

# Relational pedagogy in student nurses' clinical teaching at a Primary Healthcare setting

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## Research Article

**Keywords:** Relational pedagogy, Primary healthcare, Clinical teaching, Nursing education, Student agency, Qualitative study

**Posted Date:** August 21st, 2026

**DOI:** <https://doi.org/10.21203/rs.3.rs-10482198/v1>

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**Additional Declarations:** No competing interests reported.

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## Abstract

## Background

Professional nurses in primary healthcare (PHC) settings face competing demands that constrain their clinical teaching roles during student nurses' work-integrated learning. Relational pedagogy, which emphasises reciprocal interactions between nurses and students, may offer a contextually relevant approach. This study explored how relational pedagogy is enacted in PHC clinical teaching.

## Method

A qualitative, exploratory, and descriptive design was used. Ten purposively selected professional nurses from three PHC clinics in Gauteng, South Africa, participated. Data were collected through in-depth, face-to-face interviews conducted between June 2025 and March 2026, and analysed thematically.

## Results

Clinical teaching was shaped by a reciprocal relationship between professional nurses and student nurses. High patient volumes, staff shortages, and service pressures limited structured teaching. Relational pedagogy emerged through informal, interaction-based teaching practices such as role modelling and experiential guidance. Student agency including attitude, engagement, and initiative significantly influenced teaching effectiveness and learning outcomes. Teaching was thus co-constructed rather than solely nurse driven.

## Conclusion

Relational pedagogy provides a practical framework for strengthening clinical teaching in resource-constrained PHC settings. Recognising student nurses as active contributors to the teaching and learning process may enhance work-integrated learning and support professional nurses' dual roles.

## Background

Professional nurses are facing significant challenges in fulfilling their clinical teaching responsibilities during student nurses' work-integrated learning (WIL) placements in clinical facilities. High patient volumes, staff shortages, and competing service demands often limit professional nurses' ability to engage meaningfully with student nurses' clinical teaching activities (1, 2). Within this challenging context, relational pedagogy offers a promising approach to clinical education (3). By prioritising a relational process that is shaped by reciprocal relationship, relational pedagogy shifts the focus away from time-consuming and technical clinical teaching activities in the clinical environment toward more meaningful and contextually grounded relationships between professional nurses and student nurses (3, 4). Such relationships may enhance student nurses' learning experiences while supporting professional nurses' clinical teaching and patient-care responsibilities (3, 5).

Professional regulatory bodies for nurses from across the globe expect professional nurses to mentor, supervise, and facilitate the learning of student nurses within clinical environments where they are placed for WIL. The Nursing and Midwifery Council (NMC) in the United Kingdom positions teaching as an integral function and part of professional standards for professional nurses requiring them to support and supervise student nurses in the clinical environment (6). In the United States of America, the American Nurses Association (ANA) identified education and mentorship of student nurses as an essential component of professional nurses' roles (7). In Australia, the Nursing and Midwifery Board of Australia (NMBA) requires nurses to participate in supervision and teaching activities that promote the development of students and colleagues (8, 9). Despite these clear professional regulatory mandates from the first-world contexts, professional nurses in these countries face challenges in fulfilling their teaching roles in the clinical environment due to high workload pressures, insufficient pedagogical training, and lack of protected teaching time (10, 11).

Within the African context, regulatory frameworks place similar expectations on professional nurses and generally endorse clinical teaching as part of professional nurses' practice. In South Africa, professional nurses, as part of their professional scope of practice are required by the South African Nursing Council (SANC) to teach, mentor, and supervise student nurses in the clinical environments where they are placed for WIL (12, 13). The National Policy on Nursing Education and Training also emphasise the expectation that clinical environments serve as primary learning platforms, thus, placing professional nurses at the centre of facilitating WIL for student nurses (14). In Botswana and Uganda, clinical nurses are recognised as primary facilitators of student learning during placements, particularly in settings where nurse educators are not consistently present (15, 16).

Higher education institutions (HEIs) and nursing colleges from around the world rely on external healthcare environments like hospitals and clinics to deliver essential WIL (17). These HEIs and nursing colleges cannot maintain a continuous presence of clinical lecturers across every clinical ward and facility; therefore, professional nurses serve as the primary facilitators of student nurses' learning in the clinical environment (18, 19). These pedagogical responsibilities are required to be fulfilled by professional nurses within the clinical settings that are often characterised by high patient loads, severe shortage of resources and staff, and limited institutional support (20, 21). Therefore, a persistent dilemma emerges where professional nurses are held accountable as educators without being adequately prepared and supported (22, 23). At the same time, the public demands acceptable healthcare service delivery.

In South Africa, this tension between healthcare service delivery and professional nurses' teaching responsibilities is more pronounced in primary healthcare (PHC) where there are high patient volumes and shortage of resources (18, 24). As the first point of contact for most of the population in South Africa, PHC

clinics bear the heaviest burden of the public health system. This entry-level positioning within the healthcare system leads to chronic overcrowding and intense service pressure, which forces clinical teaching to take a backseat to urgent patient care (25). In many PHC settings, teaching is thus treated as an implicit expectation rather than a formally structured role, resulting in fragmented, inconsistent, and often compromised learning experiences for student nurses (18, 23, 26).

Professional nurses' clinical teaching role can be viewed and understood through multiple complementary frameworks that emphasise the relational and interactional nature of learning. Vygotsky's Social Constructivist Theory highlights that learning occurs through social interaction with more knowledgeable others (27), positioning professional nurses as key mediators of student development within the clinical environment. Experiential Learning Theory highlights the importance of learning through lived experience, reflection, and application, processes (28) which are all inherently embedded in nursing clinical practice. While Social Learning Theory emphasises the role of observation, modelling, and interaction (28), indicating the significance of professional nurses as role models in shaping students' professional identity. Lastly, the Self-determination Theory provides insight into how motivation and engagement influence learning processes (29), suggesting that student nurses' agency plays a critical role in shaping their learning outcomes in the clinical environment during WIL.

These theories converge on the idea that teaching in the clinical environment is a relational, dynamic, and co-constructed process. In addition, relational dynamics between professional nurses and students, such as students' attitudes, engagement, and professional behaviour, significantly influence professional nurses' teaching experiences (30); however, they are often overlooked in policy and practice discussions. Much of the existing literature continues to conceptualise clinical teaching as a professional nurse-driven activity, with limited attention to the reciprocal and interactive dimensions of teaching and learning. For example, O'Donovan and colleagues (30) reported on a top-down approach that dictates what the clinical professional nurse must do in clinical education, and Foo and colleagues (22) pointed out standard guidelines that heavily emphasise structural, nurse-facing task burdens such as time constraints and skill checklists.

A relational process that is jointly shaped by a reciprocal relationship between professional nurses and students where student initiative must meet professional guidance halfway, directly influences the quality of teaching and mentoring the professional nurse can provide (31, 32). However, the role of student engagement as an active determinant of teaching effectiveness in clinical setting remains underexplored. Therefore, this article explores relational pedagogy within PHC clinical settings by examining how reciprocal learning and student agency influence teaching practices among professional nurses.

## Methods

### Aim and research design

A qualitative, exploratory, and descriptive research design was used in this study. This study aimed to explore and describe professional nurses' perceptions of their teaching role during the clinical placement of undergraduate nursing students. However, this article focuses on how relational pedagogy is enacted within the PHC clinical environment.

### Population and sampling

Population in this study refers to 20 to 30 professional nurses who were employed at the PHC clinics that were selected for data collection. Ten professional nurses who met the inclusion criteria were selected using purposive sampling method. The inclusion criteria required eligible participants to be registered professional nurses with a minimum of two years' clinical experience and involvement in student nurses' supervision and teaching activities. The final sample size was determined by data saturation where data collection and analysis yielded redundant insights (33).

### Setting

Participants were selected from the three PHC clinics situated in Gauteng, a highly urbanised province in South Africa. The selected PHC clinics are part of the network of public healthcare facilities that provides essential healthcare services to approximately 13.1 million (83%) of the provincial population who do not have medical insurance and depend exclusively on government-funded healthcare (34). These PHC clinics are nurse-led, offering services to approximately 3 000 patients per month. Furthermore, healthcare services in each of the selected PHC clinics are provided by seven to ten professional nurses, and these clinics also serve as accredited clinical training sites for several HEIs and nursing colleges in Johannesburg.

### Data collection

Data were collected through face-to-face, in-depth, individual interviews conducted by the primary researcher from June 2025 to March 2026. Individual interviews were conducted at the PHC clinics where the participants were employed, in a private room during the times that were convenient for the participants. Each interview lasted between 45 and 60 minutes and were recorded on a digital device. An interview guide was developed by the researcher specifically for this research study. All interviews began with the same central question: "What are your perceptions regarding your teaching role towards undergraduate nursing students' during their clinical placement in this clinic?" This question was followed by more probing questions and use of effective communication such as active listening, probing, reflecting, clarification, paraphrasing, use of silence, and summarising. The interviews were later transcribed verbatim by the primary researcher. Field notes were taken during interviews and were used to supplement the transcriptions of the interviews.

### Data analysis

Data were analysed using the seven-step phenomenographic data analysis approach proposed by Sjöström and Dahlgren (35). This approach facilitated a systematic exploration of professional nurses’ perceptions of their teaching role in the clinical learning environment. The first step, familiarisation, involved reading and reviewing the interview transcripts repeatedly to gain an in-depth understanding of the data and correct any transcription errors. During the second step, compilation, similarities and differences within participants’ responses were identified to determine the most significant elements related professional nurses’ perceptions of their teaching role during the clinical placement of undergraduate nursing students. The third step, condensation, included selecting meaningful and relevant excerpts from the transcripts and excluding redundant information. In the fourth step, preliminary grouping, similar responses were classified into preliminary groups, resulting in an initial set of descriptive categories. The fifth step, preliminary comparison of categories was done. This step involved reviewing and refining categories to identify relationships and distinctions among them. The sixth step, naming the categories, focused on assigning appropriate labels that accurately captured the essence of each category. Finally, in the outcome space stage, the categories were organised hierarchically to illustrate their internal relationships and collective meaning. An independent coder participated in the coding process, and consensus was reached on the final themes and categories. This was done to enhance the credibility and trustworthiness of the analysis.

## Findings

The study included 10 professional nurses. Most participants were female (n = 8, 80%), while two were male (20%). Participants' professional experience ranged from 3 to 20 years, with a mean of 8.9 years, reflecting a diverse mix of early-career and highly experienced practitioners.

The findings of this study are organised into two interconnected themes (Table 1) that highlight the relational and interactional nature of clinical teaching in PHC settings. The themes will indicate how relational dynamics and relationship between professional nurses and students, professional nurses past experiences, and students' attitudes, engagement, and professional behaviour, influence professional nurses' teaching experiences. Themes are presented followed by quotations from the participants. To maintain confidentiality and anonymity, each participant was assigned a unique identifier. Participant number 1 who is a male, with 4 years’ experience will be presented as M1:4yrs, and participant number 2 who is a female with 13 years’ experience will be presented as F2:13yrs.

Table 1  
Themes and subthemes

| Theme                                                        | Sub-theme                                                              |
|--------------------------------------------------------------|------------------------------------------------------------------------|
| 1. Reciprocal learning as a relational teaching process      | 1.1. Teaching as a reciprocal learning process                         |
|                                                              | 1.2. Past experiences as a student shaping current teaching philosophy |
| 2. Student agency as a determinant of teaching effectiveness | 2.1. Eager and proactive students facilitate effective teaching        |
|                                                              | 2.2. Resistant, disrespectful, or disengaged students hinder teaching  |

## Theme 1: Reciprocal learning as a relational teaching process

Theme 1 reflects participants’ understanding of teaching as a process of mutual learning, whereby professional nurses and student nurses learn from one another within the clinical environment. Participants viewed teaching as an interactive and collaborative process and further indicated that their approaches to teaching in the clinical environment are strongly influenced by their own positive and negative encounters with previous mentors as student nurses. These experiences shaped how they support, supervise, and facilitate teaching of student nurses in a clinical environment.

### Teaching as a reciprocal learning process

The reciprocal nature of relational pedagogy suggests that clinical learning emerges through mutual engagement, trust, and responsiveness between professional nurses and students, with each participant contributing to the quality of the learning experience (36, 37). This subtheme reflects how professional nurses conceptualise clinical teaching as a reciprocal, interactive, and mutually beneficial process, rather than a one-way transfer of knowledge. Participants described clinical teaching as a mutually beneficial process in which both professional nurses and student nurses contribute to learning. Participants reflected that professional nurses share clinical experience and practical skills, while student nurses bring current theoretical knowledge and updated evidence-based practices, creating opportunities for continuous professional development. One participant explained:

*“I gain a lot from them. They’ll be coming with new guidelines that I’m not really aware of.” (M1:4yrs)*

Participants further reflected that although clinical teaching benefits student nurses, it also reinforces and expands their own knowledge and competence:

*“When you are teaching them, you are also gaining more experience on what you are doing... you are empowering yourself again.” (F3:3yrs)*

*“My role is to give more information and in turn it also gives me more information, to enable me to learn as well.” (F5:6yrs)*

Participants further described teaching as a relational and reciprocal process through which both educators and learners benefited from the exchange of knowledge and experiences:

*“We teach them, and they also teach us.” (F2:13yrs)*

### Past experiences as a student shaping current teaching philosophy

Relational pedagogy recognises that educational relationships are influenced by past relational experiences and that these experiences shape current teaching practices (38). These previous experiences influence how professional nurses interact with students, guide learning, and provide feedback. Participants indicated that their current teaching philosophies are shaped by their own experiences as student nurses. Encounters with their previous mentors influenced how they now approach teaching, supervision, and support in the clinical environment. Participants reflected on the impact that previous professional nurses had on their development and described how they consciously modelled their current teaching practices. The following quotes demonstrates how past experiences as student nurses shaped the participants' present teaching philosophy, one participant explained:

*"I have had experiences with nurses that were difficult and very caring... I decided one day I'm going to be that person."* (M1:4yrs)

Another one acknowledged their own learning experiences how it influences how they engage with students and remain open to new knowledge:

*"Learning evolves. I may be a nurse that trained a time ago, but my experience taught me that I have to be open to learning new things."* (F8:6yrs)

## Theme 2: Student agency as a determinant of teaching effectiveness

Learning is co-constructed through ongoing interactions between student nurses and professional nurses. From a relational pedagogy perspective, students nurses behaviour directly affects the quality of the educational relationship (39, 40). Theme 2 illustrates how student nurses' attitude, willingness, and behaviour influence the effectiveness of teaching in a clinical environment. This theme further indicate that eager and proactive students facilitate deeper, more meaningful teaching interactions, while resistant or disengaged students hinder the process and constrain learning opportunities.

### Eager and proactive students facilitate effective teaching

Participants reflected that teaching becomes more meaningful, efficient, and rewarding when students demonstrate a genuine willingness to learn. Participants further reflected that clinical teaching is then experienced as a collaborative process, where the professional nurse as an educator can build on students' curiosity, readiness, and active participation. Students who ask questions, seek learning opportunities, and show initiative were perceived as motivating professional nurses to invest more time and effort in teaching. The following participants' quotations illustrate how willingness and active participation from students create conducive conditions for effective clinical teaching:

*"It becomes very nice when you find students who are willing to work and willing to know the ins and outs."* (M1:4yrs)

This willingness to engage was viewed as a foundation for meaningful teaching interactions, enabling professional nurses to provide more focused guidance and support:

*"There are those students with an interest to learn. You just show them once or twice and they immediately get it right."* (F6:12yrs)

One participant further indicated that students who readily engage with learning opportunities enhance the efficiency of clinical teaching and encourage educators to invest more effort in the learning relationship:

*"On that note, I always teach those that want to learn because really it's a waste of time showing someone something whereas they are not interested to learn."* (M10:20yrs)

Students who demonstrated enthusiasm and initiative were perceived as creating opportunities for deeper mentorship and professional growth:

*"When you see the ability in a person, or spot interest in them, it is easy for you to mentor them, because they will find what you do fascinating and motivational."* (F8:6yrs)

### Resistant, disrespectful, or disengaged students hinder teaching

This subtheme highlights how student nurses' negative attitudes, disengagement, and lack of professionalism act as significant barriers to effective clinical teaching in PHC settings. Participants described how teaching becomes challenging, fragmented, and, at times, ineffective when student nurses lack interest, becomes resistant to learning, or show poor commitment to their clinical responsibilities. The following participant quotations illustrate the challenges posed by resistant and disengaged students. One participant noted that student nurses' attitudes can hinder learning, making it difficult for professional nurses to establish effective teaching relationships:

*"Some people can be difficult when you teach them... it's the attitude. Do they want to learn or do they just block you."* (F5:6yrs)

Similarly, another participant indicated that persistent student disengagement may discourage professional nurses from investing time and effort in teaching, as their efforts may feel unappreciated or unreciprocated:

*"Some of the student nurses don't show interest in learning. That ultimately becomes a barrier because trying to teach someone who is not interested, they will always come up with excuses. I always teach those that want to learn because really, it's a waste of time showing someone something whereas they are not interested to learn."* (M10:20yrs)

One participant expressed frustration with students who demonstrate a lack of commitment during clinical placement:

*"Sometimes students will come at 07h30 and you explain everything, then 11h00 they are gone... it becomes a challenge, and disrespect." (F4:7yrs)*

Another one reflected on the need to continuously monitor students, which might have been perceived as an additional burden in busy clinical environments where professional nurses already face significant service demands:

*"Others you have to follow around... they just loiter around." (P6:12yrs)*

## Discussion

From the findings, multiple insights emerged. The first one is that clinical teaching in PHC settings should be a relational process shaped by reciprocity, where learning is co-constructed through ongoing interaction and knowledge exchange between professional nurses and student nurses. Participants described clinical teaching as a mutually beneficial exchange instead of one-directional transfer of knowledge. Clinical teaching was further experienced as a collaborative process where professional nurses shared practical expertise and clinical experience, while student nurses contributed current theoretical knowledge, new perspectives, and updated guidelines. Participants also highlighted that teaching enhances their own professional development, prompting reflection on existing practices and encouraging them to remain current with evolving clinical standards. Through engagement with student nurses, participants indicated that they could revisit foundational knowledge, strengthen their clinical reasoning, and gain confidence in their clinical practice. This assertion suggests that clinical teaching in the PHC environment was therefore experienced as an opportunity for self-empowerment, knowledge renewal, and professional growth.

Literature supports this study's assertion whereby effective clinical teaching was reportedly reliant on collaborative clinical facilitation through clinical conferences and team-based mentorship as opposed to a strict, one-way workflow (41, 42). These studies further reported that the interactive process where student nurses are treated as active partners in clinical environment with their recent theoretical perspectives is valuable for stimulating reflective practice and clinical reasoning among seasoned clinical preceptors. However, the realities of nursing student placements within resource-constrained PHC clinics where student nurses are often used as part of the staff complement might force a survivalist environment which does not leave room for collaborative learning or knowledge exchange between professional nurses and student nurses (43). In an environment where student nurses regard being taught new things and being supervised by senior staff as the most significant factors in developing their clinical competence, the current study's assertion of reciprocity, co-construction and knowledge exchange might be challenged. This view challenges the assertion of mutual co-construction, and it reinforces a traditional, hierarchical paradigm where the student nurse is a dependent receiver of knowledge who relies entirely on the direct instructions and oversight of a superior professional nurse (1).

The second insight emerging from this study is that prior learning experiences and the quality of mentorship received as a student influences the current teaching philosophies. Participants reflected that positive mentorship experiences encouraged them to emulate supportive teaching practices, while negative experiences motivated them to provide the guidance, respect, and encouragement they felt had been lacking during their own training. These findings illustrate two core tenets of relational pedagogy in clinical nursing education. The first is the transformative impact of experiential role modelling which entails to how observing both positive and negative clinical behaviours shapes a student's future professional identity (40, 44). The second one is the necessity of epistemic humility and continuous co-learning which entails to how experienced professional nurses must remain open to new evidence-based knowledge introduced by student nurses (40, 44).

Relational pedagogy asserts that professional identity is not just taught via textbooks; it is heavily absorbed through watching educators manage complex interpersonal dynamics (40). Literature reported on intentional imitation, where students observe a senior staff who successfully balances being structurally difficult (firm, disciplined, maintaining high standards) with being very caring, creating potent pedagogical anchor (45). Students use reflection to process this lived experience and deliberately choose to replicate that specific professional archetype in their future career (46). Relational pedagogy also acknowledges that previous negative interactions with mentors as student nurses are equally powerful influence for professional nurses teaching practices. A study focusing on student nurses' encounters with non-therapeutic communication and rigid staff behaviours established that student nurses do not just passively absorb bad habits, instead, they use these negative experiences as a corrective mirror or anti-model (47). The study further reports that unsupportive clinical environment can prompt deep internal reflection among students, thus, driving them to make a conscious vow to behave differently when they eventually become the qualified professional in charge.

Professional nurses' openness to new evidence-based knowledge introduced by student nurses are supported by literature on epistemic humility and bi-directional knowledge flow (48, 49). Traditional clinical teaching assumes that knowledge flows exclusively downward from experienced professional nurse to the novice student nurse. However, relational pedagogy views clinical spaces as environments for co-constructed knowledge and academic-practice partnerships. Studies investigating the modern preceptorship dynamics emphasised that experienced professional nurses must embody epistemic openness (50, 51). Because healthcare guidelines evolve rapidly, professional nurses who remain relationally engaged acknowledge that student nurses arriving fresh from university bring updated, evidence-based theories. This bi-directional exchange bridges the theory-practice gap, transforming the clinical environment from a static workplace into a fluid, continuous learning ecosystem for both professional nurses and student nurses (48, 49).

While the findings in this study emphasise the value of relational pedagogy in PHC clinical environment where negative role modelling experienced by the professional nurses has been converted into positive intent and professional nurses display openness to fresh knowledge brought by student nurses, systemic realities often challenge this assertion and perspective. Two distinct perspectives from recent academic studies directly oppose or challenge these assertions, illustrating the structural and institutional barriers that prevent relational pedagogy from occurring in practice are discussed here.

The first one relates to the idea that student nurses can easily use difficult encounters as a reflective mirror to consciously decide *"I am going to be that caring person."* One study demonstrated that clinical environments are heavily governed by institutional hierarchies and workplace surveillance (52). Instead

of empowering students to reflectively self-author their future professional identity, clinical learning environments are often saturated with a fear of judgment. The seniors hold gatekeeping power over a student's passing their assessments; therefore, students may frequently resort to strategic compliance just to survive. The psychological strain of maintaining deference and emotional restraint may suppress authentic relational development. This indicates that students cannot simply choose their identity in a vacuum; they are often forced to replicate the rigid behaviours of the dominant hierarchy to protect their clinical progression.

The second perspective is clinical friction, time scarcity, and epistemic resistance to new knowledge which challenges the idea that professional nurses would naturally remain open to continuous learning. Literature identifies severe resource scarcity, extreme workloads, and time deficits fundamentally shatter bi-directional knowledge exchange (53). In one study, preceptors reported profound discrepancies in applying theory to practice, noting that the idealised evidence-based guidelines brought by student nurses often clash with rapidly evolving workplace realities (53). In a PHC environment which is characterised by the high patient volumes and shortage of staff, professional nurses might display epistemic resistance dismissing student inputs in favour of rapid clinical workflows.

The last insight emanating for this study's results is that the quality of clinical education in clinical environment depends on the quality of engagement between educators and students. Participants highlighted the central role of student agency in shaping teaching effectiveness in PHC clinics during WIL. Participants reported that student nurses who demonstrated interest, curiosity, initiative, and a willingness to learn created opportunities for more meaningful teaching, mentorship, and professional growth. Such student nurses motivated professional nurses to invest additional time and effort in teaching, thereby strengthening the teaching-learning relationship. On the other hand, resistance to learning, disengagement, absenteeism, and unprofessional behaviour were perceived as significant barriers to effective teaching in clinical environment. These behaviours disrupted the collaborative nature of teaching, weakened educator-student relationships, and often discouraged professional nurses from investing in teaching interactions. This assertion highlights an essential truth of relational pedagogy, which is that clinical education is an interdependent ecosystem driven heavily by student agency and behavioural choices (54). In demanding PHC clinics, student nurses behaviours like initiative, curiosity, and proactive engagement serve as relational currency that directly motivates busy professional nurses to invest their time. Conversely, passive behaviours like absenteeism or disengagement break down this collaborative loop, causing preceptors to withdraw investment (55).

Literature supports the idea that active student nurses' behaviour in clinical environment motivate professional nurses to invest extra time in teaching. One research study described how the teaching behaviours of preceptors are directly mediated by student nurses' engagement. The study reported student nurses' internal drive which was demonstrated by active inquiry and clinical curiosity as a relational currency (55). This assertion proves that when a student demonstrates noticeable initiative, it triggers an intrinsic reward system for the preceptor, prompting them to create or identify learning opportunities and share practical knowledge that passive students would not get (55, 56).

Relational pedagogy frames learning as a product of co-agency, meaning that the effectiveness of clinical teaching cannot be achieved unilaterally by an educator (54). If a student nurse steps into the PHC space as an active and dialogic partner that shows willingness to negotiate daily task challenges, the clinical environment transforms into an inclusive space for growth. However, if student agency is absent, the entire pedagogical framework collapses, regardless of the educator's inherent teaching skill (54).

Literature also supports that disengagement, absenteeism, and unprofessional habits among student nurses negatively impact on the teaching effectiveness. One study that reported that relational erosion, which is triggered by unprofessional student behaviours, such as a lack of motivation, unexcused absenteeism, or an inability to proactively ask questions undermines clinical meaningful teaching (57). In demanding clinical environments like understaffed PHC clinics, professional nurses and preceptors might interpret these disengaged student behaviours as a sign of disrespect or waste of time. As a coping mechanism against burnout, professional nurses then actively withdraw emotional and educational investment, reverting to a top-down, strictly instructional approach that strips away all meaningful mentorship (55, 57, 58).

These assertions made from the last insights emanating from the findings represent an aspect of relational pedagogy where clinical teaching quality is driven by student agency, active curiosity, and co-constructed engagement. However, alternative educational frameworks and empirical studies challenge this narrative. The opposing perspectives argue that clinical teaching effectiveness' is dictated by structural, teacher-led, or institutional constraints rather than student behaviour. In under-resourced PHC settings, severe shortage of staff, heavy patient loads, and lack of infrastructure restrict teaching among professional nurses. Even if a student exhibits high levels of initiative and curiosity, they cannot overcome an environment that has no time or resources for relational engagement. Therefore, the effectiveness of clinical teaching is determined by structural readiness and organisational design rather than the interpersonal dynamics or the relational currency of the student (59). Additionally, other authors oppose the idea of co-agency by asserting that clinical competence is primarily achieved through top-down instruction and structured supervision (60). They argue that the ultimate responsibility for learning outcomes rests solely on the clinical instructor's competence, pedagogic skill, and capability to manage the environment. This perspective entails that effectiveness of clinical teaching is not a joint negotiation between a professional nurse and student nurse but a structured transfer of knowledge where the professional must explicitly guide, monitor, and assess the student nurse regardless of their initial motivation or behavioural flaws. Passive behaviours are treated as remediable instructional challenges rather than reasons for withdrawal from clinical teaching responsibilities.

## Limitations

This study has several limitations that should be considered when interpreting the findings. Although data saturation was achieved, the study was conducted in only three PHC facilities in Gauteng and involved a relatively small purposive sample of ten professional nurses. The findings should be interpreted within the specific PHC context in which the study was conducted and cannot be generalised to all professional nurses or healthcare settings.

## Conclusion

These findings have important theoretical, educational, and practice implications. The central insight emerging from this study is that effective clinical education in PHC settings is fundamentally relational in nature. Learning is not just the acquisition of clinical knowledge and skills but is facilitated through meaningful interactions characterised by collaboration between professional nurses and student nurses. Clinical teaching therefore occurs within a social and relational context in which learning is actively negotiated and shaped through engagement with others. At a theoretical level, the findings advance the understanding of relational pedagogy in clinical learning environment by demonstrating that teaching within PHC settings extends beyond the unidirectional transmission of knowledge from professional nurses to student nurses. Instead, clinical education is a reciprocal, interactive, and co-constructed process in which both professional nurses and student nurses contribute to the creation, sharing, and refinement of knowledge.

Furthermore, the findings indicate the influence of mentorship experiences on the development of teaching practices. Professional nurses' approaches to teaching are shaped by their own experiences as learners, suggesting that mentorship functions as a mechanism for knowledge transfer and a process through which professional values, attitudes, and behaviours can be reproduced across generations of nurses. Therefore, investment in effective mentorship and role-modelling practices has implications for current student nurses' learning and for the long-term sustainability and quality of clinical education within PHC settings. The following recommendations are derived from the study findings and are aimed at strengthening clinical teaching and learning within PHC settings:

- Clinical facilities must collaborate with NEIs to establish supportive clinical learning environments that promote positive relationships between professional nurses and student nurses.
- Professional nurses must be recognised and supported as both educators and lifelong learners through continuous professional development opportunities.
- Institutional recognition and support should be strengthened to acknowledge clinical teaching as a core component of professional nursing practice and to enhance professional nurses' engagement in student education.
- Healthcare facilities and HEIs should cultivate collaborative learning partnerships that facilitate reflective practice, shared learning, and bidirectional knowledge exchange between academia and clinical practice.
- Prepare student nurses for clinical placement through structured orientation programmes that promote professionalism, accountability, active engagement, and shared responsibility for learning, while fostering collaborative partnerships between students and professional nurses.

## Abbreviations

ANA  
American Nurses Association  
HEI/HEIs  
Higher Education Institution(s)  
NMC  
Nursing and Midwifery Council  
NMBA  
Nursing and Midwifery Board of Australia  
PHC  
Primary Healthcare  
SANC  
South African Nursing Council  
WIL  
Work-Integrated Learning

## Declarations

## Ethics approval and consent to participate

Ethical approval for the study was obtained from the University of Johannesburg Research Ethics Committee (REC) (REC-3117-2024), and permission to access the PHC facilities was granted by the Gauteng Department of Health (UJ REC\_202410\_082 / REC 241112\_035). The study was conducted in accordance with the ethical principles of the Declaration of Helsinki, which provides internationally recognised guidelines for research involving human participants (61). All participants received an information letter explaining the purpose of the study, the research procedures, potential risks and benefits, and the voluntary nature of participation. Written informed consent was obtained from all participants before data collection commenced, including consent for the audio recording of interviews. Participants were assured of the confidentiality and anonymity of their responses, and all data were securely stored and accessible only to the research team. Participants were also informed of their right to decline participation or withdraw from the study at any stage without penalty or adverse consequences.

## Consent for publication

Not applicable

## Competing interests

The authors declare that they have no competing interests.

## Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

## Author Contribution

KM: Conceptualisation, Formal analysis, Investigation, Methodology, Writing - review and editing. RM: Conceptualisation, Methodology, Supervision, Writing - original draft, Writing - review and editing. Lerato Matshaka: Supervision, Validation, Writing - review and editing. Sidwell Matlala: Supervision, Validation, Writing - review and editing.

## Acknowledgement

The authors would like to thank the professional nurses who took their time and generously shared their experiences.

## Availability of data and materials

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request.

## References

1. Mafumo JL, Maputle MS. 2025, 'Limited resources in clinical facilities: Experiences of nursing students during placements', *Curationis* 48(1), a2732. <https://doi.org/10.4102/curationis.v48i1.2732>
2. Mokoena EM, Rabie T, Du Preez A. (2023). Challenges in the working relationship between professional nurses and clinical associates in selected district hospitals in South Africa. *Health SA Gesondheid*, 28(0), a1927. <https://doi.org/10.4102/hsag.v28i0.1927>
3. Wurth S, Maisonneuve H, Moussa MA, Campion B, Caire Fon N, Peltier C, Audétat MC. Development of complex pedagogical competencies and reflexivity in clinical teachers via distance learning: a mixed methods study. *Med Educ Online*. 2023;28(1):2265163. 10.1080/10872981.2023.2265163.
4. Benner P, Sutphen M, Leonard V, Day L. *Educating nurses: A call for radical transformation*. Wiley; 2009. Dec 9.
5. Watson J. *Nursing: the Philosophy and Science of. Caring in nursing classics: An essential resource*. 2012 Dec 12:237.
6. Nursing and Midwifery Council. *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*. London: NMC; 2015. [updated 2018; cited 2026 Jul 7]. Available from: [nmc.org.uk](http://nmc.org.uk).
7. American Nurses Association. *Nursing: Scope and standards of practice*. 4th ed. Silver Spring (MD): ANA; 2021 [cited 2026 Jul 7]. Available from: [nursingworld.org](http://nursingworld.org).
8. Nursing and Midwifery Board of Australia. *Registered nurse standards for practice*. Melbourne (VIC): NMBA; 2016 [cited 2026 Jul 7]. Available from: <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/registered-nurse-standards-for-practice.aspx>
9. Nursing and Midwifery Board of Australia. *Code of conduct for nurses*. Melbourne (VIC): NMBA; 2018 [updated 2022; cited 2026 Jul 7]. Available from: [nursingmidwiferyboard.gov.au](http://nursingmidwiferyboard.gov.au).
10. Burgess A, van Diggele C, Roberts C, Mellies C. Key tips for teaching in the clinical teaching. *BMC Med Educ*. 2020;20(Suppl 2):463. <https://doi.org/10.1186/s12909-02283-2>.
11. Mikkonen K, Tomietto M, Tuomikoski A, Kaučič BM, Riklikiene O, Vizcaya-Moreno F, Pérez-Cañavera RM, Filej B, Baltinaite G, Cicolini G, Kääriäinen M. Mentors' competence in mentoring nursing students in clinical practice: Detecting profiles to enhance mentoring practices. *Nurs Open*. 2022;9:593–603.
12. South African Nursing Council. *Nursing Education and Training Standards*, Pretoria SANC. 2020 [cited 2026 Jul 7]. Available from: <https://www.sanc.co.za/wp-content/uploads/2020/08/Nursing-Education-and-Training-Standards.pdf>
13. South Africa. *Nursing Act. 2005 (Act No. 33 of 2005): Regulations: Scope of practice for nurses and midwives*. Government Gazette No. 43305, Regulation R.521 (2020 May 12). Available from: [https://www.gov.za/sites/default/files/gcis\\_document/202005/43305gon521\\_0.pdf](https://www.gov.za/sites/default/files/gcis_document/202005/43305gon521_0.pdf)
14. South Africa. Department of Health. *National Policy on Nursing Education and Training*. Government Gazette No. 42380, Notice No. 544. Pretoria: Government Printer. 2019 Apr 5 [cited 2026 Jul 17]. Available from: [https://www.gov.za/sites/default/files/gcis\\_document/201904/42380gon544.pdf](https://www.gov.za/sites/default/files/gcis_document/201904/42380gon544.pdf)
15. Madisa M, Ditole MC. A preceptorship model to facilitate clinical nursing education in health training institutions in Botswana. *Curationis*. 2021;44(1):e1-e10. Available from: <https://curationis.org.za/index.php/curationis/article/view/2182/2887>
16. Ministry of Health Uganda. *Training Manual for Supervision in Nursing and Midwifery Practice*. Kampala: Uganda Nurses and Midwives Council. 2011. Session 4: Mentoring, Coaching and Preceptorship.

17. Günay U, Kılınç G. The transfer of theoretical knowledge to clinical practice by nursing students and the difficulties they experience: A qualitative study. *Nurse Educ Today*. 2018;65:81–6.
18. Mbombi MO, Manyedi QA, Thupae TA. Primary healthcare clinic nurses' experiences of clinical accompaniment of nursing students in a rural context. *Curationis*. 2024;47(1):e1–9. 10.4102/curationis.v47i1.2483.
19. Froneman K, du Plessis E, van Graan AC. Conceptual model for nurse educators to facilitate their presence in large class groups of nursing students through reflective practices: a theory synthesis. *BMC Nurs*. 2022;21(1):317. 10.1186/s12912-022-01095-7.
20. Dube A, Rakhudu MA. A preceptorship model to facilitate clinical nursing education in health training institutions in Botswana. *Curationis*. 2021;44(1):1–9.
21. Drasiku A, Gross JL, Jones C, Nyoni CN. Clinical teaching of undergraduate nursing students: Are the nurses in practice in Uganda ready? *Research Square*. Manuscript; 2020. pp. 1–26.
22. Foo X, Lim Y, Tan S, Chew L. Qualitative study on nurse preceptors' preparedness, roles and challenges in clinical nursing education. *BMJ Open*. 2024;14(2):e090743. 10.1136/bmjopen-2023-090743.
23. Cloete J, Erasmus M. Newly qualified professional nurses' readiness for the professional role: Gaps in clinical support and preparation. *Nurs Res Pract*. 2025;2025:6876561. 10.1155/2025/6876561.
24. Nesengani TV, Downing C, Ten Ham-Baloyi W. Barriers to effective patient care as experienced by nurses in primary healthcare clinics in African countries: a systematic review of qualitative studies. *BMC Nurs*. 2025;24(1):232. 10.1186/s12912-025-02877-5.
25. Baartman Z, Young C, Baron JC. Challenges and solutions to nurse-delivered integrated primary health care in Nelson Mandela Bay. *Afr J Prim Health Care Fam Med*. 2025;17(1):e1–10. 10.4102/phcfm.v17i1.4873. PMID: 40599025; PMCID: PMC12223976.
26. Motsaanaka MN, Makhene A, Ally H. Strategies to strengthen the clinical accompaniment of nursing students in public health facilities. *BMC Med Educ*. 2026;26:85. 10.1186/s12909-026-08595-z.
27. Vygotsky LS. In: Cole M, John-Steiner V, Scribner S, Souberman E, editors. *Mind in society: The development of higher psychological processes*. Cambridge (MA): Harvard University Press; 1978.
28. Kolb DA. *Experiential learning: Experience as the source of learning and development*. Englewood Cliffs (NJ): Prentice-Hall; 1984.
29. Deci EL, Ryan RM. *Intrinsic motivation and self-determination in human behavior*. New York (NY): Plenum; 1985.
30. O'Donovan AC, McCarthy S, Hegarty J. Experiences of nurse preceptors in a continuity-aligned clinical placement model. *Australas J Ageing*. 2025;44(2):e2529. 10.1080/10376178.2025.2529231.
31. Maddox M, du Plessis E, van Graan AC. Enablers of the interpersonal relationship between registered nurses and nursing students in clinical learning environments: A phenomenological study. *Nurse Educ Today*. 2022;109:105221. 10.1016/j.nedt.2021.105221.
32. Al-Zubeidi M, Ghazi S. Defining and characterizing the nursing student-faculty relationship in clinical practice: A concept analysis. *Adv Med Educ Pract*. 2024;15:1023–33. 10.2147/AMEPS.491203.
33. Guest G, Namey E, Chen M. A simple method to assess and report thematic saturation in qualitative research. *PLoS ONE*. 2020;15(5):e0232076.
34. Statistics South Africa. *General Household Survey 2023*. Pretoria: Statistics South Africa; 2024. Report No.
35. Sjöström B, Dahlgren LO. Applying phenomenography in nursing research. *J Adv Nurs*. 2002;40(3):339–45.
36. Charron EP. From care to justice: Reframing nursing education through relational ethics and epistemic inclusion. *Nurs Philos [Internet]*. 2026 Jun [cited 2026 Jul 09];27(3):e12480. Available from: [https://www.researchgate.net/publication/403934978\\_From\\_Care\\_to\\_Justice\\_Reframing\\_Nursing\\_Education\\_Through\\_Relational\\_Ethics\\_and\\_Epistemic](https://www.researchgate.net/publication/403934978_From_Care_to_Justice_Reframing_Nursing_Education_Through_Relational_Ethics_and_Epistemic)
37. Charette M. Nurturing caring pedagogical relationships through a digital storytelling approach from a relational emancipatory pedagogy perspective. *Teaching and Learning in Nursing [Internet]*. 2023 Oct [cited 2026 Jul 09];18(4):e115–e121. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S1557308723000975>
38. Cui F, Jin Y, Wang R, Zhang J, Jin C, Xu F, Yang S, Yao M, Han S, He H. Exploring nursing students' reality shock and professional behavioral development in clinical practice: a hermeneutic phenomenological study. *Front Med*. 2025;12:1490975. 10.3389/fmed.2025.1490975.
39. Abualula NA, Alshehri AM, Al-Asadi AM, Al-Malki AM, Al-Thomali MM, Al-Thobaiti MA. Quality faculty-nursing students' relationship: a systematic review of facilitators, barriers, and impact on students. *BMC Nurs [Internet]*. 2025 Jul 15 [cited 2026 Jul 09];24(1):642. Available from: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12265132/>
40. White S, Smith M, Jones L. The development of a relational inquiry framework: Guiding ethically grounded and emotionally responsive engagement in diverse care settings. *Teaching and Learning in Nursing [Internet]*. 2026 Jun 21 [cited 2026 Jul 09];21(2):112–119. Available from: <https://www.sciencedirect.com/science/article/pii/S15573087260004171>
41. Kobekyaa F, Naidoo JR. Collaborative clinical facilitation in selected nursing and midwifery colleges in Northern Ghana. *Health SA*. 2023;28:2121. 10.4102/hsag.v28i0.2121. PMID: 37064650; PMCID: PMC10091056.
42. Kaniaru D, Nyagena E, Kathuri N, Chebor A. Perception of preceptor and student nurse partnership on clinical teaching and learning. *Am J Nurs Sci*. 2016;5(4):141–5.
43. Zulu BM, Du Plessis E, Koen MP. Experiences of nursing students regarding clinical placement and support in primary healthcare clinics: Strengthening resilience. *Health SA Gesondheid*. 2021;26(0):a1615. <https://doi.org/10.4102/hsag.v26i0.1615>.
44. Gadow S. Relational narrative: the postmodern turn in nursing ethics. *Res Theory Nurs Pract*. 1999;13(1):57–70.
45. Azadian M, Nasrabadi T, Ebadi A, Nouri JM. Role model nursing instructors and facilitation of students' professional growth process: Directed content analysis. *Iran J Nurs midwifery Res*. 2024;29(2):208–16.

46. Kurt E, Özşaban A. Effectiveness of active learning methods in nursing ethics education: A quasi-experimental study. *Nurs Ethics*. 2026;33(1):67–83.
47. Im SY, Park MH, Kang HS, Cho SM, Lim HW, Lee MK. Factors influencing career identity in relation to the clinical practice learning environment, satisfaction, and stress among nursing students in the Republic of Korea: a comparative survey. *BMC nursing*. 2025 Dec 8.
48. Salter EK, Tonelli MR. The Role of Mutual Understanding in Shared Decision Making. *Chest*. 2026 May 4.
49. Lee E, Greenblatt A, Hu R, Johnstone M, Kourgiantakis T. Developing a model of broaching and bridging in cross-cultural psychotherapy: Toward fostering epistemic and social justice. *Am J Orthopsychiatry*. 2022;92(3):322.
50. Voldbjerg SL, Grønkjær M, Sørensen EE, Hall EO. Newly graduated nurses' use of knowledge sources: A meta-ethnography. *J Adv Nurs*. 2016;72(8):1751–65.
51. Benner P. The roles of embodiment, emotion and lifeworld for rationality and agency in nursing practice. *Nurs Philos*. 2000;1(1):5–19.
52. Riaz Q, Waterval D, Sehlbach C, Paulus AT. Culture, power and practice: Critical discourse analysis of workplace-based assessments in hierarchical postgraduate medical education. *Med Educ*. 2026 Jun 17.
53. Matua GA, Seshan V, Savithri R, Fronda DC. Challenges and Strategies for Building and Maintaining Effective Preceptor-Preceptee Relationships among Nurses. *Sultan Qaboos Univ Med J*. 2014;14(4):e530–6. Epub 2014 Oct 14.
54. Hickey A, Riddle S. The practice of relationality in classrooms: beyond relational pedagogy as empty signifier. *Teachers Teach*. 2023;29(7–8):821–32. <https://doi.org/10.1080/13540602.2023.2202389>.
55. Jan A, Yasir S, Raheel S, et al. Clinical teaching behaviours of preceptors of undergraduate nursing students: results from a convergent mixed-methods study in Islamabad, Pakistan. *BMJ Open*. 2026;16:e110732. 10.1136/bmjopen-2025-110732.
56. Regaira-Martínez E, Ferraz-Torres M, Mateo-Cervera AM, Vázquez-Calatayud M. Registered nurses' perceptions of nursing student preceptorship: Content analysis of open-ended survey questions. *Nurs Health Sci*. 2024;26(3):e13142. <https://doi.org/10.1111/nhs.13142>.
57. SK PR. Challenges Experienced by Novice Undergraduate Nursing Students in Their Clinical Learning Environment: A Qualitative Study. *Cureus*. 2025;17:11.
58. Hoffman CM, Willemse J. Factors influencing nursing students' learning in a clinical skills laboratory. *Health SA Gesondheid*. 2024;29(0):a2631. <https://doi.org/10.4102/hsag.v29i0.2631>.
59. Mthembu SZ, Mhlongo EM. Exploring the barriers to Registered Nurses undertaking clinical teaching in clinical settings: A qualitative descriptive study. *Nurs Open*. 2023 Dec [cited 2026 Jul 09];10(12):7767–7779. Available from: <https://pubmed.ncbi.nlm.nih.gov/37767733/>
60. Zhang Y, Qian Y, Wu J. Effective teaching behaviors of clinical nursing teachers: A qualitative perspective. *Front Public Health* [Internet]. 2022 Apr 27 [cited 2026 Jul 09];10:883204. Available from: <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2022.883204/full>
61. World Medical Association. World Medical Association Declaration of Helsinki: ethical principles for medical research involving human subjects. *JAMA*. 2013;310(20):2191–4.

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