Received: 2 November 2022 | Revised: 11 March 2023 | Accepted: 20 April 2023

DOI: 10.1111/jocn.16747

Journal of Clinical Nursing WILEY

REVIEW

Suitable, fit, competent and safe to practice nursing? Assessing nursing students' personal qualities in clinical placement—An integrative review

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Abstract

Aims and objectives: This study aims to explore, describe, and synthesize the personal requirements student nurses are assessed in their clinical placement to be suitable, fit, competent, and safe for the nursing profession.

Background: There are different terms and concepts used when describing what nursing students are assessed by regarding personal requirements needed to be eligible to enter the nursing profession. This is regulated and enforced mainly by different standards and guidelines.

Design: An integrative review using Whittmore and Knafl's (2005) methodology.

Methods: Searches were systematically conducted in CINAHL, Education Source, ERIC, Academic Source Elite, MEDLINE and EMBASE, NORART, SveMed+, and Bibliotek.dk. The PRISMA checklist for systematic reviews was used.

Results: Eighteen studies were included in the review. The results present various factors student nurses are assessed by in clinical placements, which were categorized into three themes: attitude and personal characteristics, behavior, and basic knowledge. Assessing students is a complex and subjective endeavor, and decisions are based on a holistic assessment of several different aspects of the student's performance and behavior

Conclusions: The personal requirements to be deemed suited for det nursing profession are complex and composed of several different components. Assessments are often based more on assessors' subjective standards and intuition than on the provided guidelines and standards. There is no universal understanding of which characteristics or qualities are considered necessary for a student to be deemed suited for the nursing profession.

Relevance to clinical practice: This study points at challenges with the assessment of nursing students today as there are no clear standards or understanding of the requirements needed.

KEYWORDS
assessment, clinical education, fitness to practice, nursing student, suitable, unsafe

1 | INTRODUCTION

Nursing education plays an important role in developing qualified candidates to promote and ensure patient safety in their roles as student nurses and future nurses (Attree et al., 2008; Mansour, 2012). The World Health Organization (WHO) highlights patient safety as fundamental to delivering quality essential health services (2019) and defines patient safety as 'the prevention of errors and adverse effects to patients associated with health care' (2021). The WHO presents several strategies to enhance patient safety, one of which is ensuring the provision of skilled healthcare professionals (2019). The WHO (2011) has provided a patient safety guide for health-related education to assist schools in promoting the need for qualified healthcare professionals. The guide describes several assessment principles; for instance, that students must meet learning outcomes and pass Exams and that clinical competence and professional behaviours should be assessed at all stages of the programme. This indicates requests for more personal and individual assessments, in addition to achieving various pre-set educational standards (WHO, 2011). As approximately half of the time of bachelor programmes in nursing involve clinical placement, many students' assessments take place in this context. Educational institutions develop their own frameworks for assessments that correspond, to varying degrees, with national and international guidelines (MacLaren et al., 2016). According to Helminen et al. (2016), it is a known challenge in nursing education that assessments in clinical placement lack consistency, are open to subjective bias from the assessors, and that the quality of the assessments varies. This study aims to explore, describe and synthesise the personal requirements by which student nurses are assessed in clinical placement and how they are assessed to be suitable, fit, competent and safe for the nursing profession.

What does this paper contribute to the wider global community?

- Highlights assessments of personal qualifications of student nurses conducted in clinical placement.
- What and how student nurses are assessed in clinical placement are presented and discussed.
- Provides insight to student assessments and is a contribution to an international debate on quality in nursing education.

2 | BACKGROUND

There is no consensus among nursing educators in describing the personal requirements and assessments needed to ensure the development of skilled professionals and to promote patient safety.

Norway passed a legislative regulation (2006) regarding *suitability* in nursing education that involves ongoing assessment throughout the Bachelor of Nursing programme. The fact that such assessment is regulated through national legislation makes it somewhat unique in an international context. The Norwegian regulation states that the purpose of assessing suitability is to reveal whether the student has the necessary prerequisites to be able to practice the profession (2006). Here, 'suitability' can be defined as 'the quality of being right or appropriate for a particular purpose or occasion' (Oxford Learner's Dictionaries, 2022). Internationally, there are different ways in which students' suitability for the profession is regulated and enforced; mostly it is regulated according to different standards and guidelines enforced by the regulatory body of nursing, such as nursing boards or nursing councils.

In the United Kingdom, the Nursing and Midwifery Council (2008) includes in its standards the concept *fitness for practice*, stating that nurses should possess 'the skills, knowledge, good health and good character to do their job safely and effectively'. Unsworth (2011) pointed out that the notion of 'good character' has been open to criticism, as there are difficulties in defining how such a quality can be measured. Furthermore, in the United Kingdom the term 'professional suitability' is also used, although it occurs less commonly in educational nursing research than it does in other social- and health-related education programmes, such as social work. Universities in the United Kingdom have prepared special Professional Suitability Policies, which apply to many study programmes, to ensure the student's professional suitability when admitted, registered and undertaking the programmes. The content of these policies refers to relevant values and attitudes, health requirements, criminal history and upholding the standards of the profession (Brunel University London, 2018; UWE Bristol University of the West of England, 2021).

To secure safe practice and protection of the public, the UK also conducts a pre-registration programme to ensure that students are of good health and character before they are accepted into the nursing programme. So-called values-based recruitment (VBR) has also been implemented in the United Kingdom. VBR is a pre-registration method that is used to identify the values, beliefs and attitudes that are considered fundamental in the nursing profession (Traynor et al., 2017).

In Canada, the USA and Australia, the term 'unsafe student' is frequently used in educational nursing research that addresses this issue. Killam and others found the term 'unsafe' challenging, so they worked to conceptualise it and to identify characteristics that define 'unsafe student' and 'unsafe student behavior' (Killam et al., 2010). Vinales (2015) presented a list of "red flag" behaviours of the underachieving student. These 'red flags' are similar to the 'hallmarks of poor clinical performance' presented by Luhanga et al. (2008). Various other terms are used to describe nursing students' behaviour and character, such as *behaviours of misconduct* (McCrink, 2010), *incompetent students* (Duffy, 2004), *successful* and *unsuccessful students* (DeBrew & Lewallen, 2014) and *uncivil behaviour* (Carr et al., 2016; Suplee et al., 2008). This list is by no means exhaustive.

Scanlon (2017) performed a concept analysis of 'competence' and how competence is measured. He found that what constitutes a competent person fit for the nursing role is not clearly defined and concluded that it is too difficult to identify clearly what competence implies within nursing. However, he highlighted some elements of competence: being fit, having the necessary abilities, being safe to practice and being capable of functioning independently as a registered practitioner.

The concepts of professionalism and professional theory can also be helpful when discussing what to expect from students. Evetts (2006) argued that people generally trust that professionals have acquired the knowledge and competence needed to perform their job and that they will use their competence appropriately. Professional knowledge is complex: it consists of theoretical knowledge, technical skills, moral values and practical knowledge, and it cannot be separated from the context and situation in which it is used (Green, 2009). Professionalism implies certain professional values and moral obligations (Evetts, 2006). Professions and professional work are at their core discretionary, according to Freidson (2001). Discretion is described by Molander and Grimen (2010) as the ability to distinguish between relevant and irrelevant features in a given situation. The professions have been delegated a discretionary power within their jurisdiction, while also having to guarantee the quality of their services. In addition, a profession has the authority to admit new members into the profession (Freidson, 2001; Molander et al., 2012).

Patricia Benner (2011) argued that educating nurses involves having them going through a formative process en route to assuming the role of professionals. She claims that professionals need to integrate theoretical knowledge, practical skills and an understanding of the core values that are central to the nurse's role. Benner (1984) emphasised that nursing students cannot have the same level of expertise as qualified nurses since they develop their knowledge in stages, from novices to experts. Thus, professional knowledge is the integration of theory and skills and essentially involves discretionary power.

The assessment of student nurses involves assessing their ability to apply various elements of professional knowledge in a responsible and morally acceptable way. This review is concerned with exploring how this ability is conceptualised and assessed in the empirical nursing literature. The fact that professional work, such as nursing, involves a high degree of judgement and discretion and that competence cannot be separated from the context and the situation in which it is used, further complicates the assessment of student nurses.

3 | AIM

This study aims to explore, describe and synthesise the personal requirements student nurses are assessed in their clinical placement to be suitable, fit, competent and safe for the nursing profession.

The following research questions were asked: What are the terms used to assess students? What is assessed? How are students assessed?

4 | METHODS

4.1 | Design

Based on the aim of this study, an integrative literature review methodology was chosen as the most appropriate approach. Integrative reviews have the potential to build knowledge and to inform research, practice and policy initiatives and are appropriate when seeking to provide a more comprehensive understanding of a particular phenomenon (Whittemore & Knafl, 2005). This integrative review is based on Whittemore and Knafl's (2005) method and follows a five-stage process: (1) problem identification, (2) literature search, (3) data evaluation, (4) data analysis and integration and (5) presentation.

This review was reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher et al., 2009) (Appendix S1).

4.2 | Literature search

A comprehensive literature search was planned due to the complexity of the phenomenon under investigation. Several test searches were conducted in an attempt to identify most of the words and expressions used in the field. All four authors were involved in discussing the keywords and concepts that would best express the phenomenon of interest in English. The search was performed in October 2021 by CSN and IH, and an updated search was performed in May 2022. The main keywords were (1) search terms relating to nursing students or nursing education, combined with (2) words relating to clinical competence, student performance, suitability or assessment and (3) words expressing mentorship, preceptorship, clinical supervision, student placement or supervision. (See Appendix S2 for the complete search strategies used in the different databases).

Inclusion and exclusion criteria were specified to direct the search and to guide the selection of articles (Table 1). The searches were conducted in the following electronic databases: CINAHL, Education Source, ERIC and Academic Source Elite (all at EBSCOhost); MEDLINE and EMBASE (both at OVID); and the Scandinavian databases NORART, SveMed+ and Bibliotek.dk. The first author conducted additional search work with reference lists and citation searches on authors who have done studies on the subject. Hand searches were conducted in several journals, as well as in Google Scholar.

4.3 | Results of the search

All search results were collected in Endnote (X9). The search yielded 12,424 published papers and an additional seven based on the citation search or papers found through other means. After an automatic and manual duplication check, 7620 unique references were

TABLE 1 Inclusion and exclusion criteria.

Inclusion criteria	Exclusion criteria
Primary studies addressing assessment of nursing students' performance or clinical competence	Editorials, discussion papers, literature reviews, books
Mentors and practice teachers' perspective or experiences with assessing students	Laws and regulations
Bachelor nursing education	Students' perspective or experiences
Context: clinical placement	Student assessments in classrooms or on campus
Empirical studies, qualitative, quantitative and mixed methods	Studies on lower-level nursing educations
English or Scandinavian languages	Studies on continuing education after the bachelor's degree
Published after January 2000	Studies on admission requirements before enrolment in nursing studies
	Studies concerning assessing learnings outcomes, exams, written assignments or other compulsory work

imported to the screening tool Rayyan (https://rayyan.qcri.org/). The first author conducted an initial screening of all titles and abstracts based on the inclusion and exclusion criteria, which according to Waffenschmidt et al. (2019) is an appropriate approach. To reduce the risk of missing any relevant studies through the first author's screening process, a control screening was performed by the other three authors by selecting the articles included by the first author together with random articles chosen from the search. In total, 750 abstracts were screened and assessed by all authors. Disagreements about inclusion were uncommon and the authors reached a consensus through discussions.

After the initial process, the full texts of 100 publications were read by the first author, of which 65 were excluded based on the inclusion and exclusion criteria. Three authors (CSN, BT, AR) screened the remaining 35 full-text articles for eligibility and excluded 17, which resulted in 18 included studies. Figure 1 uses the PRISMA Flow Diagram (Page et al., 2021) to illustrate the search process and to state the reasons for exclusion. An overview and summary of the included studies are presented in Table 2.

4.4 | Data evaluation

In line with Whittemore and Knafl (2005), the first author evaluated all 18 studies to determine their quality. There were 12 qualitative studies, 1 quantitative study and 5 mixed-methods studies. The qualitative studies were appraised using The Critical Appraisal Skills Programme (CASP) (2018) (Table 3), and the quantitative studies were appraised using the checklist for quantitative studies presented by Bowling (2014) (Table 4). The quality of each study was categorised as high, medium or low. The mixed-methods studies (Andersen et al., 2019; Burden et al., 2018; Killam et al., 2010; Lauder et al., 2008; Scanlan & Chernomas, 2016) were appraised as either qualitative or quantitative depending on the design and focus of the article. Scanlan and Chernomas (2016) reported only from the qualitative part of their study. Burden et al. (2018) were also appraised by the qualitative checklist, as the overall design and methodological approach are comparable to a qualitative design. Lauder et al. (2008) had a qualitative design in the second phase of their study, which is the relevant one in this study. The Q methodology design, as presented by Killam et al. (2010), is most comparable to quantitative design, and Andersen et al. (2019) reported only on their quantitative results; therefore, both were appraised as quantitative studies. Nine of the studies were appraised as high quality and nine as medium quality. None of the articles were categorised as low quality, thus none was rejected based on the quality appraisal. The most common limitation in the studies concerned reflexivity: clarification of the researcher's role, background and relationship to the participants through all phases of the studies. In addition, several studies provided limited information regarding recruitment strategies and descriptions and/or discussions concerning the participants. As the study by Killam et al. (2010) only reported what most of the participants said, in line with Q methodology, relevant voices of clinical educators might be lost, as there were considerably more students participating in the study. However, this article was included because of its relevance, and it met the inclusion criteria. Only results representing clinical educators were included in the analysis, and those were easy to identify. The large report from Lauder et al. (2008) was not initially peer-reviewed, although several articles were later published in peer-reviewed journals (Holland et al., 2010; Roxburgh et al., 2008, 2010).

4.5 | Data analysis

When conducting the analysis, findings from the primary sources were ordered, coded, categorised and summarised in accordance with Whittemore and Knafl (2005). All authors read and re-read the included studies to provide an overall impression of the data. In the first phase of the analysis, three of the authors (CSN, AN, BT) collaborated on reducing and extracting data from the primary studies. Together the studies present various themes filled with an abundance of components relevant to assessing students, with many presented in tables and lists. The analysing process was also characterised by lists and tables in the beginning. Further on, by asking analytical questions the authors (CSN, AR, BT) started to systematically display the data in matrixes while identifying patterns, relationships, and themes. During the process of analysing, continuous discussions of the data led the work when composing categories and themes to answer the research questions of the review.

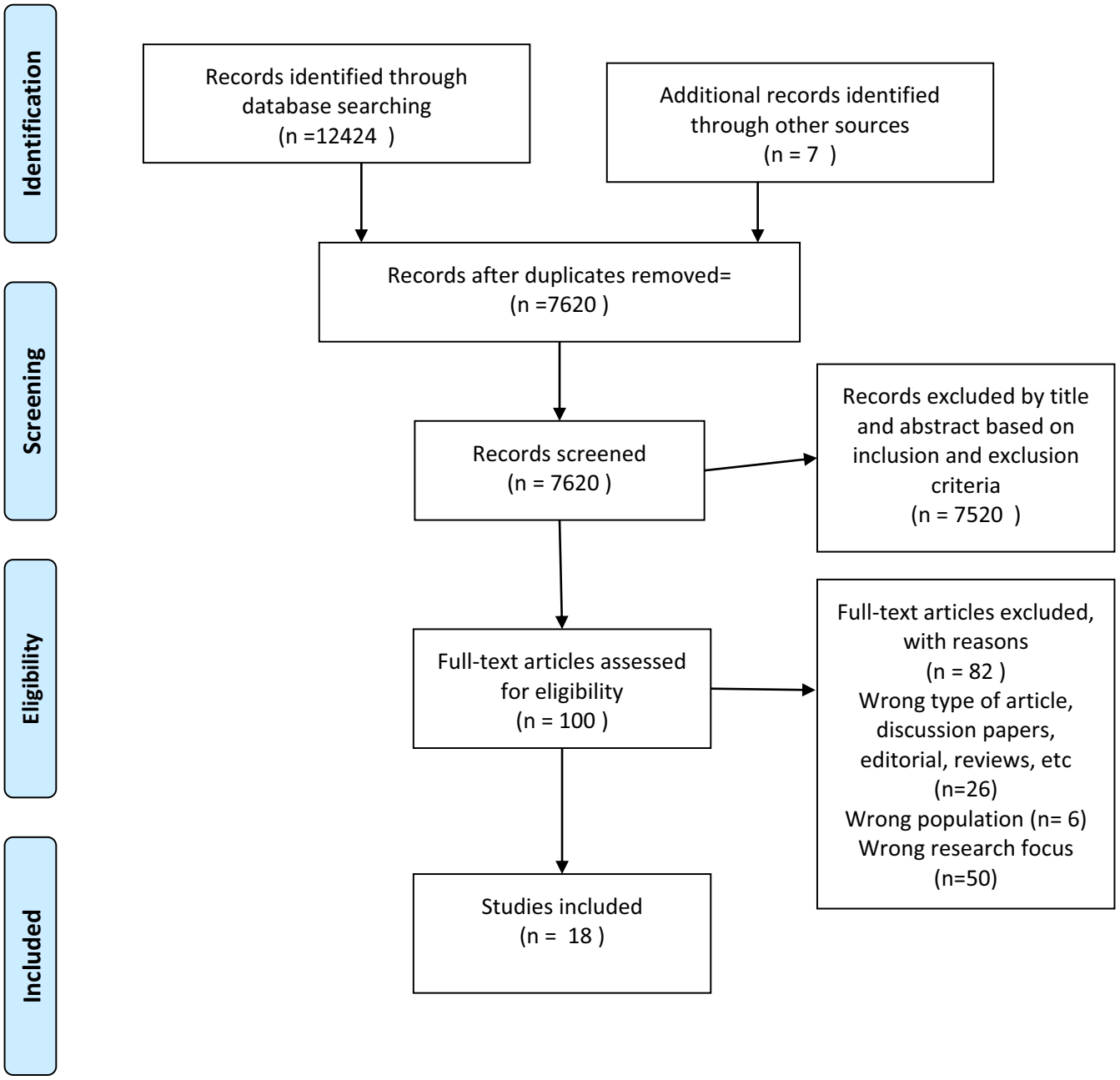

FIGURE 1 PRISMA 2009 flow diagram.

5 | RESULTS

5.1 | Studies' characteristics

There were various terms for nurses and clinical teachers. Hereafter, nurses who are assigned students in clinical placements are referred to as mentors, employees from nursing schools are called clinical teachers, and the general term assessors includes both.

The included studies are from Australia ($n=1$), Canada ($n=5$), Ireland ($n=1$) Norway ($n=1$), the UK ($n=7$), and the USA ($n=4$), while one study represents both Australia and the USA. Seventeen were written in English and one in Norwegian. The sample sizes varied from 5 to 270 participants, a total of 379 clinical teachers and 524 mentors, and hundreds of practice assessments documents.

5.2 | Terms and concepts

The first research question addresses what terms are being used in this context, and when analysing the 18 included studies it showed a variety of concepts when describing their phenomenon of interest. Some use the concept *fitness to practice*. Others use *unsafe* and *unsafe behaviour*. In addition, other terms, such as incivility, disruptive behaviour, unsuccessful students and inadequate performance are used. The

TABLE 2 Overview of the included studies.

First author, (year), country	Purpose/aim	Sample size and setting	Methodology and data collection	Key findings
Andersen et al. (2019) USA and Australia	To determine the types and frequency of incivility and unprofessional student behaviours, triggers for disruptive behaviour and situations that clinical educators find challenging	71 clinical educators invited, whereas one withdrew. Some missing response in some sections. Facilitated at two Schools of Nursing in Australia and one in the USA	Mixed methods Individual Interviews Online surveys.	92.8% of clinical educators had experience with nursing students' incivility. Most reported uncivil behaviour: student lateness, inattention, rude behaviour and challenging educators' knowledge and credibility. Most of the student incivility was experienced when students were given feedback.
Burden et al. (2018) United Kingdom	To investigate how mentors form judgements and reach summative assessment decisions regarding student competence in practice.	330 documents with practice assessments from 270 mentors on 41 nursing students. Interviews with 17 mentors. All from one university	Mixed methodology Individual interviews Document analysis	Mentors' judgements were affected by their amassed impressions is of an 'idealised student', by the practice area, and programme stage. The course assessments strategies and documentation had limited effect on the decisions. Student competence was judged by how the student participated in practice as a 'learner', their 'ability to deliver care' and their overall ability as a 'nurse' to fit in and work in the team.
Cassidy et al. (2017) United Kingdom	To develop a substantive theoretical explanation of how mentors make sense of their experiences where nursing students are on the borderline of achievement of competence in clinical practice.	59 Registered Nurse mentors and practice educators from five United Kingdom NHS Health Boards.	Qualitative Focus group interviews Individual interviews	Mentors seek authorisation of their assessment and decision-making, based on three categories: • The conundrum of practice competence. Evaluating competence was open for interpretation and influenced by different factors such as attaching humanistic value to care activities, capacity of reflection, organisational values, critical thinking, holistic sense of nursing, etc. • The intensity of nurturing hopefulness. The mentors strove to ensure that students might be successful • Managing assessment impasse. Mentors became conscious of reinstating learning agreements with borderline students, with increased supervision and feedback.
DeBrew and Lewallen, (2014) USA	Discuss the factors that faculty found important in their decision making, when failing a student in clinical setting.	24 nurse educators teaching in associate degree or baccalaureate nursing programme.	Qualitative Telephone interviews	Presents student factors important for whether to fail a student. The five highest factors were: Poor communicators, not making progress, unsafe medication administration, unable to prioritise and being unprepared. Presents faculty factors affecting decisions on student assessments, like emotions, believing student is not meant to be a nurse, perceived cultural differences and presence or absence of administrative support.
Duffy (2013) Scotland	To provide insights to the experience of mentors who have made the decision to fail a student I practice.	10 mentors from 4 Health Service areas	Qualitative Individual interviews	Presents three key categories associated with 'Managing a failed assessment': • Identifying the weak student • Creating possibilities for success • Deciding to fail

TABLE 2 (Continued)

First author, (year), country	Purpose/aim	Sample size and setting	Methodology and data collection	Key findings
El Hussein and Fast (2020) Canada	To develop a substantive theoretical explanation that makes sense of the decision-making process that clinical instructors use to place students on a learning contract	17 clinical education instructors	Qualitative Individual interviews	Presents a main theoretical explanation of 'gut feeling' based on three subcategories: • Brewing trouble • Unpacking thinking • Benchmarking
Haycock-Stuart et al. (2016) Scotland	To explore students' and mentor's understandings of fitness to practice processes in pre-registration nursing programmes.	18 mentors and 17 students from 11 Higher Education Institutes	Qualitative Focus group interviews Individual interviews	Presents three themes: • Conceptualising Fitness to Practice. It is understood as a multifaceted concept. • Good Health and Character. Formal declarations of good health and character increased students awareness and understanding of FtP. • Fear and Anxiety surrounding FtP Processes.
Jervis and Tilki (2011) United Kingdom	To explore mentors' reluctance to refer students who did not perform adequately in clinical settings	14 mentors from various specialities and districts.	Qualitative Focus group interviews Individual interviews	Presents three themes: • The complexity of assessing students. • The difficulty with assessing attitudes • Confidence about assessment decisions Other themes not addressed in the article were e demands of patient care, pace of work, staff shortages, placement duration, variety of students and relationships with university.
Karlstrom et al. (2019) Canada	To gain consensus from a panel of sixteen nurse educator experts on student nurse behaviours that represent unsafe clinical practices and provide a hierarchy of unsafe behaviours	17 nurse educators from two nursing schools	Quantitative Delphi technique 4 different online surveys	Found 38 unsafe student behaviours with respect to patients and 17 unsafe students' behaviour with respect to others. Resulted in four themes From a cognitive perspective: • The value of honesty • The expectation of knowledge From a behaviourist perspective: • The value of control • The expectation of scrupulousness and precision
Kennedy and Chesser-Smyth (2017) Ireland	To explore the experiences of the preceptors when faced with the dilemma of whether to fail a nursing student who was incompetent or underperformed while in clinical placement	9 preceptors from one nursing schools and two clinical cites	Qualitative Individual interviews	Resulted in three themes • First impressions • Emotional turmoil of failing a student • Competing demands in the workplace

(Continues)

TABLE 2 (Continued)

First author, (year), country	Purpose/aim	Sample size and setting	Methodology and data collection	Key findings
Killam et al. (2010) Canada	To describe the viewpoints of undergraduate nursing students and their clinical educators about unsafe clinical student practices	57 students 14 clinical instructors From one university and two community colleges	Mixed method Q-method Stage 1: Literature review Focus group interviews Stage 2: Developing q-statements Stage 3: Participant sorting statements	Presents three factors describing unsafe student behaviour: • Compromised Professional Accountability • Incomplete Praxis • Clinical Disengagement Five statements across the three factors lead to a consensus statement of 'Violated Professional Integrity'.
Lauder et al. (2008) Scotland	To capture all stakeholders' constructions of what constitutes success in Fitness for Practice the extent they perceived success has been achieved and the contribution of working partnerships to success.	Includes 11 NHS Higher Education Institutes in Scotland Participants 78 students 24 senior charge nurses 22 NHS managers 78 mentors 59 educators 16 educational managers 24 Practice education facilitators 10 service users and carers	Qualitative Individual interviews face-to-face Telephone interviews Focus group interviews Stakeholder events	Fitness for practice meaning different thing to different stakeholders, they present the following: • Skills, Knowledge and Attitudes are essential to Fitness for Practice • Unfitness for Practice. A great deal of efforts is made to support students who are unable to make progress. Competence and Fitness to Practice. The mentors view of competency to practice as a nurse is crucial for the assessments of students.
Lewallen and DeBrew (2012) USA	To describe the characteristics of successful and unsuccessful clinical performance in prelicensure nursing students	24 nurse educators from two nursing schools in North Carolina	Qualitative Telephone interviews	Five characteristics of successful students: • Prepared for the clinical experience • Able to think critically • Build relationships and communicated well • Positive and eager to learn • Showed progress, accepted feedback, and adapted to the clinical setting Four characteristics of unsuccessful students: • Not functioning in the clinical area • Used unsafe practices and violated legal–ethical principles • Not prepared for the clinical experience • Not able to communicate effectively
Luhanga et al. (2008) Canada	To develop a substantive theory about common social patterns of students whose level of performance is borderline or unsafe	22 nurse preceptors	Qualitative Individual interviews	Possible unsafe student practice categorised into four subcategories: • Inability to demonstrate knowledge and skills • Attitude problems • Unprofessional behaviour • Poor communication skills

TABLE 2 (Continued)

First author, (year), country	Purpose/aim	Sample size and setting	Methodology and data collection	Key findings
Scanlan and Chernomas (2016) Canada	To describe and present an integrated model of failing students' nursing practice	Files from 51 students who failed courses (74 clinical courses)	Mixed method. Article reports only on qualitative data. Document analysis.	Two themes characterise nursing students' practice, with characteristics: • How Students are in Practice Lack of self-awareness, lack of insight, unable to reflect, inability to use feedback, blaming others, avoidance behaviour, anxiety, lack of self-confidence • Aspects of Practice Communication, organisation and time management, connection theory to practice, lack of initiative Third theme focused on: • Clinical teachers' response to failing students Increased support and direction, labelled practice as unsafe
Tanicala et al. (2011) USA	To help nurse educators establish an evidence base for determining passing or failing nursing student clinical behaviours to ultimately promote a culture of safety	11 nurse educators from colleges and universities located in suburban areas	Qualitative Focus group interviews	Resulted in one major theme and five subthemes. Major theme: • Context and patterns Subthemes: • Safety • Thinking • Ethics • Communication • Standards
Wangen et al. (2010) Norway	To illuminate what mentors emphasise when assessing the clinical performance of nursing students	5 mentors working at one nursing home	Qualitative Individual interviews	Identified three themes that mentors emphasise when assessing students: • Behaviour • Relationships with patients, supervisors, and staff • Course of action
Webb and Shakespeare (2008) United Kingdom	To deepen the understanding of how mentors make judgements about the clinical competence of pre-registration nursing students	9 nursing students 10 experienced mentors 5 inexperienced mentors from two different geographical areas	Qualitative Individual interviews	Presents three themes: • Good mentor • The mentoring relationship • The good student Characteristics of the good student: Enthusiasm, attitudes, self-confidence, assertiveness

TABLE 3 CASP qualitative checklist (2018).

Appraisal questions (a)	1	2	3	4	5	6	7	8	9	10	Quality (b)
First author											
Burden et al. (2018)	Y	Y	Y	P	Y	N	Y	Y	Y	Y	Medium quality
Cassidy et al. (2017)	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	High quality
DeBrew & Lewallen, (2014)	Y	Y	Y	Y	Y	P	P	Y	Y	Y	Medium quality
Duffy (2013)	Y	Y	Y	N	P	N	Y	Y	Y	Y	Medium quality
El Hussein and Fast (2020)	Y	Y	Y	P	Y	N	Y	Y	Y	Y	Medium quality
Haycock-Stuart et al. (2016)	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	High quality
Jervis and Tilki (2011)	Y	Y	Y	P	Y	P	Y	P	P	P	Medium quality
Kennedy and Chesser-Smyth (2017)	Y	Y	P	Y	Y	P	Y	Y	Y	Y	Medium quality
Lauder et al. (2008)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	High quality
Lewallen and DeBrew (2012)	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	High quality
Luhanga et al. (2008)	Y	Y	Y	P	Y	P	Y	Y	Y	Y	Medium quality
Scanlan and Chernomas (2016)	Y	Y	Y	Y	Y	N	Y	Y	P	Y	Medium quality
Tanicala et al. (2011)	Y	Y	Y	Y	Y	N	P	P	Y	Y	Medium quality
Wangen et al. (2010)	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	High quality
Webb and Shakespeare (2008)	Y	Y	Y	P	Y	Y	Y	Y	Y	Y	High quality

Note: 1. Was there a clear statement of the aims of the research?
2. Was qualitative methodology appropriate?
3. Was the design appropriate to address the aims of the research?
4. Was the recruitment strategy appropriate?
5. Was the data collected in a way that addressed the research issue?
6. Has the relationship between researcher and participants been addressed?
7. Have ethical issues been taken into consideration?
8. Was the analysis sufficiently rigorous?
9. Is there a clear statement of findings?
10. How valuable is the research?
11. Overall rating, high quality, medium quality, low quality, exclusion (b).
(a) Appraisal questions (CASP, 2018) Y = Yes, N = No, P = Partial.
(b) High quality: all/almost all criteria met. Any weaknesses cannot change the conclusion of the study.
Medium quality: used if any of the criteria from the checklist are not met or if the criteria are not satisfactorily described.
Low quality: used if few or no criteria from the checklist are met or are not satisfactorily described. The weaknesses may mean that the conclusion of the study is wrong.

analysis identified 'professional' and 'competence' as recurring terms in all eighteen primary studies, with some using one term and others using both. The term 'professional' is mostly linked to 'professional behaviour' (Andersen et al., 2019; DeBrew & Lewallen, 2014; El Hussein & Fast, 2020; Lewallen & DeBrew, 2012; Luhanga et al., 2008; Tanicala et al., 2011), but also to professional accountability (Killam et al., 2010; Scanlan & Chernomas, 2016) and professional standards (Burden et al., 2018). Competence is presented primarily as a holistic term used to describe the students' overall competence as student nurses or future nurses (Burden et al., 2018; Cassidy et al., 2017; Duffy, 2013; Karlstrom et al., 2019; Kennedy & Chesser-Smyth, 2017; Wangen et al., 2010; Webb & Shakespeare, 2008). Mentors' reports associate 'fitness to practice' with competence (Haycock-Stuart et al., 2016). Additionally, in the study by Jervis and Tilki (2011), mentors use the

TABLE 4 Quantitative studies critical appraisal checklist (Bowling, 2014).

Appraisal question (a)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Quality (b)
First author																					
Andersen et al. (2019)	Y	N	Y	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y	Y	N	Y	Y	N	N	High
Karlstrom et al. (2019)	Y	Y	Y	Y	Y	Y	N	Y	N	Y	N	Y	Y	Y	Y	N	Y	Y	N	N	High
Killam et al. (2010)	Y	Y	Y	Y	Y	Y	N	Y	N	Y	N	Y	Y	Y	Y	N	Y	Y	N	N	High

Note: 1. Aims and objectives clearly stated.
2. Hypothesis/research questions clearly specified.
3. Dependent and independent variables clearly stated.
4. Variables adequately operationalised.
5. Design adequately described.
6. Method appropriate.
7. Instruments used tested for reliability and validity.
8. Source of sample, inclusion/exclusion, response rates described.
9. Statistical errors discussed.
10. Ethical considerations.
11. Was the study piloted.
12. Statistically analysis appropriate.
13. Results reported and clear.
14. Results reported related to hypothesis and literature.
15. Limitations reported.
16. Conclusions do not go beyond limit of data and results.
17. Findings able to be generalised.
18. Implications discussed.
19. Existing conflict of interest with sponsor.
20. Data available for scrutiny and reanalysis.
(a) Appraisal questions. Y = Yes, N = No.
(b) High quality: all/almost all criteria met. Any weaknesses cannot change the conclusion of the study.
Medium quality: used if any of the criteria from the checklist are not met or if the criteria are not satisfactorily described.
Low quality: used if few or no criteria from the checklist are met or are not satisfactorily described. The weaknesses may mean that the conclusion of the study is wrong.

term competence when referring to students' practical work. More terms and descriptions found in the studies will be presented as they appear in each section.

5.3 | Different elements that are assessed

The second research question in this study addresses what is assessed. Through our analysis, descriptions and characteristics have been coded and organised into subcategories and further into three categories: *attitude and personal characteristics*, *behaviour* and *basic knowledge* (Table 5).

5.3.1 | Attitudes and personal characteristics

The findings reveal that all the included studies present assessments of attitudes and personal characteristics, qualities or features that the students must acquire (or already possess), and how students should present themselves in clinical placements. Undesirable qualities and characteristics, the 'unwanted type' of student, or negative experiences with students are more frequently elaborated upon than are those qualities and experiences that are considered desirable and positive.

Jervis and Tilki (2011) found that determining whether to assess attitudes, and how to do so, involves challenges. Some studies report that unwanted attitudes are the most difficult to deal with (Luhanga et al., 2008; Webb & Shakespeare, 2008). According to Lauder et al. (2008), student failure more often involves attitude than skills. When conducting evaluations, assessors interpret students' qualities on a subjective scale (Webb & Shakespeare, 2008), and our findings reveal several examples of this. One example involved assessors who emphasised that students should be confident (Burden et al., 2018; Killam et al., 2010; Lauder et al., 2008; Luhanga et al., 2008; Webb & Shakespeare, 2008) but not overconfident or too assertive (Jervis & Tilki, 2011; Lewallen & DeBrew, 2012; Luhanga et al., 2008; Scanlan & Chernomas, 2016; Webb & Shakespeare, 2008). While

TABLE 5 Results

Attitudes and personal characteristics		
Confidence		Honest
Enthusiastic		Humble
Motivated		Sensitive
Respectful		Empathic
Remorseful		Compassion
Understanding		Kind
Capacity (emotional/physical)		Self-aware Reliable
Basic knowledge		
Knowledge and skills		**Critical thinking**
Linking theory to practice		Think critically
Demonstrate practical skills		Interpret and respond to changing contexts
Preform treatment accurate		Able to prioritise
Safe medication administration		Reflective
Behaviour		
Desirable	**Undesirable**	**Unacceptable**
Communication: Initiating conversations Take initiative and engaging Interacting Be present Calm, confident communication Correct documentation Professional communication *Responsibility*: Prepared Work efficiently Responsible for own learning and performing Making progress Self-insight Seek assistance/ask questions *Relational ability*: Adaptive Contributing and work as a team member Establish good relations with patients, staff, educators, peers Give of themselves Separate private and work life	*Communication*: Inappropriate non-verbal interaction Argumentative Refusing to listen Challenging knowledge/credibility of staff or educators *Performance*: Make excuses/blame others Unable to perform task on time Unable to follow instructions Make repeated mistakes Overstepping boundaries Unable to take care of patients *Presence*: Bored or falling asleep Avoidant Inappropriate attire or appearance Unexplained absence/being late Inattentive Anger	Threatening Intimidating Verbal abuse Objectional physical contact Affected by drugs or medicine Lying Falsifying Not disclosing or discussing clinical errors Legal/ethical violation Mockery of patients

students should express remorse (DeBrew & Lewallen, 2014), they should not be shy, anxious or fearful (DeBrew & Lewallen, 2014; Scanlan & Chernomas, 2016). Another attitude that is often assessed is students' ability to demonstrate motivation to learn and perform (Burden et al., 2018; DeBrew & Lewallen, 2014; Haycock-Stuart et al., 2016; Jervis & Tilki, 2011; Lewallen & DeBrew, 2012; Luhanga et al., 2008; Wangen et al., 2010).

Certain personal qualities are emphasised as being particularly important for student nurses, such as the importance of honesty (Karlstrom et al., 2019; Luhanga et al., 2008; Wangen et al., 2010), compassion (Haycock-Stuart et al., 2016), humility and sensitivity (Wangen et al., 2010), and reliability and responsibility (El Hussein & Fast, 2020; Lewallen & DeBrew, 2012; Wangen et al., 2010). It is also highlighted that students should be self-aware (El Hussein & Fast, 2020; Killam et al., 2010; Lauder et al., 2008; Luhanga et al., 2008; Scanlan & Chernomas, 2016; Wangen et al., 2010).

In a study by Haycock-Stuart et al. (2016), most of the mentors felt that 'good character' was fixed, and not something that a student would be able to develop during the education programme. This is in line with the study by Wangen et al. (2010, p. 44), in which

some mentors expressed that 'not everyone is suited to working with people' (authors' translation from Norwegian). A third study that reports the same perspective is Lauder et al. (2008, p. 106), who stated that 'good nurses are born not made'. On the other hand, some clinical teachers emphasise learning as a process, suggesting that assessors should support, guide and help students to improve, and in this way develop their professional and ethical behaviour (Andersen et al., 2019). In relation to such a dynamic view of character, it has been pointed out that the level or study-year of the student affected what they expected of them (Burden et al., 2018; Tanicala et al., 2011) and that students should be evaluated on their progress towards an end goal (DeBrew & Lewallen, 2014). Some mentors expressed that their expectations for students might be too high (Wangen et al., 2010).

5.3.2 | Behaviour

All the included studies address behaviour in various ways. DeBrew and Lewallen (2014) found that assessors reported evaluating behaviour as the most challenging aspect of assessing students. Assessments are affected by what are perceived to be the desirable and undesirable personal qualities and behaviours of the students (Cassidy et al., 2017). The assessors wish for some types of behaviour and disapprove of others. The desired, undesired and unacceptable behaviours do not necessarily relate to or oppose each other. In the included studies, 'communication' is described as either a behaviour or a skill in each of numerous studies. In this review we chose to present and elaborate it under the following section to avoid repeating findings. Furthermore, the studies characterising communication as a behaviour provided more concretisation.

The findings in the articles show that students are expected to take responsibility for their own learning and progress (Burden et al., 2018; Scanlan & Chernomas, 2016; Wangen et al., 2010), including the students taking the initiative to learn (Burden et al., 2018; Scanlan & Chernomas, 2016; Wangen et al., 2010; Webb & Shakespeare, 2008), to engage (Burden et al., 2018; El Hussein & Fast, 2020; Webb & Shakespeare, 2008) and to work efficiently (Andersen et al., 2019; Cassidy et al., 2017; El Hussein & Fast, 2020; Lauder et al., 2008). Students should ask questions (Luhanga et al., 2008; Webb & Shakespeare, 2008) but not challenge the knowledge or credibility of staff (Andersen et al., 2019). Students should also possess self-awareness and know their own strengths and limitations (DeBrew & Lewallen, 2014; Duffy, 2013; El Hussein & Fast, 2020; Killam et al., 2010; Lauder et al., 2008; Wangen et al., 2010).

The findings indicate that assessors want students to demonstrate certain relational abilities. This includes establishing good relations and interactions with patients, staff and peers (Cassidy et al., 2017; DeBrew & Lewallen, 2014; El Hussein & Fast, 2020; Jervis & Tilki, 2011; Lewallen & DeBrew, 2012; Wangen et al., 2010), contributing like 'a member of the team' (Burden et al., 2018; Cassidy et al., 2017; Wangen et al., 2010) and adapting to the fast-paced clinical environment (Cassidy et al., 2017; Lauder et al., 2008; Lewallen & DeBrew, 2012). Students should 'give of themselves' (Wangen et al., 2010), but not self-disclose and should separate their professional and private lives (Duffy, 2013; Haycock-Stuart et al., 2016; Wangen et al., 2010).

It is desired that students should communicate professionally with patients, staff, and peers (DeBrew & Lewallen, 2014; Killam et al., 2010; Lewallen & DeBrew, 2012; Luhanga et al., 2008). Also, the students should communicate calmly (Andersen et al., 2019; Luhanga et al., 2008; Wangen et al., 2010) and confidently (DeBrew & Lewallen, 2014; Lauder et al., 2008; Scanlan & Chernomas, 2016). Furthermore, the communication should be student initiated (DeBrew & Lewallen, 2014; Wangen et al., 2010).

An extensive amount of undesirable behaviour is pointed out in the primary studies. When communicating, it is highlighted as unacceptable to be inappropriate non-verbally (Andersen et al., 2019; Luhanga et al., 2008; Wangen et al., 2010; Webb & Shakespeare, 2008), to be argumentative (Andersen et al., 2019; Duffy, 2013; Luhanga et al., 2008), to not respond to verbal feedback (Andersen et al., 2019; El Hussein & Fast, 2020) or to refuse to listen (Andersen et al., 2019). Moreover, behaviours such as not following instructions (Luhanga et al., 2008), making repeated mistakes (DeBrew & Lewallen, 2014; El Hussein & Fast, 2020; Killam et al., 2010; Lewallen & DeBrew, 2012), having unexplained absences (El Hussein & Fast, 2020; Karlstrom et al., 2019; Killam et al., 2010), blaming others (Duffy, 2013; Scanlan & Chernomas, 2016) and being avoidant (Killam et al., 2010; Lewallen & DeBrew, 2012; Scanlan & Chernomas, 2016; Wangen et al., 2010) are examples that raise concern and disapproval.

Our findings reveal several behaviours and types of conduct that are seen as unacceptable. Different types of abusive or intimidating behaviours, as well as objectional physical contact, are highlighted (Andersen et al., 2019; Lewallen & DeBrew, 2012). Furthermore, other types of objectionable behaviour include not taking responsibility for one's own mistakes (Lewallen & DeBrew, 2012), lying (Andersen et al., 2019; Tanicala et al., 2011) and mockery of patients (Wangen et al., 2010). Additionally, being affected by drugs or medications is considered unsafe behaviour (Karlstrom et al., 2019; Tanicala et al., 2011) and is also a violation of well-known rules and guidelines in clinical practice. Lewallen and DeBrew (2012) point to legal and ethical violations as the most important and clear indications of 'not good enough', and are also emphasised as a priority for prevention by Luhanga et al. (2008). Killam et al. (2010) reported masking clinical errors as highly unsafe and the most unsafe student behaviour. Karlstrom et al. (2019) rated dishonest behaviour as the most unsafe behaviour for patients and others.

5.3.3 | Basic knowledge

Seventeen of the included studies highlight the importance of students demonstrating skills, knowledge and critical thinking. Although these concepts might be linked directly to learning outcomes, it is

clear from the analysis that this is closely related to the other themes in which students are assessed holistically by overall performance, combined with personal factors.

Our findings revealed that students must have theoretical knowledge (Duffy, 2013; El Hussein & Fast, 2020; Haycock-Stuart et al., 2016; Karlstrom et al., 2019; Lauder et al., 2008; Luhanga et al., 2008; Scanlan & Chernomas, 2016; Tanicala et al., 2011) and be able to demonstrate skills in a correct and confident manner (Andersen et al., 2019; Burden et al., 2018; DeBrew & Lewallen, 2014; Duffy, 2013; Jervis & Tilki, 2011; Kennedy & Chesser-Smyth, 2017; Lauder et al., 2008; Lewallen & DeBrew, 2012; Luhanga et al., 2008). Several studies emphasise that knowledge and skills form the basic core of nursing (Lauder et al., 2008; Lewallen & DeBrew, 2012; Luhanga et al., 2008; Tanicala et al., 2011; Wangen et al., 2010). As well as having knowledge and skills, students must show that they are able to link theory and practice (Duffy, 2013; El Hussein & Fast, 2020; Karlstrom et al., 2019; Kennedy & Chesser-Smyth, 2017; Lauder et al., 2008; Lewallen & DeBrew, 2012; Scanlan & Chernomas, 2016; Tanicala et al., 2011; Wangen et al., 2010).

One study characterises theoretical knowledge as most important when assessing students (Karlstrom et al., 2019), while Lauder et al. (2008) emphasises that skills and knowledge are necessary to be fit to practice. The concept of 'being safe' is specifically linked to knowledge and skills (El Hussein & Fast, 2020; Lauder et al., 2008; Luhanga et al., 2008; Wangen et al., 2010). The findings reveal that, within knowledge and skills, the most commonly specified example is the safe and correct administration of medication (Cassidy et al., 2017; DeBrew & Lewallen, 2014; Karlstrom et al., 2019; Kennedy & Chesser-Smyth, 2017; Killam et al., 2010; Lauder et al., 2008; Lewallen & DeBrew, 2012; Luhanga et al., 2008; Tanicala et al., 2011).

The results show that assessors want students to demonstrate critical thinking (Cassidy et al., 2017; DeBrew & Lewallen, 2014; El Hussein & Fast, 2020; Killam et al., 2010; Lewallen & DeBrew, 2012; Tanicala et al., 2011; Wangen et al., 2010). In that context, Killam et al. (2010) point out that it takes nursing students time to develop different ways of thinking.

It is expected that students demonstrate clear understanding of their practices (El Hussein & Fast, 2020). Furthermore, students are assessed on how they prioritise, plan and manage their time and tasks (Andersen et al., 2019; Burden et al., 2018; DeBrew & Lewallen, 2014; El Hussein & Fast, 2020; Lauder et al., 2008; Lewallen & DeBrew, 2012; Luhanga et al., 2008; Scanlan & Chernomas, 2016; Wangen et al., 2010), and if they can do the job as a newly qualified nurse (Lauder et al., 2008).

5.4 | Complex and subjective assessments

The third research question addresses how and by what criteria students are assessed. The analysis shows that decisions are based on a holistic assessment of several different aspects that take into consideration whether the student is 'safe enough to pass' (Burden et al., 2018; Cassidy et al., 2017; Jervis & Tilki, 2011; Lauder et al., 2008; Tanicala et al., 2011; Wangen et al., 2010). Assessors have their own subjective standards of assessment and expectations for students (Burden et al., 2018; Cassidy et al., 2017; El Hussein & Fast, 2020; Lauder et al., 2008; Wangen et al., 2010). Several studies have found that mentors are insecure about their own decisions and thus find it hard to assess and make judgements (Cassidy et al., 2017; DeBrew & Lewallen, 2014; Duffy, 2013; El Hussein & Fast, 2020; Haycock-Stuart et al., 2016; Jervis & Tilki, 2011; Kennedy & Chesser-Smyth, 2017; Lauder et al., 2008), and some also characterised assessors' judgements as ambiguous and inconsistent (Cassidy et al., 2017; DeBrew & Lewallen, 2014).

Several of the studies stress that the assessment of students is of a subjective nature (Burden et al., 2018; Cassidy et al., 2017; DeBrew & Lewallen, 2014; Haycock-Stuart et al., 2016; Wangen et al., 2010; Webb & Shakespeare, 2008). Some studies show that when assessors make judgements they rely on their own experience and reflections more than on the standards or guidelines provided by the educational institutions (Burden et al., 2018; Cassidy et al., 2017; Wangen et al., 2010). However, some emphasised that the school guidelines were a basis for their decisions (El Hussein & Fast, 2020; Tanicala et al., 2011).

Different factors are highlighted or ranked as important in the decision-making process; for instance, DeBrew and Lewallen (2014) found poor communication, not making progress and medical errors to be the three factors of most influence. Andersen et al. (2019) reported that assessors often ignore communication challenges, interpreting it as naivety that will improve over time. They also found that technical skills are deemed to be more important than interpersonal skills. Some assessors are afraid that there is too much focus on skills rather than personal factors (Lauder et al., 2008). Haycock-Stuart et al. (2016) highlighted competence and motivation as central to the assessment. Legal and ethical violations are emphasised as most important by both Lewallen and DeBrew (2012) and Luhanga et al. (2008), while Karlstrom et al. (2019) found lack of honesty, knowledge, and value of control and precision to be worthy of the greatest attention.

Several studies show that assessors claim to rely on their intuition (Cassidy et al., 2017; Jervis & Tilki, 2011; Scanlan & Chernomas, 2016; Tanicala et al., 2011) or gut feelings (El Hussein & Fast, 2020) when evaluating students. Some state that first impressions are of great importance (Burden et al., 2018; Kennedy & Chesser-Smyth, 2017; Scanlan & Chernomas, 2016; Tanicala et al., 2011; Wangen et al., 2010) or that students with challenges are recognised within the first weeks of placement (Duffy, 2013; Kennedy & Chesser-Smyth, 2017; Lewallen & DeBrew, 2012; Luhanga et al., 2008). Other studies find that assessors evaluate students' suitability based on progress (Wangen et al., 2010), improvement over time (Lauder et al., 2008; Tanicala et al., 2011), and how the students respond to feedback along the way (Scanlan & Chernomas, 2016). Some categorised the assessment of students by the assessors as professional judgements (Burden et al., 2018; El Hussein & Fast, 2020). Another finding is that some choose not

to fail students due to hopes of improvement in the next practice period, while others understand the lack of failing students as being caused by mentors who are not competent or confident enough to assess students by themselves (Kennedy & Chesser-Smyth, 2017).

6 | DISCUSSION

This study aims to explore, describe and synthesise the personal requirements student nurses are assessed in their clinical placement to be suitable, fit, competent and safe for the nursing profession.

6.1 | What constitutes a suitable, fit, competent and safe future nurse?

The primary studies present a variety of characteristics and descriptions, all of which are presented in Table 4. It seems as if nursing students are assessed on whether they possess a complex combination of various qualities, as all studies in various ways refer to attitudes, behaviours and knowledge and skills. The studies show that the threshold for when to become concerned about a student's attributes or personal qualities is not fixed: often it is a combination of several qualities that gives cause for worry, while at other times one particular thing is enough to set off the alarm. For instance, we found that our results could reasonably be divided into desired, undesired and unacceptable qualities and that the unacceptable qualities often will be enough to raise an alarm on their own, while the others tend to be included in a more overall judgement. All of our included studies seem to share two factors in common: a complex combination of qualities ranging from attitudes via behaviours to competence, and the lack of a fixed threshold.

The studies refer extensively to 'competence', a term used to refer to a holistic description composed of various factors that describes a capable nursing student or future nurse. Nursing has a long tradition of understanding that nursing competence comprises a complex combination of knowledge, skills, values and experience, such as we find in the works of Patricia Benner (2011, 1987). Scanlon (2017) conceptualised competence in a similar way based on his findings. We believe that the studies explore the same core phenomenon, even if they use different terms for it. For instance, many studies conceptualise the phenomenon assessed as involving patient safety, referring to 'safe' or 'unsafe' students or behaviours (Andersen et al., 2019; DeBrew & Lewallen, 2014; Karlstrom et al., 2019; Killam et al., 2010; Lewallen & DeBrew, 2012; Luhanga et al., 2008; Scanlan & Chernomas, 2016; Tanicala et al., 2011). Others are concerned with what constitutes a competent student (Burden et al., 2018; Cassidy et al., 2017; Duffy, 2013; El Hussein & Fast, 2020; Kennedy & Chesser-Smyth, 2017; Wangen et al., 2010; Webb & Shakespeare, 2008), while still others focus on students being fit for practice (Haycock-Stuart et al., 2016; Lauder et al., 2008). Nevertheless, the studies emphasise that what is being assessed is a combination of qualities that varies in each student.

Furthermore, our findings emphasise that the respondents often find it challenging to assess the particular qualities they are assigned to assess, as some of them are understood as rather personal issues, such as attitudes and values. Several studies emphasise a fine balance, in which the student must navigate between too little and too much of a certain quality, such as the required level of confidence (Burden et al., 2018; Killam et al., 2010; Lauder et al., 2008; Lewallen & DeBrew, 2012; Luhanga et al., 2008; Scanlan & Chernomas, 2016; Webb & Shakespeare, 2008). This indicates that students must tread a fine line and that assessors must be able to judge whether a student is within the rather undefined normal or acceptable range of such personal qualities. This seems to be demanding for the assessors.

These personal qualities are described and conceptualised in different ways. For instance, some qualities are described as behaviours but could reasonably be understood as knowledge and/or skills, such as communication. Other described qualities are typical moral virtues, such as honesty, modesty, and reliability. How we understand and conceptualise the various qualities can affect how we relate to them and what significance we give them. Take the example of communication: some assessors ignore communication problems in students, putting it down to immaturity or the lack of a competence that will improve over time (Andersen et al., 2019). Others present communication as one of the most important assessment factors and a vital student trait (DeBrew & Lewallen, 2014). This leads to questions as to how different qualities are acquired. A debate noted by DeBrew and Lewallen (2014) and Duffy (2013) concerns whether certain personal qualities required for becoming a nurse can be learned or if they are inherent. Several studies emphasise tailoring assessment to a reasonable level, such as how far along in the programme the student has advanced (Burden et al., 2018; DeBrew & Lewallen, 2014; Tanicala et al., 2011). How assessments of safe, suited and fit students are approached in this matter feeds into a larger discussion in nursing education today: should we require that prospective students possess certain qualities before entering nursing education (such as the values-based recruitment procedures in the United Kingdom, (see Gallagher & Timmins, 2022; Raustøl & Tveit, 2023; Traynor et al., 2017 for discussions of this approach)) or should the education programme emphasise that students develop these qualities after they have entered the programme? This again raises questions about what kind of qualities we are concerned with and how they develop in a person. Benner (2011) emphasised the importance of professional identity formation in education, whereas Pitt et al. (2014) presented a study in which they found that nursing students did not change their personal qualities over 3 years of studies, and that they therefore must possess certain personal qualities that reflect safe, compassionate and professional nursing before entering the programme. Such differences in the understanding of what kind of qualities are assessed have implications for what assessors emphasise and how they respond to that in their assessment.

Many of the outlined categories of qualities are of a rather general nature and could reasonably be taken to mean what constitutes

being a good student, regardless of study programme. For instance, the descriptions of desirable behaviours, such as being present, prepared, calm, adaptive, having self-insight or examples of undesirable behaviour, such as refusing to listen, overstepping boundaries and being avoidant or argumentative, may all be examples of appropriate or inappropriate student behaviours. Additionally, unacceptable behaviours such as lying, threatening and being intoxicated are unacceptable for any student. These factors seem to point towards professionalism in general, as opposed to nursing competence in particular, emphasising certain qualities that are essential for any good professional (Evetts, 2006; Molander & Grimen, 2010). In our studies, concepts like 'professional' and 'competence' are often used, and 'professional' is often used to characterise the kinds of behaviour that assessors look for. Professional knowledge is often understood as a competence that gives rise to trust (Evetts, 2006), which is a feature common to other professions besides nursing.

We have argued that what the studies in our review have in common is that they describe a phenomenon consisting of a complex combination of qualities ranging from attitudes via behaviours to competence, and the lack of a fixed threshold beyond which students are deemed suited, safe, fit or competent for practice. While some of these may be particular to nursing, most seem to be linked to a more general professional competence.

6.2 | Discretional judgement of a complex phenomenon

The phenomenon assessed is complex; as it consists of the presence of several kinds of qualities at varying levels and in various combinations, making assessments is a challenging endeavour and quite a balancing act. Our findings emphasise that the assessors rely on subjective standards, intuition, gut feelings and first impressions. Even so, all agree that there are certain qualification standards that must be met, which may seem like a contradiction.

Making judgements in such complex and contextual matters is a central feature of professional practice. Burden et al. (2018) and El Hussein and Fast (2020) pointed out that assessors exercise professional judgement when evaluating students. The professions are particularly dependent upon making decisions in this way (Freidson, 2001), as professionals are trusted with discretionary power on behalf of the welfare system (Molander et al., 2012). Discretionary decisions in the professions are made against a background of quality standards, professional purpose and a professional body of knowledge, in addition to skills, theoretical knowledge, values and experiences (Freidson, 2001).

An important finding in our study is that many assessors seem to rely on and trust their intuition, following their 'gut feelings' when approaching decision making and judgement concerning suitability, safety, fitness or competence. Benner and Tanner (1987) argued that nurses refer to and rely on intuition when exercising clinical judgement, and in this sense the ways in which the assessors in the articles included in this review speak about their assessment of students resemble clinical judgement. Furthermore, Benner and Tanner (1987) and Benner (2011) argued that this ability to intuit is not based on complete arbitrariness, but denotes the ability to combine knowledge, skills, experience, and value judgements through a complex rational endeavour, identifying what is salient in a situation as an adequately holistic judgement of concrete, particular situations. This kind of discretionary power, they argued, is central to clinical nursing.

One problem with discretionary decisions is that they can involve no doubt or uncertainty. Cassidy et al. (2017) and DeBrew and Lewallen (2014) found that assessors are insecure and ambiguous when making judgements. Additionally, Kennedy and Chesser-Smyth (2017) found that mentors lack the confidence and competence to assess students. Discretionary judgements can be mistaken (Molander et al., 2012), and nurses may doubt their own judgements to such an extent that they hesitate to make decisions that may have severe consequences for students (Deegan et al., 2012).

Even though discretion in the assessment of students' safety, suitability, fitness or competence is challenging and may lead to imperfect judgements, we argue that assessment of these qualities is so complex and individual that discretion is unavoidable. While students may feel that assessors' reference to 'intuition' and 'subjectivity' present a risk to accurate appraisals of their abilities, such terminology may simply indicate that the language lacks sufficient words to express the complex and holistic judgements that are required to assess this phenomenon.

6.3 | Should we be satisfied?

We have briefly pointed towards a tension in our study: while assessors report using intuition and subjective standards—and these can be explained and justified as an expression of a discretionary activity that is hard to conceptualise—they worry that decisions might be arbitrary. To the degree that there are standards about this kind of assessment, many of them are relatively vague and general, emphasising the importance of patient safety, avoiding harm and unsafe practices (Brunel University London, 2018; Norwegian Regulation, 2006; WHO, 2011).

Elisabeth Meerabeau (2001) presented various stakeholders' opinions on the standards and qualifications needed to qualify for the nursing profession, pointing to a lack of universal understanding of the subject. The respondents in the included studies report that they rely to a rather small degree on their institutions' standard documents. Despite concerns about arbitrariness, the studies also indicate that assessors take seriously their responsibility for making the right judgement. As we have argued above, eliminating such arbitrariness is not possible, simply because of the nature of the judgement: it is necessarily complex, contextual and involves assessing particular, individual persons (see also Molander, 2016; Tveit & Raustøl, 2019 for this argument). But this does not mean that the concern is unfounded.

An alternative is to provide clearer standards of competence for nursing students, including the personal qualities required to become a nurse, either before or after training. If doing so does not eliminate arbitrariness altogether, it could potentially limit it. But as there are challenges with developing and applying standards to professional judgements, they must be implemented with great care. At best, a standard can support the assessors in making decisions (Helminen et al., 2016; Holroyd, 2000), while at worst it can shift attention from what really matters—for instance, patient safety—to focus on details involved in the complex assessment (Green, 2009). Therefore, we argue that providing clearer standards is not an obvious solution because mentors are not always in alignment with fixed standards or programmes, nor do they base their judgements on them, and lastly, the complexity of the phenomenon cannot simply be reduced to a particular standard or summative form. Assessing student nurses is discretionary and discretionary judgements will always contain subjectivity to some degree (Molander et al., 2012). Our study shows that the assessment as to whether students are fit, suited, competent and safe to practice is such a complex judgement that it must first and foremost rely on the assessor's ability to make sound professional judgements.

There is a need for more knowledge of mentors' experiences with suitability assessments, how they understand the explicit phenomenon, and their role in those assessments.

6.4 | Limitations

Even though comprehensive searches were conducted, all but one of the studies originate from Western, English-speaking countries. East European, African and Asian studies were not excluded, and hand searches were made in relevant scientific journals without relevant findings. So, a limitation in this integrative review might be that the primary studies represent only a selected section of international nursing education. Due to the variety of terms, and the complexity and different understandings of the concept, we cannot guarantee that all relevant studies have been discovered and represented in this review.

It is important to note that the included studies do not have the same aim and do not necessarily define suitability, fitness, competence or safety in nursing education. However, the results fit into a broader field and provide us with information as to what is emphasised when assessing nursing students.

7 | CONCLUSION

In this paper we have provided an overview of the criteria by which student nurses are assessed in clinical placements, in addition to formal demands such as learning outcomes and exams, to ensure that health and patient safety are delivered in a professional manner. We categorised our findings as *attitudes and personal characteristics*, *behaviours* and *basic knowledge*, all of which are closely linked to professional competence. We explored how student nurses are assessed to be fit, safe, competent and suitable for the nursing profession, and have found that student assessments are complex and composed of several different components, which are often based more on assessors' subjective standards and intuition than on the provided guidelines and standards. The notable use of discretion when assessing students has been discussed.

The need for clarification in this field of interest is evident. There is no universal understanding of which characteristics or qualities are considered necessary for a student to be deemed suited for the nursing profession, although there are many opinions as to what is more or less important in the matter. Do all the presented terms and concepts in this study reflect the same phenomenon, and do they fit into the concept of 'suitability'? They could, as suitability refers to 'being appropriate or right for something'. However, a new universal term and understanding of the phenomenon of interest is up for further debate. We claim that, regardless of standards or further clarification on the matter, we can never eliminate all forms of subjectivity when assessing individuals. The subject is far too complex and demands professional discretion.

8 | RELEVANCE TO CLINICAL PRACTICE

This integrative review concerns professional knowledge and the nursing profession. It is expected that qualified nurses are held to a certain standard and quality, which again calls for educational quality and precision. As clinical practice is a central part of nursing education, the results of this study are important and relevant for both educational institutions and the entire practice field. We have provided details concerning how and by what criteria nursing students are assessed and have shown that there are challenges and incongruences regarding what is perceived as important and not important. This is something we urge the nursing field to acknowledge, as it is crucial to recognise the challenges we are facing when educating future nurses.

AUTHOR CONTRIBUTIONS

CSN and IH contributed to search strategy, data collection and writing method chapter. CSN, BT and AR contributed to data analysis. CSN contributed to manuscript writing. All authors contributed to design, data selection, agreement on final manuscript, figures, tables and supplementary files.

FUNDING INFORMATION

The authors declare that there were no fundings to this study.

CONFLICT OF INTEREST STATEMENT

The authors declare that they have no conflict of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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How to cite this article: Natterøy, C. S., Tveit, B., Hunskår, I., & Raustøl, A. (2023). Suitable, fit, competent and safe to practice nursing? Assessing nursing students' personal qualities in clinical placement—An integrative review. *Journal of Clinical Nursing*, *00*, 1–19. https://doi.org/10.1111/jocn.16747