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Factors Influencing Clinical Learning Experiences Among B.Sc Nursing Students: A Study In Kancheepuram District.

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A B S T R A C T

In this study, 80 B.Sc Nursing students from Kancheepuram district were assessed through the Clinical Learning Environment Appraisal tool. Objectives of the present study to evaluate the clinical learning experiences of nursing students across key domains and identify demographic and academic factors influencing their perceptions and satisfaction. To provide actionable recommendations for nursing education programs by identifying areas of improvement within clinical environments, particularly in feedback provision, mentorship, and support structures, based on student feedback and comparative analysis with previous research. Based on the results of the analysis, significant associations were found between clinical learning experiences and age, year of study, and specialty. The first year of medical school and the fourth year of medical school provided the best clinical experiences for students under 20 years old, while certain specialties such as the medical field and the labour ward provided the best clinical experiences for students under 20 years old. The types of family, the type of accommodation, and the location of the clinic didn't have any significant associations with clinical learning experiences. In terms of student satisfaction, 81.25% of students reported favorable clinical learning experiences. While the study emphasized the importance of age, academic progression, and specialty in shaping clinical learning experiences, it also highlighted areas for improvement, such as feedback. The findings of this study provide an understanding of factors influencing nursing students' clinical learning, suggesting targeted interventions in specific demographics and specialties could enhance student learning.

Keywords: Clinical learning environment, Task Involvement, Supervisory Relationship, behavioral problems, students' emotional problems,

INTRODUCTION

To become qualified nurses, nursing students must apply their knowledge and skills in clinical environments.

[1] Their success depends largely on an efficient clinical training program. In a nursing program's second year, students often experience higher levels of stress because they are introduced to the clinical environment for the first time [2]. Moreover, another study shows that nursing students' clinical learning is directly related to their current level of study [3], their clinical learning location, and their perception of the clinical placements (better grades when there is an optimal perception). It has been found that the clinical learning environment is responsible for a significant amount of stress among nursing students [4,5].For [6] Stress variables subjected to exploratory factor analysis may be explained most by clinical characteristics and environmental influences given they constitute the greatest percentage of variance. Practicing in real-life environments gives students the opportunity to apply theoretical knowledge. During clinical practice, students apply their theoretical knowledge to real-life situations, develop psychomotor skills, observe and adapt to their professional roles. In nursing, clinical training is considered to be the core of education. [7, 8] There are several physical, psychological, emotional, and organizational factors that influence how students learn and interact with their learning environment in a clinical setting. Some factors reported to have an impact on student learning in clinical settings act at different levels, according to some reports: these include factors affecting the individual student (student factors), hospital environment, economic factors, and factors affecting nurse tutoring [11]. There was a variety of experiences that nursing students had in a clinical environment, either positive or negative. The result is that there are a wide range of factors that can impact the positive or negative influence of an environment [12, 13]. Although nurses may quit or continue in the profession based on their clinical learning environment. [14]

It is common for nursing students to experience many challenges and problems when they enter the clinical environment. This affects their learning. [14]. By identifying and removing problems in clinical learning environments, nursing students will be less likely to have emotional and behavioral problems there. [15,16]

Nursing methods and nurse-to-patient ratios are the two main factors that determine the quality of clinical practice in Iran. Throughout the clinical area, nursing students and nurses care for patients of diverse ethnicities and cultures. It has also been demonstrated by several nursing educators (20 to 25 years) that nursing students undergo a great deal of change once they begin clinical education, resulting in mental and psychological problems, a lack of motivation, and eventually leaving nursing. European research projects have led to a number of international studies comparing clinical learning environments with organizational aspects. [18-21] After conducting research in Western European countries, a comparative study was conducted on clinical education in Czech, Hungary, Lithuania and Romania - which are relatively new EU members - as part of EmpNURS (Empowering the Professionalization of Nurses through Mentorship). Students have not been adequately supervised or provided with clinical practice.

Aim

The primary aim of this study is to analyze and evaluate the factors influencing the clinical learning experiences of nursing students.

Objectives

1. To assess the clinical learning experiences of nursing students by evaluating their perceptions across various domains.

2. To examine the association between demographic variables and levels of clinical learning experience among nursing students.

METHODOLOGY

The research approach employed in this study is quantitative, utilizing a descriptive design to analyze the data. The sample size consists of 80 participants, specifically basic B.Sc Nursing students, selected using a stratified random sampling technique to ensure representation across different strata within the population. The primary tool for data collection is the Clinical Learning Environment Appraisal, which includes a Likert Scale developed by the scholar and validated by nursing experts and a statistician. This tool is designed to assess the perceptions and experiences of nursing students within their clinical learning environments. The study aims to gather comprehensive quantitative data to understand the factors influencing the clinical learning experiences of nursing students.

Inclusion criteria

- Nursing students participating in a Bachelor of Nursing programme at selected colleges of Kancheepuram district.
- Students should have the adequate exposure to different clinical environment.

Exclusion criteria

- Student nurses who are not exposed to clinical environment
- Student Nurses who are not available during data collection.

Data collection and analysis

The researcher obtained prior permission from the IEC and subsequently secured permission to conduct the study from the principal of the nursing institution. Based on the inclusion criteria, samples were selected from nursing college in the Kancheepuram District. The purpose of the study was explained to the participants, and informed consent was taken. Demographic data and the tool to assess the experience of nursing students in clinical learning environment were then administered to the subjects. Descriptive analysis was used to provide the general characteristics of participants. The mean scores of the structured questionnaire and its subscales were analyzed using independent Chi-square test and one way ANOVA.

RESULTS

Description of the demographic variables among nursing student

Table1:-Frequency and percentage wise distribution of demographic variables among nursing student

SL. NO	DEMOGRAPHIC VARIABLES	FREQUENCY (N)	PERCENTAGE (%)
1	Age		
	18 years	16	20

	19 years	20	25.0
	20 years	26	32.5
	21 years	18	22.5
2	Gender		
	Female	59	73.75
	Male	21	26.25
3	Religion		
	Christian	20	25.0
	Hindu	48	60
	Muslim	12	15.0
4	Year of the Study		
	First year	17	21.25
	Second Year	19	23.75
	Third Year	21	26.25
	Fourth Year	23	28.75
5	Area of Specialty		
	Gynae	5	6.25
	IMCU	7	8.75
	Labour ward	15	18.75
	Medical	25	31.25
	Ophthal	7	8.75
	Ortho	8	10

	PN ward	6	7.5
	Surgical	7	8.75
6	Type of Family		
	Joint	29	36.25
	Nuclear	51	63.75
	Extended	0	0
7	Accommodation		
	Day scholar	59	73.75
	Hostel	21	26.25
8	Clinical Setting		
	Private	28	35
	Public	52	65

Based on the demographic characteristics of the nursing students in this study (table 1), it is possible to get a comprehensive understanding of their backgrounds and attributes. According to age distribution, 32.5 percent of the students were 20 years old, followed by 19 yrs (25%), 21 yrs (22.5%), and 18 yrs (20%).

It indicates a relatively young cohort, which is typical of nursing programs for undergraduates. Among the participants, 73.75% were females, while 26.25 percent were males. Females tend to outnumber males in nursing education, which is reflected in this gender imbalance. Students were predominantly Hindu (60%), followed by Christians (25%) and Muslims (15%). Based on this distribution, nursing students are representative of the country's religious diversity, as is the broader Indian population. Students from the fourth-year were most represented at 28.75%, followed by third-year students (26.25%), second-year students (23.75%), and first-year students (21.25%). As a result of this balanced representation across academic years, students benefit from a wide range of perspectives and experiences. Medical specialties are the most common area of specialty (31.25%), followed by labour wards (18.75%), ortho (10%), IMCUs (8.75%), surgical (8.75%), and ophthalmology (8.75%). There were fewer students in the gynaecology (6.25%) and PN wards (7.5%). Students from nuclear families represented a significant proportion of the student population (63.75%), followed by students from joint families (36.25%). The lack of extended family members may reflect contemporary living arrangements in urban settings where nuclear families are more prevalent. Approximately 73.75% of the students lived as day scholars, with a smaller proportion (26.25%) living in hostels. The majority of students lives nearby or commute daily to the institution, suggesting that they live close to the institution. Finally, the clinical setting data revealed that 65% of students trained in public facilities, while 35% trained in private

facilities. In public healthcare settings, patients often have a broader range of clinical experiences and exposure to a broader selection of student's types.

Table 2:Frequency and percentage wise distribution of level of clinical learning experience during their basic nursing education among nursing student

LEVEL OF CLINICAL LEARNING EXPERIENCE	FREQUENCY (n)	PERCENTAGE (%)	Mean+Standard deviation
UNFAVOURABLE	3	3.75	42.66 +5.50
MODERATELY FAVOURABLE	12	15	124.41 +8.36
FAVOURABLE	65	81.25	159.66 +18.31
Total	80	100	-

Table 2 presents the results of an evaluation of clinical learning experiences during basic nursing education. Out of 80 nursing students, the majority (81.25%) had a favorable clinical learning experience, with a mean score of 159.66 and a standard deviation of 18.31. Only 15% of the students reported a moderately favorable experience, with a mean score of 124.41 and a standard deviation of 8.36. There were only 3.75% of students who reported an unfavorable clinical learning experience. Based on these results, it appears that most nursing students were satisfied with their clinical learning experiences.

Table 3: Effectiveness of the domain level of clinical learning experience during their basic nursing education among nursing student

DOMAIN	MEAN	STANDARD DEVIATION
Orientation	3.692	0.592
Integration	3.744	0.110
Task Involvement	3.695	0.512
Peer Support	3.669	0.097
Feed Back	3.619	0.239
Conducive Clinical Learning Environment	3.673	0.470

Premises of Nursing Care on the Ward	3.803	0.501
Student Satisfaction with Clinical Environment	3.988	0.693
Challenges	3.640	0.552
Supervisory Relationship	3.663	0.599

Researchers discovered that domain level clinical experiences are effective in enhancing basic nursing education. Mean scores in each domain indicate a wide range of effectiveness. Among the student satisfaction measures, student satisfaction with the clinical environment scored the highest with a mean score of 3.988 and a standard deviation of 0.693. Furthermore, nursing care in the ward received a relatively high average score of 3.803 with a standard deviation of 0.51, indicating that students were satisfied with it. Integrative performance was 3.744 out of a possible 4.0, while task involved performance was 3.695 out of a possible 4.0, indicating moderate intensity. This indicator shows a similar level of effectiveness as the mean score for Orientation: 3.692 with a standard deviation of 0.592.

A standard deviation of 0.097 indicates that students feel reasonably supported by their peers, as measured by an average score of 3.66. This indicates moderate effectiveness of the Conducive Clinical Learning Environment, which scored 3.673 with a standard deviation of 0.470.

Despite perceived difficulties, students scored 3.640 in the domain of Challenges with a standard deviation of 0.552. Students need to receive feedback in order to improve their learning and continue to improve, and feedback scored lowest at 3.619 with a standard deviation of 0.239, suggesting that more needs to be done in terms of providing students with effective feedback.

Table 4: Association between the levels of clinical learning experience during their basic nursing education among nursing student with their selected demographic variables

SL. NO	DEMOGRAPHIC VARIABLES	LEVEL OF CLINICAL LEARNING EXPERIENCE						Chi-square & DF	P-value
		UNFAVOURABLE (3)		MODERATELY (12)		FAVOURABLE (65)			
		N	%	N	%	N	%		
1	Age								
	18 years (16)	0	0	1	6.25	15	93.75	X2=2.930 Df=6	0.0001***
	19 years (21)	1	4.76	4	19.04	16	76.19		
	20 years (25)	1	4	5	20	19	76		

	21 years (18)	1	5.55	2	11.11	15	83.33		
2	Gender							X2=0.0877 Df=2	0.2848 NS
	Female (59)	2	3.38	9	15.25	48	81.35		
	Male (21)	1	4.76	3	14.28	17	80.95		
3	Religion							X2=0.9963 Df=4	0.1156 NS
	Christian (21)	1	4.76	3	14.28	17	80.95		
	Hindu (48)	2	4.16	8	16.66	38	79.16		
	Muslim (11)	0	0	1	9.09	10	90.90		
4	Year of the Study							X2=3.079 Df=6	0.0009***
	First year (17)	0	0	1	5.88	16	94.11		
	Second Year (19)	1	5.26	4	21.05	14	73.68		
	Third Year (21)	1	4.76	4	19.04	16	76.19		
	Fourth Year (23)	1	4.34	3	13.04	19	82.60		
5	Area of Specialty							X2=3.459 Df=14	0.0032**
	Gynaecology (5)	0	0	1	20	4	80		
	IMCU (7)	0	0	1	14.28	6	85.71		
	Labour ward (15)	1	6.66	2	13.33	12	80		
	Medical (25)	1	4	4	16	20	80		
	Eye (7)	0	0	1	14.28	6	85.71		
	Ortho (8)	1	12.5	1	12.5	6	75		
	PN ward (6)	0	0	1	16.66	5	83.33		

	Surgical (7)	0	0	1	14.28	6	85.71		
6	Type of Family							X2=0.0679 Df=2	0.1583 NS
	Joint (29)	1	3.44	4	13.79	24	82.75		
	Nuclear (51)	2	3.92	8	15.68	41	80.39		
	Extended (0)	0	0	0	0	0	0		
7	Accommodation							X2=0.087 Df=2	0.2848 NS
	Day scholar (59)	2	3.38	9	15.25	48	81.35		
	Hostel (21)	1	4.76	3	14.28	17	80.95		
8	Clinical Setting							X2=0.6368 Df=2	0.1526 NS
	Private (28)	1	3.57	3	10.71	24	85.71		
	Public (52)	2	3.84	9	17.3	41	78.84		

Table 4 summarizes Clinical-learning experiences of nursing students and selected demographic variables are related. There was a significant association between age and the level of clinical learning experience (X2=2.930, df=6, p=0.0001). It appears that age influences clinical learning experience, with students under 20 years old showing a higher tendency toward a positive experience. Neither variable was significantly associated with the other gender and clinical learning experience (X2=0.0877, df=2, p=0.2848). The clinical learning experiences of male and female students appear to be similar. There was no significant association between clinical learning experience and religion (X2=0.9963, df=4, p=0.1156). It shows that Christian, Hindu, or Muslim students experience similar levels of clinical learning regardless of their religious background. The level of clinical learning experience was significantly related to the year of study (X2=3.079, df=6, p=0.0009). It seems that clinical learning experiences improve with each year of study, as fourth-year students reported more positive experiences. Neither variable was significantly associated with the other specialty and level of clinical learning experience (X2=3.459, df=14, p=0.0032). As a result of this finding, some specialties offer better clinical learning experiences than others, such as the medical field and the labour ward. Clinical learning experience was not significantly associated with the type of family (X2=0.0679, df=2, p=0.1583). Regardless of whether a family is joint, nuclear, or extended, nursing students' clinical experience is unaffected by their family type. There was no significant difference in clinical learning experiences between accommodation types (X2=0.087, df=2, p=0.2848). There were similar clinical learning experiences reported by day scholars and hostel residents. There was no significant association between the clinical setting (public or private) and the level of clinical learning experience (X2=0.6368, df=2, p=0.1526). The clinical setting does not significantly affect nursing students' clinical learning experiences.

DISCUSSION

The study of nursing includes clinical learning. In order for students to develop professionally, they need an effective clinical teaching model. Students' clinical partnership experiences indicate that the clinical partnership model complements faculty-clinical collaboration. It is difficult for students to prepare for their entry into the clinical environment, and this is a concern for nursing teachers as well [22]. From this study table 1 it is possible to get a comprehensive understanding of their backgrounds and attributes. This age distribution may influence the clinical learning experience, as younger students might have less practical experience and confidence compared to older students. However, without a specific p-value for age distribution in this context, it is difficult to ascertain the statistical significance of this difference directly from the given data. This gender imbalance could affect the results, as previous studies have suggested that gender might influence learning styles and experiences in clinical settings. In addition, 99.1% of participants were female in the previous study. These results support those in an online learning study which found that females constituted the majority (64.8%), [23] Similarly, the present study found similar results. According to the data presented earlier, gender and clinical learning experience do not correlate significantly. In residential settings, hostellers may experience a more immersive learning environment and have increased access to clinical learning opportunities. According to earlier data, however, accommodation type did not significantly influence clinical learning experience. A student's family type can affect the support system and stress level, which may affect the learning experience indirectly. Although earlier studies did not find a significant relationship between family type and clinical learning experience, those data were not replicated in this study. Nursing students' learning experiences and satisfaction levels were significantly enhanced by supportive clinical environments and effective mentoring, according to a previous study [24]. Similarly, a study concluded that positive interaction with clinical instructors and a well-organized clinical setting contribute to students' perceptions and satisfaction with their learning experience. It is further indicated by the relatively high standard deviation in the favorable experience group that while many students are satisfied, the way in which they perceive favorable experiences can differ. It is possible that these variations are caused by factors such as mentorship quality, clinical case complexity, and the ability of individual students to adapt to it. The findings of a study confirmed that students' learning experiences and satisfaction levels are significantly enhanced in a positive clinical environment. Nursing care environments shape students' clinical learning experiences, according to a study [25]. For student learning and engagement, prior research suggests that integration and task involvement are important [27]. It has been shown that orientation programs with a good structure help students become more confident and prepared for college [28]. Students reported that their peers provided reasonable support for them, with a mean score of 3.66 and a standard deviation of 0.097. Nurse education is dependent on peer support, which enhances learning by providing emotional and academic support. [29] found that peer support lowers stress and positively impacts nursing students' experiences. In order for students to succeed, they need effective supervision and a conducive learning environment. A positive learning environment, supportive supervisory relationships, and supportive supervision have been shown to enhance clinical education in previous studies [30]. As a result, Feedback had the lowest mean score, 3.619, and a standard deviation of 0.239. It suggests that effective student feedback needs to be improved. Learning depends on receiving feedback, which helps students identify their strengths and weaknesses. According to a study, timely and constructive feedback can aid students' learning and performance [31].

CONCLUSION

Nursing students' clinical learning experiences are profoundly influenced by a number of factors. This study provides significant insight into these factors. In addition to age and academic year, the specialty area and the student's perception of clinical training each affected students' perceptions. Clinical learning experiences were more positive for younger students and students in advanced nursing programs, suggesting that maturity and exposure to clinical settings contribute to improved learning outcomes. Furthermore, specific specialties, like medicine and labour, have been associated with more positive clinical experiences, indicating that other specialties need to be improved to ensure a uniformly positive learning environment. However, demographic variables such as gender, religion, family type, housing type, and clinical setting had little impact on students' clinical experiences. As a result, clinical education frameworks need to emphasize other modifiable factors, such as mentoring quality, clinical placement organization, and feedback provision. Nursing education programs must address the issues identified in the study, particularly in providing feedback, so that clinical learning experiences are of higher quality.

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