

## Outcome of implementing structured SWOT analysis as a post-clinical debriefing strategy among nursing students

Samah Anwar Shalaby<sup>1</sup>, Eman Arafa Hassan<sup>2</sup>

<sup>1</sup>(Critical Care and Emergency Nursing Department, Faculty of Nursing/ Alexandria University, Egypt)

<sup>2</sup>(Critical Care and Emergency Nursing Department, Faculty of Nursing/ Alexandria University, Egypt)

Corresponding Author: Samah Anwar Shalaby

---

**Abstract: Background:** Clinical learning is a crucial element in nursing education whereas students are confronted by numerous factors that may negatively contribute the students' outcome. That is why nursing educators may integrate debriefing as a learning strategy using reflective practice and self-analysis during experiential learning.

**Objectives:** This study aimed to identify the outcome of implementing structured SWOT analysis as a post-clinical debriefing strategy among nursing students.

**Method:** A quasi-experimental research design was conducted to examine the effectiveness of structured SWOT as a new debriefing strategy after clinical experience on nursing students' outcomes using four self-administered questionnaires for both groups and SOFTES-SWOT debriefing scale for experimental group only after receiving orientation workshop.

**Result:** Ninety students divided into 45 per each of control and experimental group. The homogeneity of the participants from both groups revealed no significant difference in participants' age, gender, marital status, residency, and clinical grades. SWOT debriefing implementation was associated with decreasing students' anxiety level to (34.02±6.47) compared to (38.76±8.28) in control group. Also, a significant correlation was found between students' perception of SWOT debriefing and their anxiety, educational satisfaction, self-confidence and clinical grades whereas p was less than .01 in all these variables.

**Keywords:** Clinical learning, Debriefing, Nursing students, SWOT analysis

---

Date of Submission: 14-06-2019

Date of acceptance: 29-06-2019

---

### I. Introduction

#### 1.1 Background

Clinical learning (CL) is a crucial element in nursing education which encountered nearly half of nursing educational courses [1]. It is mainly aiming for bridging the gap between theory and practice. The ultimate goal for CL should be reflected on increasing students' acquisition of knowledge, skills, and attitudes competencies [2]. During clinical experience nursing students are confronted by numerous factors, which may be challenging and interfering with the students' outcome [3]. Therefore, identification of all these factors either internal or external is mandatory for enhancing the learning process quality.

Despite all positive implications of CL in building up the students' core knowledge, skills and attitude, CL still considered as a stressful experience and anxiety provoking situation from the student nurses' prospective [4]. Moreover, there are some negatively influencing factors, either of academic and non-academic origin, which may contribute the students' clinical experience include; clinical skills incompetency, clinical practice stress with feeling of overloaded and unprepared, miscommunication with instructors and/or clinical settings' staff, unpredictable environment, lack of motivation, cooperation and support from the faculty, social and college conflicting needs, in addition to the financial issues [5,6]. Thus, student self-awareness and insight of all previously mentioned positive and negative attributes of CL will improve the overall students' CL outcomes [7].

#### 1.2 Literature review

One of the most common strategies for increasing students' self-awareness is the reflection which is considered as a core concept in nursing education paradigm [8]. Self-reflection can be described as integrating the critical thinking skills to analyze the previous experiences and actions with ultimate goal of educational and professional improvement [9]. Self-reflection process involves internal assessment and exploration of issues of concern that triggered by an experience. It encompasses clinical performance self-assessment, experience introspection, strengths and weaknesses identification, and improvement commitment [10]. Therefore, nursing students may gain wide variety of benefits from self-reflection implementation include; ongoing improvement

of their own nursing competencies, learning from everyday experiences, identifying stress and anxiety and finally gaining personal and professional awareness and confidence [11].

Numerous approaches can be implemented for reflection skills cultivation among nursing students include; reflective journals, incident critical analysis, learning diaries, and discussion in post-clinical conference or debriefing [12]. However, empirical evidence qualifying how reflective practice can be effectively taught and assessed is still very limited [13].

Debriefing refers to the duration of reflection, retrospective analysis with sharing of opinions, thoughts, and feelings from clinical experiences by the group of learners to strengthen concepts that have been learned [14]. Debriefing may enhance the learners' clinical reasoning by guiding them to evaluate their CL experience and associated circumstances. Moreover, debriefing may foster the learners' experiential learning by discussing measures or actions that enhance their understanding, improving self-efficiency and triggering their psychological development [15,16]. Numerous studies identified the benefits of debriefing post simulation training [17,18,19] while very limited researches conducted regarding the effect of debriefing post CL experience among nursing students [20].

Furthermore, there are many structured debriefing strategies or models commonly used as a guide to nursing students' reflection following simulation experience. These guided reflection structured models include; Plus-delta whereas the learners provide self-assessment of their positive/plus and negative/delta actions during the simulation experience [21], Think-pair-share whereas the learners think individually regarding a clinical situation or observation, then they pair in small groups to discuss their feedback, and finally, they share their feelings and thoughts among the whole group [22], Reflective debriefing after patient deterioration (ResPoND) whereas the learner provided clinical judgment by interpretation of findings in simulation scenario [23]. However, despite a wide application of these debriefing approaches following simulation, there is no proven evidence regarding the most effective debriefing strategy following CL experience for nursing students.

SWOT analysis historically belonged to business studies under the strategic planning context. SWOT acronym is referred to Strengths, Weaknesses, Opportunities and Threats. It was established since the 1960s as a basic tool in strategic planning and is still standing till today [24]. It is a powerful tool or technique that can be implemented to individuals, groups, teams, organizations, or even plans [25,26]. SWOT provides in-depth look at the individuals' current performance or internal factors (strengths and weaknesses) as well as their future strategic plan or external factors (opportunities and threats) by investigating and analyzing these internal and external factors in specific situation or environment [27].

For students, personal SWOT analysis can be considered as a dynamic process for decision-making or self-brainstorming to identify current situation and future possibilities for both positive and negative issues [28]. Also, it can help the students to compare their new knowledge and experiences with previous understandings and develop a strategy by examining the relationships and interactions between their internal and external environment [29]. Thus, the implementation of SWOT analysis will enhance the students' awareness, self-reflection, self-analysis and self-evaluation [30].

Researchers emphasized on the significance of performing SWOT analysis including enhanced individuals' self-awareness level with positive contribution to real change in their behavior and/or attitude [31,32]. In nursing CL, SWOT analysis process can be easily implemented by simple steps include; start the self-evaluation, identify the four areas strengths, weaknesses, opportunities and threats on a two-by-two matrix incorporate: strengths encompass all internal competences and capabilities that positively effect on achieving the students' clinical objectives, Weaknesses include internal factors which negatively influencing students' clinical objectives, Opportunities comprise external factors or circumstances that positively improving the clinical objectives, and Threats involve all external obstacles or conditions that negatively interfere with students' achievement of their clinical objectives, then develop specific actions for moving forward and follow up with discussion of these four areas [33]. Finally nursing educators or facilitator may benefit from SWOT self-analysis by encouraging the students to build upon their strengths, eliminate their weaknesses, exploit their opportunities, and mitigate the effects of their threats.

There are various factors that may interfere with nursing students' clinical performance, satisfaction and outcomes, also need to be reflected by students to improve the quality of CL including; students or learners, CL objectives, facilitators or clinical instructors, duration of the clinical training, pedagogical environment of clinical settings, skills gained during CL [14,34,35]. Therefore, nursing educators are challenged by integrating all these CL contributing factors in the structured debriefing sessions following CL experience.

Since reflective practice, self-analysis and self-awareness are crucial pillars in experiential learning [36]. During the clinical experience, the cognitive aspects can be easily evaluated by assessing students' performance, unlike students' emotional and social aspects which may be more difficult to be identified, that is why the use of reflective practice could support the measurement of these aspects. However, despite the wide variety guided reflection strategies used for debriefing, none applied after clinical experience for nursing students whereas these strategies were implemented mainly following simulation experience [37]. Furthermore,

SWOT can provide such a structured framework that facilitates students' self-analysis and awareness with their positive and negative contributing factors on their clinical experiences in order to develop actions for moving forward and to identify issues that are considered key to students' current and future performance. Therefore, the current study aimed to identify the outcome of implementing a structured SWOT analysis as a post-clinical debriefing strategy among nursing students.

### **1.3 Research questions**

The current study aimed to answer the following research questions; (1) what are the students' perception towards structured SWOT as a debriefing strategy post-clinical experience? (2) What is the students' anxiety level before and after implementation of a structured SWOT post-clinical debriefing? (3) What are the students' self-confidence and satisfaction after implementation of a structured SWOT debriefing? And (4) Is there a relationship between students' perception of structured SWOT debriefing and their anxiety, self-confidence, satisfaction and clinical grades?

## **II. Methodology**

### **2.1 Design**

A quasi-experimental design was used to examine the effectiveness of the structured SWOT as a new debriefing strategy after CL on nursing students' anxiety, self-confidence, and satisfaction in addition to their perception regarding post-clinical debriefing.

### **2.2 Setting**

This study was carried out in faculty of nursing, Alexandria University.

### **2.3 Sampling**

A sample of 90 students of both genders enrolled in emergency nursing course fall 2018 was included in the study. They were randomly assigned into two groups: Group (I) and group (II), 45 students were included in each group. Whereas, Group (I) was the control group who received non structured post clinical debriefing by discussing common clinical issues during the clinical day. However, Group (II) was the experimental group who received a structured SWOT debriefing at the end of the clinical day using SOFTES model which was developed by the researchers.

### **2.4 Tools**

Five tools were used to collect the data from both groups in this study as follows;

**2.4.1 Tool I “Demographic data” that had items regarding students' age, gender, academic level, clinical setting, and clinical grades.**

**2.4.2 Tool II “SOFTES-SWOT debriefing scale”** that was developed by the researchers after reviewing related literature [14,26,34,35] to guide the students in experimental group to measure their debriefing self-rating after each clinical day from week four to week fifteen. It comprised 4 subscales of SWOT analysis; Strengths, Weaknesses, Opportunities and Threats, and each subscale comprised the same six items (SOFTES) included; Student, Objectives, Facilitator, Time, Environment, and Skills competency. It was scored by one for any item presented under strengths and opportunities and zero for any item presented under weaknesses and threats, the score ranged from 0 to 12. It was tested for content validity by five experts in nursing education field to assess relevancy and necessary modifications were done then after pilot study the internal consistency reliability using Cronbach's  $\alpha$  was 0.84.

**2.4.3 Tool III “State Trait Anxiety Inventory (STAI)”** which was developed by Spielberger (1962) [38] to measure students' anxiety levels in both groups, first before starting debriefing orientation session and secondly at the last clinical week on fall semester 2018. STAI had two-parts comprising state and trait anxiety, consisted of 20 items for each part, whereas, trait part reflected how student generally felt on daily-based and each item was rated on 4 points likert-scale ranged from one for almost never to four for almost always with nine reversed scored items; while state part reflected how student felt at the moment and each item was rated on 4 points likert-scale ranged from one for never to four for completely with 10 reversed scored items. Therefore, the total score for STAI ranged between 20 and 80. And its reliability using Chronbach's alpha was .93 for state subscale and .90 for trait subscale.

**2.4.4 Tool IV “Student Satisfaction and Self-Confidence”** that was adopted from National League for Nursing (NLN) [39] after removing the last item from the original tool to measure the students' satisfaction and self-confidence after CL. It comprised 12 items; 5 items for students' satisfaction and 7 items for students' self-confidence. It was rated based on a 5-point Likert scale, ranged from one for strongly disagree to five for strongly agree whereas students' score ranged from 12 to 60. And the internal consistency reliability using Cronbach's  $\alpha$  were 0.94 and 0.87 respectively.

**2.4.5 Tool V** “Debriefing perception scale (DPS)” that was developed by the researchers after reviewing related literature [40] to measure the students’ perception of the debriefing session conducted after each clinical experience. It comprised 36 items categorized under six subscales encompassed the all elements contributing the students’ CL and guided the students’ debriefing included; Student: 8 items, Objectives: 7 items, Facilitator: 9 items, Time: 3 items, Environment: 4 items, and Skills competency: 5 items. It was scored based on a 5-point Likert scale, ranged from zero for strongly disagree to four for strongly agree whereas students’ score ranged from 0 to 144. It was tested for content validity by five experts in nursing education field to assess relevancy and necessary modifications were done then after pilot study the internal consistency reliability using Cronbach’s  $\alpha$  was 0.96.

**2.5 Intervention:**

First, the 90 students divided into two main groups, control and experimental with 45 students per each, and each group subdivided into 5 subgroups received their CL in ICU I, ICU III, Triage and emergency department at Alexandria main university hospital. Then, the experimental group students and their clinical instructors attended two hours’ orientation workshop provided by the researchers regarding the purpose, elements, benefits, and process of implementation of SOFTES-SWOT debriefing during the first three weeks in the faculty skills lab. After that student’s anxiety level in two groups was assessed using tool III before and after CL on weeks three and fifteen. Then the students on experimental group used tool II to guide their self-reflection during the debriefing sessions conducted at the end of each clinical day from week four till week 15. After that the researchers combined the individualized sheets into a single SWOT sheet that addressed the students’ common weakness and threats to be discussed during next week debriefing session, in addition to discussion of the alternative strategies to manage their weakness and threats, then moving forward in their CL with follow up using tool II till week 15. Finally, on week fifteen both groups were evaluated regarding their CL satisfaction and self-confidence using tool IV, and debriefing perception using tool V.

**III. Results**

**3.1 Homogeneity of two groups**

Table 1 exhibits that the total number of students was 90 divided into 45 per each of control and experimental group, the control group mean age was (21.27±1.16) higher than experimental group (20.87±1.24), while female students were more than males in both groups, also the majority of both groups was single, and the majority of both groups residency was outside the university campus. Regarding students’ final clinical grades, it was found that the experimental group mean was (3.17±.70) higher than control group (3.07±.77) whereas among experimental group more students (37.3%) had (A) compared to (31.1%) in control group. Furthermore, an independent t-test was conducted to assess the homogeneity of the participants from both groups and the results revealed no significant difference in participants’ age, gender, marital status, residency, and clinical grades whereas p was above .05 in all these variables respectively.

**Table 1.** Participants' characteristics and homogeneity of two groups

Students' Characteristics	Control group (n=45) n (%)	Experimental group (n=45) n (%)	t-value	p
Age (years)				
19 < 21	14 (31.1%)	20 (44.4%)	1.638	.108
21 ≤ 24	31 (68.9%)	25 (55.6%)		
Mean±SD	21.27±1.16	20.87±1.24		
Gender				
Male	17(37.8%)	20 (44.4%)	.724	.473
Female	28 62.2%	25 (55.6%)		
Marital status				
Single	44 (97.8%)	41 (91.1%)	- 1.354	.183
Married	1 (2.2%)	4 (8.9%)		
Residency				
In campus	14 (31.1%)	11 (24.4%)	- 1.943	.058
Out campus	31 (68.9%)	34 (75.6%)		
Clinical grades				
D	2 (4.4%)	0 (0%)	-.583	.563
C	8 (17.8%)	8 (17.8%)		
B	21(46.7%)	20 (44.4%)		
A	14 (31.1%)	17 (37.8%)		
Mean±SD	80.82±7.10	81.62±6.78		

**3.2 Differences in students’ anxiety level in two groups**

Table 2 shows mean scores of students’ anxiety level before and after study in both groups; the table reveals a significant difference between pretest and post-test of anxiety levels in control and experimental group whereas

( $t = 18.37, P = 0.001$ , and  $t = 21.67, P = 0.001$ ) respectively. However, the difference among experimental group was  $(28.04 \pm 8.68)$  higher than control group  $(14.27 \pm 5.21)$ .

**Table 2.** Mean pretest and posttest difference in students' anxiety level in control and experimental groups

Group	Pre-anxiety			Post-anxiety			Difference Mean±SD	t value	p
	Min	Max	Mean±SD	Min	Max	Mean±SD			
Control	36	71	53.02±8.40	23	66	38.76±8.28	14.27±5.21	18.37**	.001
Experimental	51	75	62.07±6.16	22	49	34.02±6.47	28.04±8.68	21.67**	.001

Paired t-test, \*  $p \leq 0.05$  at 5% level denotes a significant difference, \*\*  $p \leq 0.01$  at 1% level denotes a highly significant difference

### 3.3 Variations in study outcomes between two groups

Table 3 shows the differences in study outcomes regarding students' anxiety, satisfaction, self-confidence, and debriefing perception in both groups; the table reveals a significant difference between both groups in all research outcomes whereas  $p$  was less than .01 in all variables. Furthermore, a structured SWOT debriefing implementation was associated with decreasing students' anxiety level to  $(34.02 \pm 6.47)$  compared to  $(38.76 \pm 8.28)$  in control group. On the other hand, it was found that satisfaction level in experimental group was  $(22.33 \pm 2.34)$  higher compared to control group  $(20.47 \pm 2.84)$ . Regarding students' self-confidence, it was found that in experimental group was  $(34.27 \pm 4.42)$  higher than control group  $(30.04 \pm 4.69)$ . Finally, students' debriefing perception in experimental group was  $(106.38 \pm 21.04)$  significantly higher compared to  $(84.51 \pm 11.32)$  in control group.

**Table 3.** Mean posttest differences in students' anxiety, satisfaction, self-confidence, and debriefing perception in two groups

Scale	Category	Control group (n=45)		Experimental group (n=45)		t-value	p
		n (%)	Mean±SD	n (%)	Mean±SD		
Anxiety	Low	28 (62.2%)		38 (84.4%)			
	Moderate	16 (35.6%)	38.76±8.28	7 (15.6%)	34.02±6.47	2.875**	.006
	High	1 (2.2%)		0 (0%)			
Satisfaction	Low	0 (0%)		0 (0%)			
	Moderate	23 (51.1%)	20.47±2.84	10 (22.2%)	22.33±2.34	- 3.725**	.001
	High	22 (48.9%)		35 (77.8%)			
Self-confidence	Low	0 (0%)		0 (0%)			
	Moderate	35 (77.8%)	30.04±4.69	15 (33.3%)	34.27±4.42	- 4.094**	.001
	High	10 (22.2%)		30 (66.7%)			
Debriefing perception	Low	5 (11.1%)		0 (0%)			
	Moderate	36 (80%)	84.51±11.32	22 (48.9%)	106.38±21.04	- 6.572**	.001
	High	4 (8.9%)		23 (51.1%)			

### 3.4 Relationship between students' perception of SWOT debriefing and study outcomes

Table 4 exhibits the relationship between students' perception of structured SWOT debriefing and their anxiety, satisfaction, self-confidence, and clinical grades, it was found that a positive significant correlation between the students' perception and each of their satisfaction and self-confidence in addition to their clinical grades whereas  $p$  was less than .01 in all these variables. While, a negative significant correlation was found between the students' perception and their anxiety level after implementing SWOT debriefing.

**Table 4.** Relationship between students' perception of SWOT debriefing and each of their anxiety, satisfaction, self-confidence, and clinical performance in experimental group

Variable	Anxiety	Satisfaction	Self-confidence	Clinical grades
SWOT Debriefing perception	r -.982**	.959**	.970**	.980**
	p .001	.001	.001	.001

r: Pearson coefficient, \*  $p \leq .05$  at 5% level denotes a significant difference, \*\*  $p \leq .01$  at 1% level denotes a highly significant difference.

#### **IV. Discussion**

CL is an integral element in nursing education that is challenged by various internal or external factors, which may negatively contribute the students' outcome [3,34]. Therefore, nursing educators depend on numerous strategies to help the students to identify, control and manage all these factors in order to expand the beneficial effect of the clinical experience. One of these strategies is reflective practice that help the students to increase their self-awareness by reflecting on actions for continuous learning from positive and negative clinical situations to build on current strengths and take proper future action [41]. Moreover, debriefing is a guided reflection with reflective thinking that can be conducted by oral or written means, structured or non-structured and can be self-led by student/ learner or led by instructor/ facilitator following simulation or clinical experiential learning [12,42].

Furthermore, the majority of reflective debriefing strategies conducted following simulation experience [21,22,23]. However, there is no confirmed evidence regarding the most effective debriefing strategy following CL experience for nursing students. That is why, the current study aimed to investigate the outcome of implementing a new debriefing strategy using SWOT analysis following CL among nursing students.

Moreover, the current study established a new structured model namely SOFTES that comprised the factors contributing the students' CL to guide their self-reflection and self-analysis with in SWOT framework during debriefing sessions at the end of each clinical day. Whereas, SOFTES mnemonic referred to; Students and their interpersonal relationship with peers, instructors and hospital staff within the clinical settings, Objectives of the clinical experience and how far the clinical settings help in achieving these objectives, Facilitators or clinical instructors' competency level and their way of supervision and communication with the students, Timeframe or duration of the clinical experience, Environment of the clinical settings and its pedagogical atmosphere as well as resources availability, and finally Skills' competency level of the students and how effectively they can deal with patients in the real clinical situations [14,34,35]. However, the evidence of integrating all these factors together to guide the students in self-reflection following the clinical experience is very limited. Therefore, the current study supported the structured debriefing strategy that is corresponding to other studies [43,44].

Moreover, the current study supported student self-debriefing that is congruent with many researchers who found that self-debriefing was associated with increasing students' clinical competency, knowledge, self-efficacy, and overall educational satisfaction [45,46,47]. Also, the current study coincided with writing rather than oral debriefing similar to other studies [48,49,50] that recommended writing self-reflection which improved students' self-awareness, and self-confidence more than oral self-reflection which may be limited by students' embarrassing to share their mistakes and feelings experienced during CL.

Apparently, the current study revealed that reflective debriefing implementation was associated with more reduction in students' anxiety level compared to the control group, that is in line with other studies [20,50]. That can be explained by the ability of self-reflection to help the students to express their negative emotions then identify, analyze, and confront any anxiety provoking factors during CL experience. On the other hand, SOFTES-SWOT debriefing was associated with increasing students' clinical grades more than control group that is concurred with Ekelin et al. who reported the benefit of writing self-reflection in evaluating and improving the CL gained experience [51]. Moreover, SOFTES-SWOT debriefing implementation resulted in increasing students' self-confidence and educational satisfaction that is corresponded with other researches' findings either following CL or simulation practice [7,47,52].

Surprisingly, no other nursing study utilize the SWOT analysis as a reflective debriefing strategy either following clinical or simulation-based practices. Furthermore, the current study findings revealed significant positive correlation between the students' perception of SOFTES-SWOT debriefing strategy and their clinical performance, educational satisfaction and self-confidence. That is in line with various studies that were conducted using other debriefing strategies including; plus/delta [21], think-pair-share [22], reflective debriefing post patient deterioration (ResPoND) [23], and reflective journals or diaries [53].

#### **V. Conclusion and Recommendation**

The current study offered an initial description of a new framework to guide students' self-reflection during their debriefing following CL. Also, the researcher provided an evidence that the newly established SWOT debriefing strategy following CL was successfully implemented for nursing students during emergency clinical course, at Alexandria university. Whereas, SOFTES-SWOT implementation was associated with reduction in anxiety level, higher self-confidence and educational satisfaction, clinical grades and perception of post-clinical debriefing compared to control group. Based on the current study findings, it is highly recommended that nursing educators/ instructors should include SOFTES-SWOT debriefing in the clinical orientation program and integrate the debriefing sessions as a part of CL to increase students' self-awareness and self-analysis for future improvement of their clinical performance and outcomes. However, further studies are required to apply and compare this new debriefing strategy among various nursing specialties for a larger

sample. Moreover, replication of the current study using mixed quantitative-qualitative design to identify the differences in various academic institutions and to correlate with a broad diversity of students' characteristics and clinical settings.

### **Acknowledgements**

This study was supported by faculty of nursing, Alexandria University. Also, the authors acknowledge the emergency nursing students for their commitment and remarkable cooperation and support during this study.

### **References**

- [1]. A. Yousefy, A. Yazdannik, and S. Mohammadi, Exploring the environment of clinical baccalaureate nursing students' education in Iran; A qualitative descriptive study. *Nurse education today*, 35(12), 2015, 1295-1300.
- [2]. M. Nabolsi, A. Zumot, L. Wardam, and F. Abu-Moghli, The experience of Jordanian nursing students in their clinical practice. *Procedia-Social and Behavioral Sciences*, 46, 2012, 5849-5857.
- [3]. A. Anarado, G. Agu, and E. Nwonu, Factors hindering clinical training of students in selected nursing educational institutions in Southeastern Nigeria. *Nurse education today*, 40, 2016, 140-145.
- [4]. S. Shalaby, and S. AlDilh, Exploring the Relationship between Perceived Stress and Academic Achievement among Critical Care Nursing Students. *Athens Journal of Health*, 2(4), 2015, 283-296.
- [5]. S. Choi, S. Kim, D. Lee, and J. Park, Factors Influencing the State Anxiety of Nursing Students before Initial Clinical Experience. *International Conference on Convergence Technology*, 6(1), 2016, 101-102.
- [6]. G. Raffee, M. Moattari, A. Nikbakht, J. Kojuri, and M. Mousavinasab, Problems and challenges of nursing students' clinical evaluation: A qualitative study. *Iranian journal of nursing and midwifery research*, 19(1), 2014, 41.
- [7]. H. Pai, The effect of a self-reflection and insight program on the nursing competence of nursing students: a longitudinal study. *Journal of Professional Nursing*, 31(5), 2015, 424-431.
- [8]. T. Levett-Jones, Facilitating reflective practice and self-assessment of competence through the use of narratives. *Nurse education in practice*, 7(2), 2007, 112-119.
- [9]. C. Gustafsson, M. Asp, and I. Fagerberg, Reflective practice in nursing care: Embedded assumptions in qualitative studies. *International Journal of Nursing Practice*, 13(3), 2007, 151-160.
- [10]. A. Van Graan, and M. Williams, A conceptual framework to facilitate clinical judgement in nursing: A methodological perspective. *Health SA Gesondheid*, 22(1), 2017, 275-290.
- [11]. C. Ganzer, and C. Zauderer, Structured learning and self-reflection: Strategies to decrease anxiety in the psychiatric mental health clinical nursing experience. *Nursing Education Perspectives*, 34, 2013, 244-247.
- [12]. S. Jensen, and R. Dnsc, Exploring a model to evaluate levels of reflection in baccalaureate nursing students' journals. *Journal of Nursing Education*, 44(3), 2005, 139.
- [13]. K. Mann, J. Gordon, and A. MacLeod, Reflection and reflective practice in health professions education: a systematic review. *Advances in health sciences education*, 14(4), 2009, 595.
- [14]. H. Mahlanze, and M. Sibiy, Perceptions of student nurses on the writing of reflective journals as a means for personal, professional and clinical learning development. *Health SA Gesondheid*, 22(1), 2017, 79-86.
- [15]. R. Van Patten, and A. Bartone, The impact of mentorship, preceptors, and debriefing on the quality of program experiences. *Nurse education in practice*, 35, 2017, 63-68.
- [16]. B. Roche, and K. Hefferon, The assessment needs to go hand-in-hand with the debriefing: The importance of a structured coaching debriefing in understanding and applying a positive psychology strengths assessment. *International Coaching Psychology Review*, 8(1), 2013, 20-34.
- [17]. S. Healy, and M. Tyrrell, Importance of debriefing following critical incidents. *Emergency nurse*, 20(10), 2013, 32-37.
- [18]. J. Huggard, Debriefing: a valuable component of staff support. *International journal of palliative nursing*, 19(5), 2013, 212-214.
- [19]. N. Corbett, P. Hurko, J. Vallee, Debriefing as a strategic tool for performance improvement. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 41(4), 2012, 572-579.
- [20]. N. Reljić, M. Pajnkihar, and Z. Fekonja, Self-reflection during first clinical practice: The experiences of nursing students. *Nurse education today*, 72, 2019, 61-66.
- [21]. R. Gardner, Introduction to debriefing. *Seminars in Perinatology*, 37(3), 2013, 166-174.
- [22]. T. K. Dusaj, Five fast fixes: Debriefing. *Clinical Simulation in Nursing*, 10(9), 2014, 485-486.
- [23]. P. Lavoie, J. Pepin, and S. Cossette, Development of a post-simulation debriefing intervention to prepare nurses and nursing students to care for deteriorating patients. *Nurse Education in Practice*, 15(3), 2015, 181-191.
- [24]. G. Agyapong, Rediscovering SWOT analysis: The extended version. *Academic Leadership Journal*, 9(2), 2011, 148-160.
- [25]. L. DeSilets, SWOT is useful in your tool kit. *The Journal of Continuing Education in Nursing*, 39(5), 2008, 196-197.
- [26]. T. Chermack, and B. Kasshanna, The use and misuse of SWOT analysis and implications for HRD professionals. *Human Resource Development International*, 10(4), 2007, 383-399.
- [27]. D. Willis, and M. Thurston, Working with the disabled patient: Exploring student nurses views for curriculum development using a SWOT analysis. *Nurse education today*, 35(2), 2015, 383-387.
- [28]. D. Coleman, and D. Willis, Reflective writing: The student nurse's perspective on reflective writing and poetry writing. *Nurse education today*, 35(7), 2015, 906-911.
- [29]. B. Phadermrod, R. Crowder, and G. Wills, Importance-performance analysis based SWOT analysis. *International Journal of Information Management*, 44, 2019, 194-203.
- [30]. F. Mogonea, and R. Mogonea, Practical and applied aspects regarding the development of the self-evaluation ability of students-future teachers. *Social and Behavioral Sciences*, 76, 2013, 531-535.
- [31]. E. Gurel, and M. Tat, SWOT Analysis: A Theoretical Review. *Journal of International Social Research*, 10(51), 2017, 994-1006.
- [32]. R. Dyson, Strategic development and SWOT analysis at the University of Warwick. *European Journal of Operational Research*, 152, 2002, 631-640.
- [33]. G. Bell, and L. Rochford, Rediscovering SWOT's integrative nature: A new understanding of an old framework. *The International Journal of Management Education*, 14(3), 2016, 310-326.
- [34]. S. Shalaby, and A. Talal, Exploring the relationship between perceived educational environment and academic achievement among critical care nursing students. *Clinical Nursing Studies*, 7(1), 2019, 1-10.

- [35]. M. Saarikoski, H. Isoaho, T. Warne, and H. Leino-Kilpi, The nurse teacher in clinical practice: developing the new sub-dimension to the clinical learning environment and supervision (CLES) scale. *International Journal of Nursing Studies*, 45(8), 2008, 1233-1237.
- [36]. N. Jayatilleke, and A. Mackie, Reflection as part of continuous professional development for public health professionals: a literature review. *Journal of Public Health*, 35(2), 2013, 308-312.
- [37]. C. Dufrene, and A. Young, Successful debriefing—Best methods to achieve positive learning outcomes: A literature review. *Nurse Education Today*, 34(3), 2014, 372-376.
- [38]. C.D. Spielberger, The effects of manifest anxiety on the academic achievement of college students. *Mental Hygiene*, 46, 1962, 420-426.
- [39]. National League for Nursing, Descriptions of available instruments Retrieved from: <http://www.nln.org/professional-development-programs/research/tools-and-instruments/descriptions-of-available-instruments> (2016)
- [40]. S. Reed, S. Debriefing Experience Scale: Development of a Tool to Evaluate the Student Learning Experience in Debriefing. *Clinical Simulation in Nursing*, 8(6), 2012, 211-217.
- [41]. F.E. Oluwatoyin, Reflective practice: Implication for nurses. *Journal of nursing and health science*, 4(4), 2015, 28-33.
- [42]. K. Kang, and M. Yu, Comparison of student self-debriefing versus instructor debriefing in nursing simulation: A quasi-experimental study. *Nurse education today*, 65, 2018, 67-73.
- [43]. I. Å. Reiersen, T. A. Haukedal, H. Hedeman, and I. T. Bjørk, Structured debriefing: What difference does it make?. *Nurse education in practice*, 25, 2017, 104-110.
- [44]. S. I. Tannenbaum, and C. P. Cerasoli, Do team and individual debriefs enhance performance? A meta-analysis. *Human factors*, 55(1), 2013, 231-245.
- [45]. K. Kang, and M. Yu, Comparison of student self-debriefing versus instructor debriefing in nursing simulation: A quasi-experimental study. *Nurse education today*, 65, 2018, 67-73.
- [46]. E. H. Ha, and H. S. Song, The effects of structured self-debriefing using on the clinical competency, self-efficacy, and educational satisfaction in nursing students after simulation. *The Journal of Korean Academic Society of Nursing Education*, 21(4), 2015, 445-454.
- [47]. A. Weaver, The effect of a model demonstration during debriefing on students' clinical judgment, self-confidence, and satisfaction during a simulated learning experience. *Clinical Simulation in Nursing*, 11(1), 2015, 20-26.
- [48]. E. H. Ha, and E. J. Lim, Peer-Led Written Debriefing Versus Instructor-Led Oral Debriefing: Using Multimode Simulation. *Clinical Simulation in Nursing*, 18, 2018, 38-46.
- [49]. B. Pee, T. Woodman, H. Fry, and E. Davenport, Appraising and assessing reflection in students' writing on a structured worksheet. *Medical education*, 36(6), 2002, 575-585.
- [50]. F. K. Sun, A. Long, Y. S. Tseng, H. M. Huang, J. H. You, and C. Y. Chiang, Undergraduate student nurses' lived experiences of anxiety during their first clinical practicum: A phenomenological study. *Nurse education today*, 37, 2016, 21-26.
- [51]. M. Ekelin, L. J. Kvist, and E. K. Persson, Midwifery competence: Content in midwifery students' daily written reflections on clinical practice. *Midwifery*, 32, 2016, 7-13.
- [52]. S. G. Forneris, D. O. Neal, J. Tiffany, M. B. Kuehn, H. M. Meyer, L. M. Blazovich, and M. Smerillo, Enhancing clinical reasoning through simulation debriefing: A multisite study. *Nursing education perspectives*, 36(5), 2015, 304-310.
- [53]. S. Bagnato, V. Dimonte, and L. Garrino, The reflective journal: a tool for enhancing experience-based learning in nursing students in clinical practice. *J. Nurs. Educ. Pract.* 3 (3), 2013, 102–112.

Samah Anwar Shalaby" Outcome of implementing structured SWOT analysis as a post-clinical debriefing strategy among nursing students" .IOSR Journal of Nursing and Health Science (IOSR-JNHS), vol. 8, no.03 , 2019, pp. 41-48.