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Clinical Learning Experiences of Nursing Students at Medical Teaching Institute, Mardan College of Nursing and Mardan Medical Complex: A Qualitative Study in Khyber Pakhtunkhwa, Pakistan

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ABSTRACT

Clinical and practical learning is an important element of teaching in the profession of nursing, as it allows for the transformation of classroom theory into practical clinical situations. This integration of theory into practice could be affected by many challenges in the clinical learning environment that students encounter. Students' perceptions regarding difficulties faced in the clinical setting could be of help in assessing and addressing these challenges. **Objectives:** To explore the nursing students' opinions on their clinical learning experiences. **Methods:** A qualitative descriptive study design using a phenomenological approach was used to explore the opinions of the students of bachelor nursing program on their clinical learning experiences. Thematic analysis was done. The sample included three males and three female students. **Results:** Five themes emerged from the data, which included: anxiety towards clinical learning environment, barriers to clinical learning, inappropriate teaching practices and learning context, ineffective coordination in the learning environment, and inefficient clinical faculty and preceptor role. **Conclusions:** The study results indicated nursing students' overall dissatisfaction with their clinical learning experiences. The findings advocated for bringing improvement in the clinical learning environment and correcting the highlighted deficiencies in the best possible way. The nursing faculty, clinical staff, and administration should play their role in this regard.

INTRODUCTION

Clinical training is an integral element of nursing education as it enables the integration of theoretical knowledge acquired in the classroom into practical clinical situations [1]. The effective transformation of theory into practice is influenced by several factors, particularly the clinical learning environment [2]. The clinical learning

environment comprises a combination of physical, psychological, emotional, and organizational factors that affect students' learning [3]. A learning environment that is conducive to clinical education and centered on students' learning needs is essential for ensuring quality nursing education [4]. Clinical learning experiences include all

activities undertaken to integrate theory into practice, provide effective student coaching, and deliver constructive feedback related to clinical training with the aim of improving learning outcomes [5, 6]. Favorable clinical learning experiences facilitate the transition of students from theoretical learners to competent individuals capable of managing practical clinical situations. In contrast, insufficient or inappropriate learning experiences may leave students feeling unprepared and lacking confidence [7]. Evidence suggests that positive clinical learning experiences are associated with active student involvement in clinical activities and adequate supervision by clinical staff [8]. Negative clinical learning experiences include a lack of faculty support, limited challenging learning opportunities, and poor communication among students, clinical staff, and nursing faculty [5]. Similarly, an insufficient number of teachers and preceptors required to guide students' learning can negatively influence clinical learning [1]. Additional factors that may impede students' clinical learning include work overload, role ambiguity, and inadequate knowledge and expertise among faculty, clinical teachers, and preceptors [9]. Baraz et al. reported that inadequately qualified nursing faculty and the absence of supportive learning environments adversely affect clinical learning [10]. Lawal et al. further identified factors such as preceptorship, preceptor-to-student ratios, cooperation from clinical staff, and the quality of pre-clinical conferences as key influences on clinical learning [11]. Evidence indicates that students consistently perceive a need for improvement in their practical preparation. Available data also highlight varying levels of anxiety and confusion among students, particularly at the beginning of clinical training [12]. At times, students in clinical settings may perform routine care activities rather than engage in meaningful learning. However, the consequences of these challenges on students' clinical learning have not been sufficiently explored [13]. Understanding students' perspectives on their clinical learning experiences is therefore crucial, as these experiences are fundamental for integrating theoretical concepts into practice. Students' satisfaction with clinical learning experiences is considered a vital factor in improving and tailoring clinical education to meet learners' needs [14].

Despite this importance, literature exploring nursing students' views on clinical learning experiences remains limited in Pakistan. While some studies have addressed challenges faced by nursing students, most have focused primarily on the clinical environment. Qualitative evidence exploring students' perspectives on their clinical learning experiences is scarce. Therefore, this study aims to

explore nursing students' opinions regarding clinical learning experiences at Mardan College of Nursing and Mardan Medical Complex (MMC), Mardan.

METHODS

A qualitative descriptive study design employing a phenomenological approach was used to explore nursing students' opinions regarding their clinical learning experiences. The study was conducted at the Medical Teaching Institution (MTI), Mardan College of Nursing, Bacha Khan Medical College (BKMC), and Mardan Medical Complex (MMC), Khyber Pakhtunkhwa, Pakistan, over four months from 20 April 2025 to 17 August 2025. Ethical approval was obtained from the Institutional Review Board of MTI Mardan College of Nursing (Ref No: 690/BKMC). Participants were selected using a purposive sampling technique. Inclusion criteria required participants to be enrolled in the Bachelor of Science in Nursing (BSN) program at MTI Mardan College of Nursing and to have completed at least one clinical rotation. Students not currently engaged in clinical rotations or those enrolled in other nursing programs (e.g., diploma courses), were excluded. Sample size was determined based on data saturation, assessed through concurrent data collection and analysis. After the fifth and sixth interviews, repetition of codes and categories was observed with no emergence of new themes, indicating informational redundancy. Consequently, six interviews were conducted. Data were collected using semi-structured interviews guided by the study objectives and relevant literature. The interview guide was reviewed by two senior nursing education experts to ensure clarity and relevance. Written informed consent was obtained before audio-recorded interviews, which were transcribed verbatim within two days of completion.

Data analysis followed Braun and Clarke's thematic analysis approach [15]. Transcripts were read repeatedly during open coding to identify and label relevant statements. Axial coding involved grouping similar codes into categories to develop themes and sub-themes. Selective coding was then used to refine relationships among categories. Redundant codes were removed, enabling refinement of themes and improved consistency of interpretation.

RESULTS

Among the total 6 participants, 3 (50%) were males, and 3 (50%) were females. Majority of them were in the age range of 22-24 years, where 67% were enrolled in the Generic BSN and 33% in Post RN BSN. Regarding year of study, the majority of them (67%) were studying in the Generic BSN 4th year. Majority of the participants (67%) had 3 years of clinical exposure (Table 1).

Table 1: Demographic Profile of the Participants(n=6)

Participants	1	2	3	4	5	6
Gender	Male	Female	Female	Male	Male	Female
Age (In Years)	23	27	22	23	22	25
Educational Status	Generic BSN (Enrolled)	Post RN BSN (Enrolled)	Generic BSN (Enrolled)	Generic BSN (Enrolled)	Post RN BSN (Enrolled)	Generic BSN (Enrolled)
Present Year of Studying	4 th Year	2 nd Year	4 th Year	4 th Year	4 th Year	1 st Year
Duration of Clinical Exposure	3 Years	1.5 Years	3 Years	3 Years	3 Years	7 Months

Analysis of the students' data on their opinions on clinical learning experiences resulted in the emergence of five predominant themes. These included: anxiety towards the clinical learning environment, barriers to clinical learning, inappropriate teaching practices and learning context, ineffective coordination in the learning environment, and inefficient clinical faculty and preceptor roles.

Theme 1: Anxiety Towards the Clinical Learning Environment

The study participants expressed feelings of worry and anxiety in the clinical learning environment. Participants' anxiety was mainly related to apprehension of being in a new environment and a changed routine, poor professional self-concept, and stress associated with work overload.

1.1. Apprehension of Being in a New Environment and a Changed Routine

Participants reported anxiety when entering the clinical environment for the first time, mainly due to unfamiliarity with ward routines, procedures, and expectations. Changes in routine across different clinical units were also identified as a source of anxiety. One participant explained, "Because of the different routine in each unit, we faced difficulties in the beginning; nonetheless, it got easy after 2 to 3 days" (Participant 2). Participants suggested that proper orientation before clinical rotations could help reduce anxiety.

1.2. Poor Professional Self-Concept

Another major source of anxiety reported by participants was poor professional self-concept. Students felt that their knowledge and opinions were often undervalued during discussions or clinical procedures, which negatively affected their motivation and self-esteem. Participants also associated poor professional self-concept with their nursing uniform, which they believed contributed to low self-esteem. One student stated, "Doctors and other people associate our nursing uniform with diploma nursing and thus think that we don't know anything. One day, I was in a scrub suit in CCU, while my colleagues were wearing white uniforms. The behavior of the consultant was completely different from me, and he involved me more in learning. If our uniform is changed, that will enhance our self-esteem and motivation" (Participant 1).

1.3. Stress of Work Overload

Participants reported that anxiety was also caused by work

overload in the clinical setting. Students felt pressured to perform duties of clinical staff, which limited opportunities to achieve their learning objectives. One participant stated, "We used to go there with a set of learning objectives to achieve, but they kept us restricted to learning bed making and IV cannulation and involved us in their own duties" (Participant 1).

Theme 2: Barriers to Clinical Learning

This theme highlights certain hindrances faced by the students during their clinical learning. These learning barriers include: uncooperative clinical staff, inadequate clinical instruction and evaluation, and poorly equipped learning infrastructure.

2.1. Uncooperative Clinical Staff

Students expressed the concern that the clinical staff restricted their learning by involving them in performing only the basic learning skills like vital signs, bed making, etc., and didn't allow them to advance to skills as per their learning objectives. Another barrier expressed by the participants was the perception of non-acceptance of nursing students' learning needs in the clinical setting. A student mentioned: "We used to select a patient there for case discussion and application of nursing process, or to prepare a teaching plan for the patient, or to perform a physical assessment; they did not allow us to do all that by saying that you are nursing students and it's not your job" (Participant 1).

2.2. Inadequate Clinical Instruction and Evaluation

Participants expressed dissatisfaction with clinical teaching and evaluation, which acted as a learning barrier in the clinical area. Ineffective clinical supervision was the main concern. One of the students highlighted: "We do not get the supervision in clinical the way we need it, and we perform the skills without supervision. Neither the teachers are there to supervise us nor the clinical staff" (Participant 3).

2.3. Poorly Equipped Learning Infrastructure

The participants expressed their concern over poorly equipped wards and skills as a learning barrier. A student stated: "Proper learning facilities and equipment should be made available both in the skills lab and in the hospital to facilitate our clinical learning. On the hospital side, only CCU and ICU have sufficient equipment; the rest of the wards have insufficient equipment. Like we are taught

about infusion pumps in the classroom, but that is not available in each ward, infusion pumps are not there, even in CCU and ICU, only syringe pumps are there. Only by operating an infusion pump can we practically learn about it, and for that, it should be available in the wards" (Participant 1).

Theme 3: Inappropriate Teaching Practices and Learning Context

This theme describes the inappropriateness of teaching practices and the learning environment as perceived by the students. The participants stressed the need for effective clinical teaching and the provision of an overall supportive learning environment.

3.1. The Need for Appropriate Teaching Practices

The participants raised the concern of not properly transforming theory into practice. A student verbalized: "We are unable to integrate theory into practice, and in this way, we face many problems that lead to negative feelings among students" (Participant 4).

3.2. Provision of a Supportive Learning Environment

Participants highlighted that the clinical environment was overall unsupportive for clinical learning and pointed out certain concerns in this regard. One of the students explained the ingredients of a supportive clinical environment as: "The staff should guide the students on each point during their clinical duty. Moreover, patients should also be available for students' learning (Participant-3). Yet another student argued: "In a supportive clinical learning environment, the clinical staff should have proper communication with students, and they should be cooperative with students. They should be problem solver to the students. Similarly, the faculty should be cooperative" (Participant 5).

Theme 4: Ineffective Coordination in the Learning Environment

This theme concerns the lack of proper communication and coordination for students' learning to be effective. This ineffective coordination is elaborated with reference to interpersonal relations of students with faculty, clinical staff, and seniors, an ill-matched clinical roster, and recognition and understanding among health professionals towards BS Nursing.

4.1. Interpersonal Relations with Faculty, Clinical Staff, and Seniors

Students realized the need for good interpersonal relations with the clinical staff for proper clinical learning. One student stated: "There should be a good relationship between the students and clinical staff because if you have a good understanding with staff, then they support you in different learning occasions" (Participant 5).

4.2. Recognition and Understanding among Clinical Staff Regarding BS Nursing

The students stressed proper communication among

faculty, the clinical staff, hospital administration, and students, as one of the participants emphasized: "There should be proper communication from the college side to the hospital authorities regarding our clinical learning". He added: "There should be coordination between clinical staff and faculty" (Participant 4).

4.3. Ill-Matched Clinical Roster

Congruence between the theoretical content taught and practical learning experiences ensures the effective integration of theory into practice. This is required when a clinical rotation is being planned. However, participants in the current study were discontented with this process and hence, pointed out the need for correspondence between the theoretical content and the clinical rotation. A student suggested: "Students should be assigned to the concerned ward related to the theory content taught in the classroom simultaneously" (Participant 5).

Theme 5: Inefficient Clinical Faculty and Preceptor Role

Participants opined that the role of clinical faculty and the preceptor was inefficient. The clinical faculty has the primary role of planning and administering the clinical teaching & learning activities and supervising students for clinical practice. A preceptor has a crucial role in guiding, facilitating, supervising, and monitoring the students in accomplishing their clinical learning outcomes. However, participants expressed their dissatisfaction with both faculty and preceptors' supervision in the mentioned context. One of the participants stated, "I would mainly talk about supervision. As a teacher can't be with each student all day, how can he supervise each student individually? They hand over our supervision to staff nurses in the ward, but the nurses expect us to do whatever they want. We do not get the supervision in clinical the way we need it, and we perform the skills without supervision. Neither the teachers nor the clinical staff are there to supervise us" (Participant-3).

DISCUSSION

Nursing faculty and clinical nursing staff have the primary responsibility to provide students with opportunities for appropriate clinical practice and support within the clinical environment to facilitate optimal learning. Students in the present study reported feelings of worry and anxiety in the clinical setting, mainly due to, fear of being novice, low self-esteem, and difficulties in time management resulting from excessive assignments and the expectation to perform clinical staff duties. Existing evidence supports that novice nurses commonly experience insecurity, confusion, and stress during role transition [16, 17]. Similarly, instruction in effective time management skills has been shown to reduce students' stress levels [18], a need also emphasized by participants in this study. One participant highlighted the concern that students were

being restricted to only basic nursing skills and that the clinical nursing staff involved them mostly in their own duties. Mismatched expectations regarding nursing students' roles and responsibilities can lead to communication gaps, which negatively affect relationships between students and staff nurses [19]. Supportive clinical staff are therefore, essential in facilitating students' practical learning experiences [20]. Clinical instruction is a multidimensional process that includes diverse teaching and learning activities. However, participants expressed concerns related to inadequate supervision, lack of graded clinical evaluation, and an insufficient number of clinical faculty. Similar findings were reported in a study conducted in Iran, where students expressed dissatisfaction with the quality of clinical teaching provided by faculty members [21]. Participants also highlighted the absence of a formal evaluation of clinical learning as a significant concern. Evaluation plays a crucial role in maintaining professional standards and ensuring that students acquire the competencies required for safe clinical practice [22]. Notably, the university with which our college is affiliated, has recently initiated graded evaluation of clinical and practical learning in the end-of-semester examinations, a practice that was previously absent. Effective learning further requires the availability of adequate resources and facilities, particularly those supporting practical training [23]. These challenges extend beyond the local context and require urgent attention from nursing faculty to initiate meaningful improvements. Evidence from existing literature has demonstrated inadequate coordination and collaboration between nurses and doctors and emphasized the importance of fostering positive professional relationships [24]. Participants also expressed dissatisfaction with the supervision provided by both faculty members and preceptors. The preceptor's role is critical in the clinical preparation of undergraduate nursing students; however, evidence consistently indicates insufficient preparation of clinical nurses for this role [25].

This study has several limitations. Findings from a single institution may limit transferability, and the small sample size, despite achieving data saturation, remains a constraint. Additionally, the possibility of social desirability bias cannot be excluded. Future research should include multiple institutions and adopt mixed-methods designs to enhance generalizability. Intervention-based studies are recommended to develop and test models aimed at improving the clinical learning environment. Preparing a pool of well-trained clinical preceptors is therefore essential for the effective clinical supervision and optimal practical preparation of the future nursing workforce.

CONCLUSIONS

The study findings indicate that nursing students were largely dissatisfied with their clinical learning experiences. Students reported significant anxiety in clinical settings due to their novice status, changes in routine, poor professional self-concept, and stress related to academic assignments and ward responsibilities. Several barriers to effective clinical learning were identified, including limited cooperation from clinical staff, inadequate clinical instruction and evaluation, and insufficiently equipped skills laboratories and hospital wards. Participants emphasized the need for appropriate teaching strategies and a supportive clinical learning environment. Concerns were also raised regarding weak coordination between academic and clinical settings. Students highlighted the importance of professional interpersonal relationships with faculty, clinical staff, and senior healthcare professionals, as well as better awareness of BS Nursing students' learning needs and structured ward rotations aligned with learning objectives. Furthermore, the role of clinical preceptors was perceived as ineffective, despite being critical to clinical learning. Addressing these issues may help develop a confident and clinically competent nursing workforce.

Authors' Contribution

Conceptualization: SK¹, DM, NN, SK²

Methodology: SK¹, SBA, HK, NN, ZA

Formal analysis: SK¹, DM, SK²

Writing and Drafting: SK¹, SBA

Review and Editing: SK¹, DM, SBA, HK, NN, SK², ZA

All authors approved the final manuscript and take responsibility for the integrity of the work.

Conflicts of Interest

The authors declare no conflict of interest.

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