activity upon getting feedback (n=294)

Figure (3), shows that more than half of nursing interns started the correct activity on the same day after obtaining feedback, and about one-third started the correct activity immediately upon getting feedback.

Table (4): Distribution of nursing interns' perception levels regarding gaining 21st century skills (n=294)

21 st Century skills	Nursing interns' ability to gain 21 st century skills				Mean ±SD
	Adequate		Inadequate		
	n	%	n	%	
• Communication skills	237	80.6	57	19.4	29.46±5.306
• Problem solving & critical thinking skills	226	76.9	68	23.1	23.57±4.131
• Teamwork and cooperation skills	233	79.3	61	20.7	22.45±4.737
• Decision making skills	203	69.1	91	30.9	21.85±4.079
• Responsibility skills	217	73.8	77	26.2	22.45±4.562
• Employability Skills	205	69.7	89	30.3	18.66±3.740
• Self-awareness and self esteem	225	76.5	69	23.5	23.04±4.143
• Life and career skills					
○ Adapt to change	203	69.0	91	31.0	7.502±1.562
○ Be flexible	201	68.4	93	31.6	10.64±3.06
○ Act creatively with others	199	67.7	95	32.3	18.15±5.365
○ Instruct and lead others	192	65.3	102	34.7	14.29±4.519
• Total Life and career skills	218	74.1	76	25.9	22.59±5.197
Total ability to gain 21st century skills	220	74.8	74	25.2	29.07±7.02

Table (4), shows that majority (80.6% & 79.3%) of nursing interns had adequate ability to gain communication, and teamwork & cooperation 21st century skills, respectively. As well as, around three-quarters (76.9%, 76.5%, 74.1%, & 73.8%) of them had adequate problem solving & critical thinking, self-awareness and self-esteem, overall life and career, and responsibility 21st century skills, respectively. Additionally, over two-thirds (69.7%, 69.1%, 69.0%, 68.4% & 67.7) of nursing interns had adequate decision making, employability, adapt to change, be flexible and act creatively with others skills, respectively.

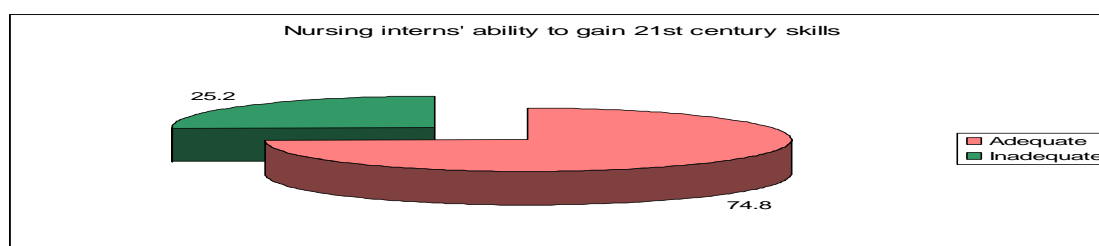


Figure (4): Distribution of nursing interns' overall ability to gain 21st century skills (n=294)

The figure (4), shows that the majority of nursing interns had adequate ability to gain overall 21st century skills, while over one-fifth of them had inadequate skills.

Table (5): Relationship between nursing interns' perceived feedback and their ability to gain 21st century skills (n=294)

Variables			Nursing interns' ability to gain 21 st century skills		Total	χ^2 P
			Inadequate	Adequate		
Nursing interns' perceived feedback	Unsatisfied	n	0	15	15	18.00 0.001*
		%	0.0%	100 %	100.0%	
	Moderately satisfied	n	12	59	71	
		%	16.9%	83.1%	100.0%	
	Highly satisfied	n	62	146	208	
		%	29.8%	70.20%	100.0%	
	Total	n	74	220	294	
		%	25.2%	74.8%	100.0%	

* p ≤0.05

Nursing interns' perceived feedback had a statistically significant relationship (p=0.001) with their ability to gain 21st century skills, as shown in **Table, 5**.

IV. Discussion

The health difficulties which confront many countries have significantly changed in the 21st century (**National Academy of Sciences, 2011**). Nursing interns who are the future professional nurses are anticipated to be equipped sufficiently for managing the complex working conditions, growing patients' problems, and accomplish more and more through achieving basic capabilities. These capabilities incorporate leadership, health strategy, system enhancement, research and evidence-based practice, and collaborative teamwork. Nurses additionally are being called upon to fill growing roles and to ace technological methods and data management systems while working together and planning care over the groups of health professionals. In such manner, feedback is a key component to upgrade the nursing interns' performance quality. It furnishes nursing interns with insight into their activities, and into the impacts of their activities on patients' concern; motivates objective-setting and persistently encourages them to strengthen their performance (**Mahmoud, et al. 2018**). So, this study meant to assess nursing interns' perceived feedback and its effect on gaining 21st century skills.

Nursing Interns' Perceived Feedback

As evidenced in this study results, around two-fifths of nursing intern told that during 25% of their training time they were given group written remarks and grades. Actually, the majority of them favored individual written and personal oral comments from the instructors. This result might be because of novice nursing instructors have been unaware of what nursing interns expected to develop, or may not choose the private and appropriate place to give feedback nor utilize verbal and nonverbal signals to urge nursing interns to participate in the feedback and not listen calmly to their inquiries.

The current result is supported by, **Nottingham. (2011)** who found that most feedback is given out by clinical instructors in the public than in private and mainly the feedback given was oral (92%) and a minority of feedback was strictly non-verbal. Additionally, **Beaumont, et al., (2011)** found that the vast majority of nursing undergraduates expressed their wishes that feedback ought to incorporate a grade as a standard indicator and criterion-referenced remarks. Conversely, **Nottingham, (2011)** demonstrated written feedback viewed as less valuable by nursing students and they considered it was more smoothly and more beneficial to just get verbal feedback instead.

The present study results demonstrated that during 75% of nursing interns' clinical training time, about two-fifths of them told that they got personal verbal and group oral remarks from the instructors, and peer feedback. These results explained by the majority of nursing interns favored personal written and oral comments from the instructors. As well, the majority of them were not favored group oral feedback from the instructors. Those nursing interns' dissatisfaction with the nature of group feedback appears to be due to limited space and time for recording feedback on feedback forms or relate to lack of personal contact with instructors and the unfamiliarity of them about preceptor-ship training work, all of which serves to further stress the feeling that they are not being propped.

Shaughness, et al, (2017) stated that within medical education, traditional oral feedback is not formally recorded, and there is a scarcity of information about the quality or content of feedback gave to medical undergraduates. In this regard, **Burgess & Mellis, (2015)** reported positive view of peer feedback. The nursing students who attended two focus groups preferred the peer feedback to be given without the educator present. Also, **AlHaqwi, (2012)** specified that students favored taking individual and written feedback greater than feedback that was introduced in groups and orally. **Rowe & Wood, (2008)** showed that group "A" students

said that general feedback in class causes me to learn autonomously. In contrast, **Groves et al, (2015)** announced that nursing students believed that their peers' inexperience was an inhibitor to successful feedback.

As illustrated in the current study findings, approximately three-quarters of nursing interns were overall highly satisfied with feedback that they got throughout their clinical training time. Actually, nursing interns told that along 75% of their training time, around two-fifths of them got different types of feedback. This outcome explained by over half of nursing interns had highly satisfied with the feedback's value, the possible emotional effect of feedback, nursing interns' academic insight or their past experiences (about two-thirds of them were working alongside in private hospital). Besides, this result proposes that nursing instructors were prepared to facilitate nursing interns' achievement at a deeper level of thinking at hospitals facilities with the goal that those nursing interns realize their expectations met.

Alongside the present study results, **Abdelraheem and Fyle, (2016)** who uncovered that nursing students agree that the feedback they got was powerful. Additionally, **Goel and Ellis, (2011)** showed that the dominant part of students revealed very high general satisfaction with the feedback they had gotten during the social work program. Contradict to the present result was **Kashif, et al, (2014)** who uncovered that nursing undergraduates were not totally satisfied with feedback. Nursing undergraduates think that tutors only criticize their work and do not give justification of feedback and consequential grades. As well as, **Kim, et al, (2014)** found that in the past semester just one-third of nursing students were happy with the feedback given. **Carless et al, (2011)** demonstrated that feedback is a standout amongst the most risky parts of the undergraduates' experience. Likewise, the **UK National Student Survey, (2010)** discovered nursing students' satisfaction with their feedback has consistently been rated most minimal in spite of methodologies formulated and actualized by Higher Education Institutions.

Examination of the existing study results indicated that the majority of nursing interns saw the timing of feedback at high satisfaction level. Providing timely feedback, during a procedure or immediately after evaluating a task encourages learning because it provides nursing interns with the chance to employ the feedback for enhancing their next performance, empowers nursing interns to do immediate modifications and supporting during their clinical training along tasks and strengthens practices or behaviors that ought to be repeated or kept away from (**Curtin University of Technology, 2013; Alken & Tan, 2013; Roberts, 2012**). Similarly, it ensures that both nursing interns and clinical instructors review specific details and are sure about the point of the feedback. Certainly, giving opportune feedback has the upside of instilling in the nursing interns the right skills and professional conduct as soon as the observation. This spotting of missteps and areas for development keeps nursing interns away from unconsciously doing of incorrect skills and conduct (**Alken & Tan, 2013; Scheeler, 2009**).

Alongside the present study result is **Fowler & Wilford, (2015)** who found that feedback's timing was vital to the nursing student. They portrayed the needed feedback as 'specific as, timely and significant. **Ladyshevsky, (2013)** revealed that providing immediate feedback is an essential aspect of undergraduates' satisfaction. Also, **Kim, et al, (2014)** found that additional regular and timely feedback was needed by nursing students. On contrary, **Abdelraheem & Fyle, (2016)** found that nursing students were unsure about whether they got feedback on time or not. **Douglas, (2016)** did not show an unmistakable student inclination for the timing of feedback, with the greater part of them demonstrating this negatively affected their feedback understanding. What's more, **Ferguson, (2011)** reported that undergraduates were discontented with the timing of their feedback.

The quantity of feedback was rated by nearly two-thirds of nursing interns as moderately level of satisfaction, as illustrated in this study results. The possible explanation of this result may be the large numbers of nursing interns who trained in Tanta University Hospitals and insufficient clinical instructors' numbers so clinical nurses specialist who are in charge for give patient care, are additionally responsible for nursing interns as a result hindering their capacity to introduce sufficient feedback.

This study result in accordance with **Mahmoud et al., (2018)** who indicated that when the nursing students got feedback, they to some extent dissatisfied with its amount. **Doughney, (2014)** reported that nursing students frequently clarified that feedback is not constantly given, has not contain enough details, and does not sufficiently clarify why they have given certain outcomes. As well as, **Ellis, (2012)** revealed that nursing students described that quantity of feedback that gave is sometimes inadequate and has not enough details to be helpful. On the contrary, **Jones & Blankenship, (2014)** did not support the present finding and found that the majority of undergraduates' students showed they were happy with the amount of feedback offered. Furthermore, **Rowe & Wood, (2008)** recommended that local students are increasingly satisfied with the amount and kind of feedback that they are getting.

The current study results illustrated that the quality of feedback was rated by the majority of nursing interns as a high level of satisfaction. Quality feedback is proposed as a system of direction that gives not only a summative judgment about nursing interns' performance but also the reinforcement through chances for a discussion which distinguishes areas of improvement and frameworks the student to assist accomplish higher

evaluations. **Beaumont, et al., (2011)** declared that quality was seen as feedback that was timely, given with illustrative details and was enhanced by the chances for discussion, ideally one to one and face to face with clinical instructors. Thus, perceived feedback quality is imperative for the improvement, produced a powerful willingness to receive direction preceding the delivery of a task, and more than once asserted that they made utilization of feedback.

Bell & McKeown, (2017) supported the study finding and uncovered that the new nursing students were more probable to regard the quality of feedback as excellent. Likewise, **Ellis, (2012)** revealed that with respect to quality of feedback, the vast majority of undergraduates announced that the given feedback is simple and helpful. Contradict to this result was **Archer, (2010)** who showed that the delay may even be advantageous, especially for high-accomplishing students. Undergraduates showed that the nature of the feedback is more imperative to students in general than the time.

Considering nursing interns' feelings when getting feedback, the current study results demonstrated that the majority of nursing interns had positive feelings toward getting feedback. Most likely those nursing interns were knowledgeable about the importance and principles of feedback as they proceeding in internship and their working in private hospitals, had awareness about accepting feedback and how to use it in analyzing their performance. In this regards, building a psychologically safe environment is a key factor in settling the perceived assignment versus relationship problem; clinical instructors really anxiety that giving direct feedback will feel upsetting when students don't feel psychologically secured (**Minehart, et al, 2014**).

Seker & Dincer, (2014) in agreement with the present study result and discovered that undergraduates exhibited positive sentimental feelings when they got feedback. They usually felt typically supported during obtaining feedback, felt evaluated, improved and fulfilled. **Matua, (2014)** revealed that while giving feedback, tutors expressed that nursing interns were happy when their sentiments and privacy were regarded while talking about their performance. On contrary, **Zakaria, (2018)** did not in agreement with this study result and uncovered that nursing demonstrators seldom motivate the undergraduates to make inquiries, nor adopt the various views. They neither interact with students in an active way nor stimulate climate of reciprocal respect.

Upon getting feedback, more than half percentage of nursing interns started the correct activity on the same day and around one-third started immediately, as specified in the current study results. This study finding might be due to those nursing interns felt positive (e.g. motivated, satisfied, etc.), so, they began working on feedback quickly. **Gielen et al., (2010)** expressed that specific conditions under which feedback is given can decide students' attitudes. **Price, et al, (2010)** said that fundamental beliefs about learning and the learning process will firmly influence how people realize the function of feedback. The present study findings are confirmed by **Seker & Dincer, (2014)** who revealed that undergraduates' students often did not remain a long time to start action after getting feedback. The starting of the activity was precisely either upon obtaining feedback or on the same day.

According to the current study findings, more than half percentage of nursing interns rated the impact of feedback on strengthening their 21st century skills as a high level. This study result may be attributed to that nursing interns recognize the value of feedback as a method for equipping them for the subsequent work. The efficient feedback notifies nursing intern whether their performance was right or wrong, strengthened with specific information on how they ought to have performed and supported by a clarification of its reason. **Burgess & Mellis, (2015)** declared that feedback after a formative assessment has a strong affects on nursing students' performance.

Schüler, et al, (2018) was in a similar line and showed that individual, organized and specialized feedback is an effective technique to improve dental students' technical, management and communication skills. **Nottingham, (2011)**, uncovered that undergraduates' students concurred that feedback is a useful and significant part of their clinical education. While **Douglas, (2016)** did not support this study finding and indicated that more than half recognized that they were uncertain if the feedback was beneficial to their performance. Also, **Doughney, (2014)** announced that students often revealed that feedback is not continuously informing them where they can enhance and does not sufficiently clarify why they have gotten certain results. **Beaumont, et al, (2011)** clarified that nursing students frequently struggled to make utilization of the feedback they got, in either understanding what was documented or acknowledging how it might facilitate their progress.

Nursing interns' ability to gain 21st century skills

Concerning nursing interns' ability to gain 21st century skills, the existing study results revealed that the majority of nursing interns had adequate communication skills. Fundamentally, the skillful nurse begins with the main proficiency of communication and discovers various difficulties that influence both oral and non-verbal communication. Several patients' safety concerns are straightforwardly associated with how nurses communicate. Often, the very large number of nurses' communication with the client and their relatives are non-verbal. Consequently, knowledge of how this interaction happens, inside the domain of passionate and social intelligence, will produce higher patient contentment (**Wood, 2011**).

Nursing interns necessarily be well-known the social abilities that enable them to communicate efficiently with others and interfere with each other utilizing words, or non-verbal cues including nods, facial expressions, body idiom or personal looks (**Kivunja, 2015**). **Perron, et al, (2016)** upheld the present finding and found that nursing students reported that feedback was helpful to enhance history taking and communication skills. Also, **Peccorolo, et al, (2012)** uncovered that participants felt that their clinical and professionalism/communication skills enhanced dependent on giving feedback. While, **Alken, et al, (2013)** revealed that instructors provided more feedback and guidance relating to technical skills than communication skills and also fewer team cooperation skills.

The present study result reflected that the majority of nursing interns had adequate teamwork and cooperation 21st century skills. Giving and getting feedback well is necessary for any team-working condition. Having the capacity to give clear and efficient feedback to others is indispensable to keep the group progression running effectively, and to plan. It additionally guarantees that nursing interns do not irritated and angry with how others' acting. It follows that they also should have the capacity to get feedback safely, and after that work on it smoothly. This study result is consistent with **Qalawa & Keshk, (2014)** who revealed that Saudi and Egyptian nursing students possess adequate teamwork and cooperation skills. Also, **Conneely, et al, (2013)** reported that students appreciated working in teams and gaining from their peers. Conversely, **Mubuuke, et al, (2016)** concluded that students did not give or gave very finite feedback with respect to general skills outside knowledge domain as participation, teamwork, collaborative learning, preservation of group dynamics and interpersonal skills.

Over seventy-five percentage of nursing interns had adequate problem solving and critical thinking 21st century skills as illustrated in the present study results. Critical thinking is the capacity of the nurses to utilize analysis, inquiring, interpretation and reflection to dissolve patients' care matters. As well, critical thinking is associated with education (**Özkahraman, 2011**). This result might be due to those nursing interns had trained in solving the problems through the clinical part of nursing administration course in the fourth year. In this regard, **Hammond & Adamson, (2010)** recommended that nursing interns need to be able to find, evaluate, synthesize, and use knowledge in new contexts, frame as well as resolve non-routine troubles, and generate solutions. It also requires nursing interns to gain well-developed thinking, problem-solving, design, and communication skills. These are named—21st century skills' reformers around the world for decades have been asking schools to seek after skills that are progressively needed in a complex, technologically linked, and the fast-evolving world.

Similarly, **Qalawa & Keshk, (2014)** supported the present study result and demonstrated that the majority of Egyptian nursing students have adequate problem solving and critical thinking skills compared by a high percentage of Saudi students. Likewise, **Nottingham, (2011)** undergraduates depicted that they got feedback from their clinical instructors that not only addressed their clinical skills, but also clinical thinking and overall professional conducts. In contrast, **Beer & Martensson, (2015)** revealed that probably just confirming feedback might not be sufficient for enhancing the clinical thinking abilities of nursing interns. **Bellanca & Brandt, (2010)** expressed that numerous critics contradict the idea of educating 21st century skills on the basis that putting emphasis on skills like critical thinking and solving the problems will eliminate the education of essential content.

Nearly three-quarters percentage of nursing interns had adequate self-awareness and self-esteem 21st century skills as illustrated in this result. This result implies that those nursing interns accept positive and beneficially others' criticism, demonstrate a high degree of eagerness for performance in the fresh gained skills, and develop into more self-assured when carrying out their responsibilities. Along with the present study result is **Qalawa & Keshk, (2014)** whose finding indicated that the studied students had sufficient self-awareness, self-concept and self-esteem. Likewise, **Trilling & Fadel, (2009)** reported that the 21st century's defy for everyone is to construct and keep up our own character from the present customs and from the wide diversity of traditions at every place around us. Simultaneously all of us have to know how to employ resilience and kindness with the divergent personalities and others' beliefs.

Analysis of existing study results clarified that nearly seventy-five percentage and over two-thirds of nursing interns possess adequate responsibility and employability 21st century skills. These results offer well indicator to that those nursing interns act appropriately and are responsible, understand the significance of satisfying the obligations expected from nursing interns, differentiate between correct and incorrect, in addition to, adjust to different roles and responsibilities and work flexibly in an atmosphere of ambiguity and evolving needs, and show leadership skills, honesty, ethical conduct, and social obligation while working together to attain shared goals.

In the same line with the current study results was **Qalawa & Keshk, (2014)** who revealed that both Saudi nursing students' group and the Egyptian group have sufficient responsibility skill. Additionally, **Mosalanejad, et al, (2014)** clarified that amongst the most significant difficulties of 21st century education is the manner by which to prepare students to have essential readiness for defying the changing society and intricacies of the information blast era. Additionally, the professional world calls the universities to give

formative chances that train students to accomplish their roles as successful professionals. **Beers, (2011)** emphasized that life and career capability can be strengthened by establishing chances for nursing interns to be in charge for their one's performance and who figure out the way to function with others effectively. **Bell, (2010)** highlighted learning responsibility, independence, and regulation. Conversely, **Deloitte Development, (2005)** found that 80 percent reported shortages of skilled staff over all occupations in their organizations. As regard to the types of skills required, the respondents often cited the most fundamental skill is employability skill.

Over two-thirds of nursing interns had adequate decision-making skills as shown in this study results. This result indicates that those nursing intern can explore and evaluate key alternative viewpoints, synthesize and formulate connections among data and arguments, and understand information and make inferences dependent on the best analysis. **Thabet, et al, (2017)** supported the current finding and concluded that the decision-making skills' mean scores in the study group students were increased after problem-based project. Also, **Qalawa & Keshk, (2014)** revealed that the participants had satisfactory decision-making skills.

According to this study finding, over two-thirds of nursing interns had adequate ability to adapt to change and be flexible of life and career skillfulness. The possible clarification that those nursing interns can consolidate feedback successfully, and recognize, negotiate and balance different opinions and beliefs to achieve practical solutions, especially in multi-social situations. Additionally, they can adjust to diverse roles, jobs obligations, schedules, and situations. **Kivunja, (2015)** declared that in the 21st century organizations, functioning conditions are altering at a quick and growing rate. Thus, organizations actively search for graduates that are not only ingenious and adaptable, but also ready to be flexible and can be adjusted to changing conditions and situations and to acknowledge new thoughts, and better approaches for finishing tasks. The basic perception is that flexibility and adaptability are essential for success but their absence produces stagnation and disappointment.

Along with the current results was **Right Management Group (RMG, 2014)** which found that in five years' time, the majority of HR decision-makers believe it is possible that individuals will be selected on their capacity to manage change and ambiguity, i.e., their flexibility and adaptability. Additionally, the same report discovered that flexibility and adaptability are not components of future achievement, but rather they are required now because "80% of today's line managers agree that they have needed to understand more and build up faster to achieve their responsibility successfully, contrasted past five years".

According to this study result, over sixty-six percent of nursing interns possess adequate ability to work creatively with others. This result reflects nursing interns' capacity to create, apply and convey new ideas to others successfully, be aware to the past and cultural obstacles to innovation and creativity, be open and reactive to new and differing points of view, and emerge group contribution and feedback into the work. **Nottingham, (2011)** said that feedback was given on nursing students' capacity to think critically or depict their method of reasoning for a clinical choice. Students regularly argued that feedback strongly affected their future conduct and declared how feedback would assist them in their future position as a clinician and professional.

The present result indicated that the majority of nursing interns had adequate ability to gain 21st century skills as a total. **Ledward & Hirata, (2011)** suggested that for almost 10 years, 21st century skills refer to content knowledge, literacy, and proficiencies that train individuals to face the defies and the chances of nowadays' world. Currently, more than ever, it is necessary for nurses to get to, synthesize, and impart data, to work collaboratively over dissimilarities to explain complex issues, and to build new information through the innovative utilization of numerous technologies.

Relationship between nursing interns' perceived feedback and gaining 21st century skills

Nursing interns' perceived feedback had a statistically significant relationship with their ability to gain 21st century skills, as shown in this study. This result might be because those nursing interns felt positive toward getting feedback, felt they got appropriate feedback as a result realize how to enhance their performance. **Burgess and Mellis, (2015)** expressed that proper feedback helps nursing interns to determine their progress towards accomplishing their learning outcomes, including gaining professional skills.

The present result finding is confirmed by **Bell & McKeown, (2017)** who revealed that feedback aids nursing students to close the gap between present and expected performance and to recognize definite actions to enhance performance. **Hepplestone, (2014)** found an association between feedback got and subsequent students' performance or learning. Also, **Bazrafkan, et al, (2013)** showed that most residents saw feedback positively in the clinical situation. The highest scores placed to several items for instance "feedback was applicable to future work", "feedback adjusted my behavior", "feedback worked as motivation for education" and "feedback was specific in one subject. Likewise, **Seker & Dincer, (2012)** found an association between students' feelings and the time they started their physical reaction on feedback. On contrary, **Adcroft, (2011)** reported that students do not get feedback that is helpful for their learning and educators reported that providing feedback is a load to them.

V. Conclusion

Feedback is essential for effective nursing interns' performance. Nursing interns report many experiences during getting feedback. Approximately three-quarters of nursing interns possess high satisfaction level related to overall obtained feedback, specifically its timing, quality, feedback's value and its impact on strengthening their 21st century skills. While nearly two-thirds of them had moderately satisfied level concerning feedback's quantity. Worth mentioning, over half of nursing interns started the correct activity on the same day, and about one-third started the correct action immediately after getting feedback. Also, the majority of nursing interns had adequate ability to gain overall 21st century skills, specifically communication and teamwork & cooperation skills. A strong effect was found between given feedback, as rated by nursing interns and their ability to gain 21st century skills.

VI. Recommendations

For Faculty administrators

- Conducting clinical instructors' professional development programs and workshops that focus on feedback because when both instructors and nursing interns recognize the aim and structure associated with feedback, the efficiency of their performance will be increased.
- Nursing interns and clinical instructors need to know and share 21st century skills content by integrating 21st century skills training into their preparation.
- Developing professional committees to provide support for clinical instructors.
- Integrating frequent feedback for nursing students on training areas into the designated curriculum.

For nursing instructors

- Offering preparation for the charge nurses on how to provide feedback to nursing interns.
- Providing feedback in an atmosphere of support and that has to be intended to “close the gap” between the present and wanted conduct.
- Feedback has to be given in a manner that gives nursing interns clear information on where they are in terms of goal attainment as well as specific activities they need to engage in so as to meet their expected professional goals.
- Prime importance for nursing instructors to pay close attention and make time for providing feedback in a manner that incorporates 21st century skills such as offering timely, focused, frequent, and well-organized feedback that highlights nursing interns' actual performance, respect their feelings, privacy, and views.

Future research need to

- Identify criteria for assessing the effective feedback and 21st century academic performance outcomes.
- Investigate to what extent clinical instructors' clinical skills, type of training areas, their style in teaching and their views of the role of tutor impact the way of giving feedback and teaching 21st century skills to nursing interns.

References

- [1]. **Abdelraheem A. and Fyle C.** Omani students' perceptions of effectiveness of formative feedback. *Int. J. Learn. Man. Sys.* 2016; 4(1): 1-8.
- [2]. **Acher J C.** State of the science in health professional education: effective feedback. *Med Educ.* 2010; 44(1): 101-108. <http://dx.doi.org/10.1111/j.1365-2923.2009.03546.x>
- [3]. **Adcroft A.** The Mythology of feedback. *High Educ Res Dev* 2011;30 (4):405–19.
- [4]. **AlHaqwi A.** Importance and process of feedback in undergraduate medical education in Saudi Arabia. *Saudi J Kidney Dis Transpl.* 2012;23(5):1051-1055.
- [5]. **Alken A, Tan E, Luursema JM, Fluit C, van Goor H.** Feedback activities of instructors during a trauma surgery course. *Am J Surg.* 2013; 206(4): 599-604. <http://dx.doi.org/10.1016/j.amjsurg.2013.03.011>
- [6]. **Alswaitry , H.O ; Alanzy , H, M ; Alwasel , A.I ; Baties , A. H ; Alzahrany , A. B.** The extent of the preparatory year students for 21 century skills at King Saud University, Educational conference, Jordan, 2010,7-8 April: pp.39-41
- [7]. **Bazrafkan L. and et al.** Feedback is good or bad? Medical residents' points of view on feedback in clinical education. *J. Adv Med&Prof.* 2013;1(2):51-54.
- [8]. **Beaumont C, O'Doherty M. & Lee Shannon.** Reconceptualising assessment feedback: A key to improving student learning?, *Studies in Higher Education*, 2011;36:6, 671-687;<http://dx.doi.org/10.1080/03075071003731135>
- [9]. **Beer M. and Martensson L.** Feedback on students' clinical reasoning skills during fieldwork education. *Australian Occupational Therapy Journal.* 2015; 62: 255–264.
- [10]. **Beers , S.Z.** 21st Century Skills: Preparing students for their future, *STEM journal*, 2011;1(1):p.3:6
- [11]. **Bell ,S.** Project-Based Learning for the 21st Century: Skills for the future, *The Clearing House: A Journal of Educational Strategies, Issues and Ideas*. Taylor & Francis Group, LLC 2010;83: 39–43
- [12]. **Bell P. and McKeown P.** Enhancing feedback on case reports to third year medical students on clinical attachment. *Ulster Med J.* 2017; 86(1):36-41.
- [13]. **Bellanca , J ; Brandt , R .** 21st Century Skills: Rethinking how students learn (Leading Edge) Hardcover, Amazon Best Sellers Rank, Solution Tree company 2010;p. 402.
- [14]. **Bott G, Mohinde EA, Lawlor Y.** A clinical teaching technique for nurse preceptors: The five minute preceptor. *J Prof Nurs.* 2011; 27: 35-42. <http://dx.doi.org/10.1016/j.profnurs.2010.09.009>

- [15]. **Bradshaw M. and Lowenstein A.** Innovative teaching strategies in nursing and related health professions. 5th ed. Jones and Bartlett Publishers. 2011; 415- 6.
- [16]. **Burgess A. and Mellis C.** Feedback and assessment for clinical placements: Achieving the right balance. *Advances in Medical Education and Practice*. 2015; 6: 373–381.
- [17]. **Carless D. and et al.** Developing sustainable feedback practices. *Studies in Higher Education*. 2011; 36(4):395–407.
- [18]. **Conneely C., Lawlor J. & Tangney B.** Technology, teamwork and 21st century skills in the Irish classroom. To appear in “Shaping our Future: How the lessons of the past can shape educational transformation”, Marshall, K., (Ed), Liffey Press, 2013
- [19]. **Curtin University of Technology.** Using evaluate to improve student learning: Providing feedback for student learning. Report. Teaching Development Unit, LSN: Curtin University of Technology, Perth, Western Australia; 2013. Available: <http://evaluate.curtin.edu.au/local/docs/5providing-feedback-for-student-learning.pdf>.
- [20]. **Deloitte Development LLC the Manufacturing Institute.** Skills gap report—A survey of the American workforce. Washington, DC: Deloitte Development, LLC; 2005. Available: <http://www.nam.org/~media/AboutUs/ManufacturingInstitute/innovationreport.ashx> [retrieved June 2010].
- [21]. **Doughney L.** Teaching and Learning Quality Assurance Committee (TALQAC). Centre for the Study of Higher Education. 2014.
- [22]. **Douglas T.** The feedback process: Perspectives of first and second year undergraduate students in the disciplines of education, Health Science and Nursing. *Journal of University Teaching & Learning Practice*. 2016; 13 (1): 1-19.
- [23]. **Duteau J.** Making a Difference: The value of preceptorship programs in nursing education. *J Contin Educ Nurs*. 2012; 43: 37-43. <http://dx.doi.org/10.3928/00220124-20110615-01>
- [24]. **Ellis B.** Developing a mutually beneficial approach for providing university students with effective feedback. University of South Australia. 2012.
- [25]. **Engelbrecht, C & Wildsmith, R.** Exploring multilingualism in a problem-based learning setting: Implications for classroom and clinical practice in the nursing discipline, *Alternation Journal*, 2010;17(1):p.115
- [26]. **Evans C.** Making sense of assessment feedback in higher education. *Review of Educational Research*. 2013; 83(1): 70–120.
- [27]. **Ferguson P.** Student perceptions of quality feedback in teacher education. *Assessment & Evaluation in Higher Education*. 2011; 36(1), 51-62.
- [28]. **Fowler P. & Wilford B.** Formative feedback in the clinical practice setting: What are the perceptions of student radiographers? *Radiography*. 2016; 22:16-24.
- [29]. **Gamlema S. & Muntheb E.** Mapping the quality of feedback to support students’ learning in lower secondary classrooms. *Cambridge Journal of Education*. 2014; 44(1): 75–92.
- [30]. **Gerald A. Matua, Vidya Seshan, Adenike A. Akintola, Anitha N. Thanka.** Strategies for providing effective feedback during preceptorship: Perspectives from an Omani hospital. *Journal of Nursing Education and Practice*, 2014; 4(10):24-31, www.sciedu.ca/jnep
- [31]. **Gibbs G., and Simpson Cl.,** Measuring the response of students to assessment: The assessment experience questionnaire. 11th Improving student learning symposium, 2003, Open University. Walton Hall, Milton Keynes, MK7 6AA.
- [32]. **Gielen, S., Peeters, E., Dochy, F., Onghena, P., & Struyven, K.** Improving the effectiveness of peer feedback for learning. *Learning and Instruction*, 2010; 20, 304-315.
- [33]. **Goel K. and Ellis B.** Does feedback enhance learning? Regional students’ perception and experiences of feedback in a social work program. *Assessment Conference 2011: Meeting the Challenges*. 2011.
- [34]. **Groves, M., Mitchell, M., Henderson, A., Jeffrey, C., Kelly, M., & Nulty, D.** Critical factors about feedback: ‘They told me what I did wrong; but didn’t give me any feedback’. *Journal of Clinical Nursing*, 2015; 24, 1737-1739.
- [35]. **Hammond, L & Adamson, F.** Beyond basic skills: The role of performance assessment in achieving 21st Century standards of learning, Stanford Center for Opportunity Policy in Education. 2010.
- [36]. **Hammond, L. & Barron, B.** Teaching for meaningful learning: A review of research on inquiry-based and cooperative learning. In *powerful learning*. San Francisco, CA: Jossey-Bass. 2008.
- [37]. **Hauer K, Kogan J.** Realising the potential value of feedback. *Med Educ*. 2012; 46: 140-2. <http://dx.doi.org/10.1111/j.1365-2923.2011.04180.x>
- [38]. **Henderson A, Briggs J., Schoonbeek S. & Paterson K.** A framework to develop a clinical learning culture in health facilities: ideas from the literature, *International Nursing Review* 2011; 58: 196-202.
- [39]. **Hepplestone S.** Understanding how students process and use feedback to support their learning. *Practitioner Research in Higher Education*. 2014; 8 (1): 41-53.
- [40]. **Jones I. and Blankenship D.** What do you mean you never got any feedback? *Research in Higher Education Journal*. 2014; 24: 1-9.
- [41]. **Kashif M. and et al.** Pakistani higher degree students’ views of feedback on assessment: Qualitative study. *The International Journal of Management Education*. 2014; 12: 104-114.
- [42]. **Kim J. and et al.** What kind of feedback do medical students want? *Korean J Med Educ*. 2014; 26(3): 231-234.
- [43]. **Kivunja C.** Teaching students to learn and to work well with 21st Century skills: Unpacking the career and life skills domain of the new learning paradigm. *International Journal of Higher Education*, 2015;4(1):1-11, www.sciedu.ca/ijhe
- [44]. **Ladyshevsky R.** Instructor presence in online courses and student satisfaction. *International Journal for the Scholarship of Teaching and Learning*. 2013; 7(1).
- [45]. **Ledward, B. C., and Hirata, D.** An overview of 21st century skills. Summary of 21st Century Skills for Students and Teachers, by Pacific Policy Research Center. Honolulu: Kamehameha Schools–Research & Evaluation 2011;p.20
- [46]. **Mahmoud, S., Shabaan, F., Abo Gad, R.** Efficacy of program about students’ performance assessment feedback on knowledge and practices of Nursing Demonstrators. *Journal of Nursing and Health Science*, 7,(4 Ver. III) (Jul.-Aug. 2018), PP 36-47.
- [47]. **Makuma T. S.** Embracing the 21st Century Skills to enhance the university teaching & learning environment, *Review Papers, Mountains of the Moon University (MMU) Yearbook, Vol 7 (2016)*.
- [48]. **Matua G. & et al.** Strategies for providing effective feedback during preceptorship: Perspectives from an Omani Hospital. *Journal of Nursing Education and Practice*. 2014; 4(10): 24-31.
- [49]. **Minehart R. and et al.** Improving faculty feedback to resident trainees during a simulated case a randomized, controlled trial of an educational intervention. *Anesthesiology*. 2014; 120 (1):160-171.
- [50]. **Mohamed, R.B.** Evaluation of the personal and professional development course in a nursing program : A case study , Published doctorate thesis in philosophy, Public university, Malaysia, 2006; p. 8
- [51]. **Mosalanejad, L, Alipor, A, Zandi , B, Zare , H & Shobeiri, S. M.** A modified educational program in medical education and the effect on students' critical thinking. *Middle east journal of nursing*. 2014;8,(1).
- [52]. **Mubuuke A. and et al.** Utilizing students’ experiences and opinions of feedback during problem based learning tutorials to develop a facilitator feedback guide: An exploratory qualitative study. *Medical Education*. 2016; 16:6

- [53]. **National Academy of Sciences report.** The future of nursing: Focus on education, Report at a Glance. 2011.
- [54]. **Norcini J.** The power of feedback. *Med Educ.* 2010;44:16-7. <http://dx.doi.org/10.1111/j.1365-2923.2009.03542.x>
- [55]. **Nottingham, S. L.** An examination of feedback interactions between athletic training students and clinical Instructors. Published Doctor of Education Dissertation, Faculty of The Graduate School, University of North Carolina at Greensboro. (2011). 217 pp.
- [56]. **Osmun WE, Parr J.** The occasional teacher. Part 4: Feedback and evaluation. *Can J Rural Med.* 2011; 16(3): 96-7. PMID:21718626
- [57]. **Özkahraman, S & Yildirim ,B.** An Overview of Critical Thinking in Nursing and Education , *American International Journal of Contemporary Research* , 2011;1(2):p. 190
- [58]. **Pacific Policy Research Center.** 21st Century Skills for Students and Teachers. Honolulu: Kamehameha Schools, Research & Evaluation Division. 2010.
- [59]. **Peccoralo L. and et al.** Pocket card and dedicated feedback session to improve feedback toward residents: A randomized trial. *Journal of Hospital Medicine.* 2012; 7 (1):35-40.
- [60]. **Perron N. and et al.** Feedback during formative OSCEs depends on the tutors' profile. *Medical Education.* 2016; 16:293.
- [61]. **Plakht Y, Shiyovich A, Nusbaum L, Raizer H.** The association of positive and negative feedback with clinical performance, self-evaluation and practice contribution of nursing students. *Nurse Educ Today.* 2013; 33: 1264-126. <http://dx.doi.org/10.1016/j.nedt.2012.07.017>
- [62]. **Price, M., Handley, K.Millar, J., & O'Donovan, B.** Feedback: All that effort but what is the effect? *Assessment and evaluation in higher education*, 2010;33, 277-289.
- [63]. **Qalawa S. & Keshk L.** Impact of problem based learning on acquiring 21 century skills among nursing students (comparative study). *International Journal of Advanced Research*, 2014; 2(7): 770-783, <http://www.journalijar.com>
- [64]. **Regan , B.** Why We Need to Teach 21st Century Skills—And how to do it, technology, teamwork and 21st Century skills in the Irish Classroom *Journal* , 2008;6(1):p.16
- [65]. **Rice E.** Reframing student outcomes to develop 21st Century Skills. Stanford Center for Opportunity Policy in Education. June 2011
- [66]. **Right Management Group-RMG. (2014).** The Flux Report: Building a resilient workforce in the face of flux, January 2014. Accessed online at www.rightmanagement.co.uk.
- [67]. **Roberts NK, Brenner MJ, Williams RG, Kim MJ, Dunnington GL.** Capturing the teachable moment: A grounded theory study of verbal teaching interactions in the operating room. *Surgery.* 2012; 151(5): 643-650. <http://dx.doi.org/10.1016/j.surg.2011.12.011>
- [68]. **Rowe A. D. & Wood L. N.** Student perceptions and preferences for feedback. *Asian Social Science*, March, 2008;4(3). www.ccsenet.org/journal.htm/
- [69]. **Scheeler MC, Bruno K, Grubb E, Seavey, TL.** Generalizing teaching techniques from university to K-12 classrooms: Teaching pre-service teachers to use what they learn. *J. Behav Educ.* 2009; 18(3): 189-210.<http://dx.doi.org/10.1007/s10864-009-9088-3>
- [70]. **Schüler I. and et al.** Effect of individual structured and qualified feedback on improving clinical performance of dental students in clinical courses-randomized controlled study. *Eur J Dent Educ.* 2018;1-10.
- [71]. **Seker M. & Dincer A.** An insight to students' perceptions on teacher feedback in second language writing classes. *English Language Teaching Journal*, 2014; 7(2): 73-83, www.ccsenet.org/elt
- [72]. **Shaughness G. and et al.** Assessment of clinical feedback given to medical students via an Electronic feedback system. *Journal of Surgical Research* .2017; 7 (218): 174 -179.
- [73]. **Shute V. and Princeton E.** Focus on formative feedback. *Educational Testing Service.* 2007.1-47.
- [74]. **Shute VJ.** Focus on formative feedback. *Rev Educ Res.* 2008; 78(1): 153-189. <http://dx.doi.org/10.3102/0034654307313795>
- [75]. **SkillsUSA Way, (2010).** The SkillsUSA Championships Technical Standards. Leesburg, Virginia, USA 2017(6). available at <http://www.skillsusa.org/>
- [76]. **Thabet M., Taha E., Abood S., & Morsy S.** The effect of problem-based learning on nursing students' decision making skills and styles. *Journal of Nursing Education and Practice*, 2017; 7(6): 108-116 <http://jnep.sciedupress.com>
- [77]. **The UK National Student Survey (NSS).** 2010. Available at HEFCE 2010, <http://www.hefce.ac.uk/learning/nss/>.
- [78]. **Trilling , B; Fadel , C .** Learning for life in our times. Co-chairs of the standards, assessment and professional development committee of the partnership for 21 century skills , John Wiley & Sons Co, 2009: p.18
- [79]. **University of New South Wales, (UNSW) [Internet].** Australia. Guideline 16: Give students meaningful and timely feedback; [c2013; cited 2014 March 12; 3 screens]. Available from: <http://teaching.unsw.edu.au/guideline16>.
- [80]. **Van de Ridder JM, Stokking KM, McGaghie WC, Ten Cate, OTJ.** What is feedback in clinical education? *Med Educ.* 2008; 42(2): 189-197. <http://dx.doi.org/10.1111/j.1365-2923.2007.02973.x>
- [81]. **Watling C, Driessen E, Van der Vleuten CP, Vanstone M, Lingard L.** Understanding responses to feedback: the potential and limitations of regulatory focus theory. *Med Educ.* 2012; 46: 593-603. PMID:22626051
- [82]. **Wood, D.** The Intelligent nurse: Leadership skills for nurses in the 21st Century, Create Space Independent Publishing Platform, 2011; ISBN-13: 978-1453763599
- [83]. **Yang M. and Carless D.** The Feedback triangle and the enhancement of dialogic feedback processes. *Teaching in Higher Education.* 2013; 18(3): 285-297.
- [84]. **Zakaria Z.** Clinical teaching competence of nursing demonstrators at Faculty of Nursing post intervention program. Unpublished PHD. Tanta University. Faculty of Nursing. 2018. 107.
- [85]. **Zilembo M, Monterosso L.** Towards a conceptual framework for preceptorship in the clinical education of undergraduate nursing students. *Contemp Nurse.* 2008; 30(1): 89-94. <http://dx.doi.org/10.5172/conu.673.30.1.89>
- [86]. **Zilembo M, Monterosso L.** Towards a conceptual framework for preceptorship in the clinical education of undergraduate nursing students. *Contemp Nurse.* 2008; 30(1): 89-94. <http://dx.doi.org/10.5172/conu.673.30.1.89>

Ogbe O. Joseph. "Reda Abd El-Fatah Said Ahmed Abo Gad " . *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, vol. 8, no.01 , 2019, pp. 89-103.