

# Clinical Learning Environment Challenges among Nursing Students

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**Abstract:** Teaching and learning of clinical skills for undergraduate nursing students usually takes place during the clinical training. Aim of the study: to assess clinical learning environment challenges among nursing students. Method: A descriptive exploratory research design was used to conduct this study on 222 undergraduate nursing students from second to fourth academic years was undertaken. Data were collected through using two tools demographic characteristics sheet and Clinical Learning Evaluation Questionnaire (CLEQ). Results: motivation and supervision parts were the most significant parts of the clinical training. There was positive, moderate, significant correlation between each two items of CELQ. While the total CELQ score was moderately, positive, significant correlate with authenticity and strongly, positive, significant correlate with the scores of cases, supervision, organization and motivations. Conclusion: based on the finding of the present study, there are good supervision and motivation system, while cases, organization and authenticity need some modification and improvement. Recommendation: The study recommended that students needed orientation program before clinical training. Availability of printed logbook or guidelines illustrated simply for guiding student regarding clinical training areas, evaluation and way of communication; and replication of this study on another sitting.

**Keywords:** Clinical Learning Evaluation Questionnaire, Learning barriers, Nursing.

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## 1. INTRODUCTION

Nursing education consists of two complementary components: theoretical and practical training which make nursing students able to gain the knowledge, skills, and attitudes essential to provide nursing care. Most of nursing education is done in clinical environments<sup>1</sup>. Real world clinical training in healthcare rightly put the client at the center of care such that the focus on student learning can be secondary to patient care priorities. Although this is appropriate for patient care, the level to which students are capable of engaging in significant and valuable learning experiences within the clinical environment might be restricted<sup>2</sup>.

Clinical education is regarded as an important and essential aspect of program of nursing education. As nursing is a profession that depends on performance, clinical learning settings have a significant role in acquiring professional skills and guiding the nursing students to enroll and become a licensed nurse in the nursing profession<sup>3</sup>. All the educational and learning activities during the clinical placements of nursing students could be compound into a wider concept, the Clinical Learning Environment<sup>4</sup>.

In order to train nurses for their practice based career, appropriate clinical nursing education is required. It offers necessary opportunity for learners to incorporate theoretical knowledge into nursing care, make clinical decision, and build up a professional identity. The clinical setting where education of nurses takes place is dynamic and includes complex factors that can affect learning experiences of students<sup>5</sup>.

The Clinical Learning Environment (CLE) is an interactive force network which affects learning outcomes within the clinical environment. It involves all that surrounds students in the clinical setting and influences their professional development. There is various studies that support CLE as highly valuable in students familiarization with decision making and clinical judgment, in improving critical thinking, in challenging learners to be aware of their mistakes implications, and trying to expose them to various psychological, mental, sociocultural and biological patients care dimensions<sup>6</sup>.

The clinical learning environment is the area where curriculum theoretical components may be incorporated with the practical and converted into professional skills and attitudes within an emotionally safe setting<sup>1</sup>. Also, becoming a nurse is an essential component. However, students record experiencing challenges in clinical learning environments (CCLE), which raise questions about nature of challenging clinical learning environment, its effect on learning of students and how learners could react during a CCLE<sup>7</sup>.

Awareness of any factor that may influence nursing students learning process in the clinical setting is important to be sure that maximum benefits acquired from this nursing education aspect. The factors that may comprise the CLE include the physical space, psychosocial, interaction elements, organizational culture and teaching and learning elements. Preparation of students to enroll into the clinical setting is one of the significant factors that affect clinical education quality. These attributes sometimes verify accomplishment of learning outcomes and learners self confidence<sup>8</sup>.

Components of nursing unit culture and practice optimistically affect students' perceptions of the CLE: teamwork and good staff morale and their attitude in the direction of patient care, quality patient centered care, and availability of good role models. On the contrary, absence of nursing practice guidelines, rigid, hierarchical environments, and absence of awareness of learning needs of students lead to an unaccommodating CLE<sup>5,9</sup>.

Language barrier not only have an effect on health care quality but also rise health care cost. Moreover, it hinders the way of communication between nursing student and other personal in clinical training areas. Lack of nursing students' satisfaction and confidence was considered as another barrier experienced during clinical training by international students<sup>4,10</sup>. Learners link confidence lack during clinical rotation to restricted language skill that was also recognized as the same by nursing staff. Furthermore, change in behaviors and performances of nursing students in the clinical environment could negatively affect their learning, improvement in patient care, and professional performance<sup>11</sup>.

CLE itself affects the accomplishment of learning outcomes, and has an effect on preparation for practice and satisfaction of student in nursing. Providing clarity for nursing education concept helps in recognizing attributes, antecedents and consequences that affect student transition to practice<sup>12</sup>. Clinical environment stays as significant aspect in student's competence development, confidence and fulfillment of their anticipated learning outcomes. Preceptors and clinical educators have an important role in preparing students to accomplish their professional goals by constant support and resource provision<sup>13</sup>.

Identifying these challenges would enhance practicing and improve students planning and promotion quality<sup>14</sup>. Inability to recognize the problems and challenges; learners encounter within the CLE prevents students from efficient learning and progress. Consequently, the growth and development of their skills will be affected<sup>14</sup>.

Hence, this study carried out to assess clinical learning environment challenges among nursing student at places of training for nursing students in Mansoura nursing collage, Egypt.

## 2. METHOD

This research utilized descriptive design, conducted among nursing students, level two and three, enrolled at faculty of nursing, Mansoura University, Egypt.

### Research Question

The research questions may be formulated as follows:

- What are the barriers and challenges facing nursing student in clinical training?

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### Sample size:

Calculating sample size using Dss.research.com web site, as the authenticity score was  $2.67 \pm 0.75$  in one medical school to  $2.92 \pm 0.65$  in another school AlHaqwi, Kuntze & van der Molen, (2014)<sup>15</sup> and at confidence 99.0% and power of study 95.0%; the calculated sample size is 182 subjects each and adding 20.0% for better data quality. So the studied sample may reach 218 students.

### Study Population

After distribution of 250 prepared questionnaires to students from academic years 2 to 4 enrolled as fulltime students in the colleague. Students were randomly approached and asked to participate and to finish a special questionnaire after purpose explanation and gaining their consent. Only 222 students completed the questionnaire with response rate 88.8%.

### Study Instrument

Questionnaire consisted of respondent's demographic characteristics and Clinical Learning Evaluation Questionnaire (CLEQ) was used in data collection. CLEQ composed of 40 items that investigate 5 main aspects that can affect clinical learning of students. These aspects are: provision of clinical cases (six items), authenticity of clinical experiences (nine items), supervision (seven items), organization of the doctor-patient encounters (eleven items), and motivation of students to learn (seven items). Responses of students to every item by rating it on a 5 point Likert Scale as (1) strongly disagree, (2) disagree, (3) undecided, (4) agree and (5) strongly agree. The degree of student's agreement is indicated by the mean of responses to the statements of the CLEQ<sup>15</sup>. Content and face validity of the study tools were tested by jury test of three experts in nursing administration field to evaluate the individual items plus the all instrument as being relevant and suitable to test what they required to measure, Clinical Learning Evaluation Questionnaire (CLEQ), was tested for validity and reliability by (AlHaqwi, 2014)<sup>15</sup>. A pilot study was conducted on 10% (22) of nursing students excluded in the actual research. Modifications were done on questionnaire for clarity, concreteness and accuracy before its actual distribution. The questionnaire was personally distributed after gaining consent from the participants themselves at the end of lectures.

### Implementation phase: (field work)

An official permission to conduct the study obtained from the Dean of the faculty. Formal approval obtained from the research ethics committee of the faculty of nursing, Mansoura University. Oral informed consents were obtained from the participants. Privacy and confidentiality of the collected data will be assured and participants were able to withdraw from the study at any stage without responsibility.

Student's data was collected in November 2017. The questionnaire sheets were distributed to the students in their study setting. The researcher was present all the time for any clarifications. The time that student taken to complete the questionnaire was 10 to 15 minutes.

### Statistical analysis:

Collected data were coded, computed and SPSS (statistical package of social sciences), version 16 is used to statistically analyze data. Data were presented as frequency and percentages (qualitative variables) and mean  $\pm$  SD (quantitative continuous variables). Student's t test was used for comparison of continuous quantitative variables (two groups), while F (one way anova) test was used for comparison of more than two groups. Pearson's correlation was used to correlate the scores of different items of CELQ. The difference was considered significant at  $P \leq 0.05$ .

## 3. RESULTS

Age of the studied 222 nurse students ranged from 17-30 years, with average  $21.43 \pm 2.30$  and at least three quarters of them lied in age group 20-22 years. Most of the students were in second and third level, 65.3% were females and of two nationalities; Egyptians (58.1%) and Nigerian (41.9%). Most of them obtained training in Mansoura University Hospital (74.3%), in addition to Mansoura University Children Hospital (22.1%) and Specialized Centers (3.6%) (Table1).

**Table (1): Characteristics of the studied students (222)**

Characters	Items	No	%
Age (years)	17-19	9	4.1
	20-22	168	75.7
	23-25	27	12.2
	26-30	18	8.1
	Range: 17-30, Mean $\pm$ SD = 21.43 $\pm$ 2.30 years		
Faculty level	Second	93	41.9
	Third	119	53.6
	Fourth	10	4.5
Gender	Males	77	34.7
	Females	145	65.3
Nationality	Egyptian	129	58.1
	Nigerian	93	41.9
Hospital	MUH	165	74.3
	MU Children H	49	22.1
	Others Centers	8	3.6

Table (2) shows the distribution of the studied students according their response to items of Clinical Learning Evaluation Questionnaire. As regard training on real cases, about 60.0% of the students reported agree & strongly agree for five statements related to this part, except the last item "I have seen some unusual clinical cases", where nearly one third of students reported agree & strongly agree. The average score for each statement ranged from 3.0 to 3.7(a). Percentage of agree & strongly agree for the items of Authenticity of clinical experience part of CLEQ ranged from 35.6% to 59.0% and the average score for each statement ranged from 2.84 to 3.53(b). As regard "Supervision", percentage of agree & strongly agree for the items of this part of CLEQ ranged from 48.2% to 86.0% and the average score for each statement ranged from 3.24 to 4.21(c). In addition, the percentage of agree & strongly agree for the items of "Organization of the doctor patient encounter" part of CLEQ ranged from 40.6% to 66.6% and the average score for each statement ranged from 3.15 to 3.91(d). For the items "Motivation/learning skills" part of CLEQ, the percentage of agree & strongly agree ranged from 64.9% to 86.5% and the average score for each statement ranged from 3.73 to 4.20(e).

**Table (2): Distribution of the studied students according their response to items of Clinical Learning Evaluation Questionnaire (222)**

#### a- Cases

Statements	Item	Strongly disagree 1	Disagree 2	Undecided 3	Agree 4	Strongly Agree 5	Average Score
1.I have seen a sufficient number of clinical cases	No %	12 5.4	31 14.0	26 11.7	98 44.1	55 24.8	3.70 $\pm$ 1.15
2. I have seen a sufficient number of new clinical cases	No %	10 4.5	54 24.3	51 23.0	67 30.2	40 18.0	3.23 $\pm$ 1.16
3. I have seen a good variety of clinical cases	No %	6 2.7	35 15.8	45 20.3	92 41.4	44 19.8	3.60 $\pm$ 1.06
4.I have seen a many interesting clinical cases	No %	9 4.1	29 13.1	51 23.0	86 38.7	47 21.1	3.60 $\pm$ 1.08
5. I have seen some cases with positive clinical findings	No %	12 5.4	21 9.5	51 23.0	98 44.1	40 18.0	3.60 $\pm$ 1.06
6. I have seen some unusual clinical cases	No %	25 11.3	57 25.7	64 28.8	45 20.3	31 14.0	3.00 $\pm$ 1.21

**b- Authenticity of clinical experience**

Statements	Item	Strongly disagree 1	Disagree 2	Undecided 3	Agree 4	Strongly Agree 5	Average Score
7.I have the opportunity to have the first contact experience with patients	No %	28 12.6	40 18.0	47 21.2	67 30.2	40 18.0	3.23 ± 1.30
8. I am actively involved in the patient care	No %	9 4.1	37 16.7	55 24.8	79 35.6	42 18.9	3.49 ± 1.10
9. I have opportunity to deal with patient as a real nurse	No %	41 18.5	58 26.1	44 19.8	53 23.9	26 11.7	2.84 ± 1.30
10. I have opportunity to deal with patient as a whole and not limited to a certain system or organ	No %	35 15.8	50 22.5	52 23.4	62 27.9	23 10.4	2.95 ± 1.25
11.I have opportunity to apply my previous experience in patient care	No %	31 14.0	26 11.7	34 15.3	89 40.1	42 18.9	3.38 ± 1.30
12. I have never seen able to write in patient's medical card	No %	28 12.6	38 17.1	36 16.2	68 30.6	53 23.4	3.35 ± 1.34
13. I have opportunity to apply a patient-centered approach	No %	27 12.2	52 23.4	44 19.8	78 35.1	21 9.5	3.06 ± 1.21
14. I have opportunity to take responsibility for patient care	No %	21 9.5	49 22.1	30 13.5	79 35.6	43 19.4	3.33 ± 1.27
15. I have opportunity to communicate with patients & their families	No %	19 8.6	27 12.2	46 20.7	77 34.7	53 23.9	3.53 ± 1.22

**c- Supervision**

Statements	Item	Strongly disagree 1	Disagree 2	Undecided 3	Agree 4	Strongly Agree 5	Average Score
16.My supervisors have good communication skills	No %	9 4.1	10 4.5	19 8.6	96 43.2	88 39.6	4.10 ± 1.01
17. I have been respected by my supervisors	No %	6 2.7	8 3.6	17 7.7	94 42.3	97 43.7	4.21 ± 0.93
18. The supervisors are committed for teaching	No %	6 2.7	16 7.2	49 22.1	94 42.3	57 25.7	3.81 ± 0.99
19. The way my supervisors deal with nurse students is satisfactory	No %	21 9.5	28 12.6	54 24.3	85 38.3	34 15.3	3.37 ± 1.17
20.I think supervisors have good teaching skills	No %	10 4.5	17 7.7	39 17.6	105 47.3	51 23.0	3.77 ± 1.03
21. I have rarely received a good feedback on my clinical performance from my supervisors	No %	25 11.3	42 18.9	47 21.2	70 31.5	38 17.1	3.24 ± 1.26
22. I think that some supervisors could be considered as role models	No %	10 4.5	11 5.0	38 17.1	89 40.1	74 33.3	3.93 ± 1.05

**d- Organization of the doctor patient encounter**

Statements	Item	Strongly disagree 1	Disagree 2	Undecided 3	Agree 4	Strongly Agree 5	Average Score
23.The objectives of the clinical rotations are clear	No %	19 8.6	22 9.9	58 26.1	86 38.7	37 16.4	3.45 ± 1.14
24. Students have some input for the organization and development of the clinical rotation	No %	12 5.4	52 23.4	68 30.6	71 32.0	19 8.6	3.15 ± 1.05
25. I have the opportunity to prepare before clinical encounter	No %	12 5.4	46 20.7	57 25.7	83 37.4	24 10.8	3.27 ± 1.08
26. I have opportunity to reflect and read after the clinical encounter	No %	10 4.5	37 16.7	34 15.3	106 47.7	35 15.8	3.54 ± 1.08
27.I have the opportunity to discuss clinical cases with my supervisors	No %	12 5.4	22 9.9	53 23.9	84 37.8	51 23.0	3.63 ± 1.10
28. I have the opportunity to share clinical cases with other students	No %	9 4.1	32 14.4	40 18.0	102 45.9	39 17.6	3.59 ± 1.06
29. The number of students in the clinical sessions is appropriate	No %	63 28.4	31 14.0	28 12.6	64 28.8	36 16.2	3.91 ± 1.49
30. The time spent with my patients is adequate for my clinical learning	No %	26 11.7	19 8.6	29 13.1	90 40.5	58 26.1	3.61 ± 1.28
31. I have the opportunity to utilize skills lab & simulation for clinical cases	No %	42 18.9	31 14.0	44 19.8	67 30.2	38 17.1	3.13 ± 1.37
32. I think assessment of clinical learning is aligned with objectives	No %	22 9.9	20 9.0	56 25.2	93 41.9	31 14.0	3.41 ± 1.14
33. I was given enough assignments during may clinical rotations	No %	11 5.0	29 13.1	49 22.1	86 38.7	47 21.2	3.58 ± 1.11

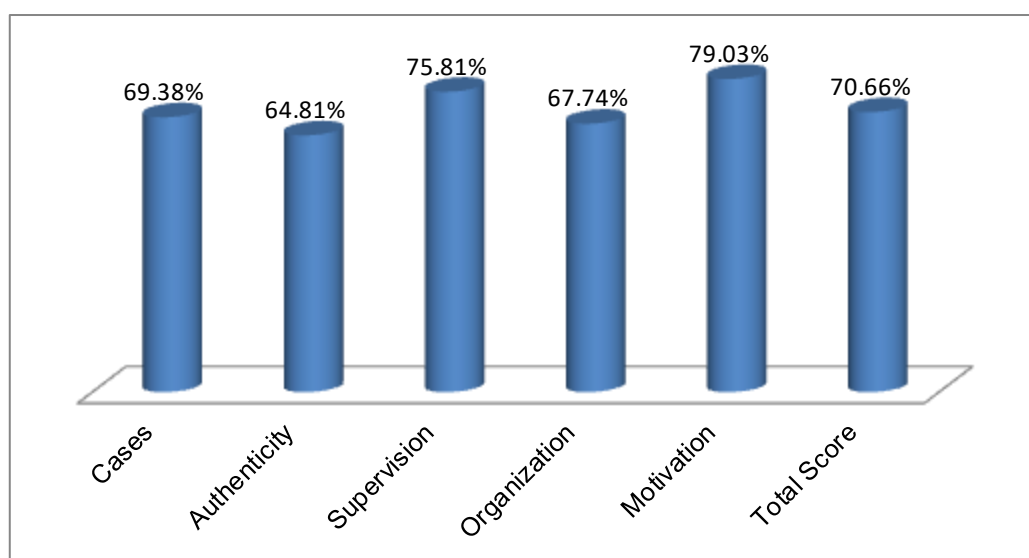
**e- Motivation/learning skills**

Statements	Item	Strongly disagree 1	Disagree 2	Undecided 3	Agree 4	Strongly Agree 5	Average Score
34.I adequately know my learning needs	No %	4 1.8	26 11.7	42 18.9	103 46.4	47 21.2	3.73 ± 0.98
35. I know my limitations	No %	5 2.3	12 5.4	32 14.4	117 52.7	56 25.2	3.93 ± 0.90
36. I am eager to learn	No %	3 1.4	4 1.8	23 10.4	107 48.2	85 38.3	4.20 ± 0.80
37. I am able to look for new information	No %	5 2.3	7 3.2	28 12.6	107 48.2	75 33.8	4.08 ± 0.89
38.I come to clinical sessions prepared and ready	No %	4 1.8	11 5.0	20 9.0	102 45.9	85 38.3	4.14 ± 0.90
39. I enjoy learning in clinical sessions	No %	18 8.1	12 5.4	48 21.6	73 32.9	71 32.0	3.75 ± 1.19
40. I am apple to express myself and show confidence	No %	12 5.4	21 9.5	34 15.3	83 37.4	72 32.4	3.82 ± 1.15

Table (3) and figure (1) show the average total raw, reduced and percent scores of the items of Clinical Learning Evaluation Questionnaire (CLEQ) among studied students. The percent scores reported by the students revealed that motivation and supervision parts were the most benefit parts of the training (79.03 and 75.51%). The other parts obtained less than 70.0% and the total percent score of the CLEQ was 70.66%.

**Table (3): Average total raw, reduced and percent scores of the items of Clinical Learning Evaluation Questionnaire (CLEQ) among studied students (222)**

Items of CLEQ	Total raw score		Reduced score		Percent score	
	Max	Mean $\pm$ SD	Max	Mean $\pm$ SD	Max	Mean $\pm$ SD
Cases score	30	20.82 $\pm$ 4.76	5	3.47 $\pm$ 0.79	100.0	69.38 $\pm$ 15.87
Authenticity score	45	29.17 $\pm$ 7.40	5	3.24 $\pm$ 0.82	100.0	64.81 $\pm$ 16.44
Supervision score	35	26.43 $\pm$ 4.77	5	3.78 $\pm$ 0.68	100.0	75.51 $\pm$ 13.61
Organization score	55	37.26 $\pm$ 8.80	5	3.39 $\pm$ 0.82	100.0	67.74 $\pm$ 16.36
Motivation score	35	27.66 $\pm$ 4.79	5	3.95 $\pm$ 0.68	100.0	79.03 $\pm$ 13.68
Total score	200	141.33 $\pm$ 25.32	5	3.53 $\pm$ 0.63	100.0	70.66 $\pm$ 13.66



**Figure (1): Percent to maximum score of the items of Clinical Learning Evaluation Questionnaire (CLEQ) among studied students (222)**

There was positive, moderate, significant correlation between each two items of CELQ. The total CELQ score was moderately, positive, significant ( $r = 0.599$ ,  $P < 0.001$ ) correlate with authenticity and strongly, positive, significant correlate with the scores of cases, supervision, organization and motivations (table 4).

**Table (4): Correlation matrix between scores of the items of CELQ**

Items of CELQ	Cases		Authenticity		Supervision		Organization		Motivation	
	R	P	R	P	R	P	r	P	r	P
Authenticity	0.588	<0.001								
Supervision	0.486	<0.001	0.515	<0.001						
Organization	0.622	<0.001	0.693	<0.001	0.606	<0.001				
Motivation	0.510	<0.001	0.526	<0.001	0.599	<0.001	0.604	<0.001		
Total Score	0.769	<0.001	0.599	<0.001	0.759	<0.001	0.903	<0.001	0.766	<0.001



Table (5) shows the average percent total score of CELQ in relation to the characteristics of the studied students. It was being significantly lower in students aged 20-22 years, females, Egyptian students those receiving training at MU children hospital.

**Table (5): Average percent total score of CELQ in relation to the characteristics of the studied students (222)**

Characters	Items	No	Percent total score	Significance test
			Mean $\pm$ SD	
Age (years)	17-19	9	74.78 $\pm$ 11.36	F = 7.024 P<0.001
	20-22	168	68.57 $\pm$ 12.16	
	23-25	27	77.06 $\pm$ 11.92	
	26-30	18	78.58 $\pm$ 13.00	
Faculty level	Second	93	71.36 $\pm$ 10.76	F = 1.254 P 0.287
	Third	119	70.62 $\pm$ 13.81	
	Fourth	10	64.70 $\pm$ 14.38	
Gender	Males	77	75.56 $\pm$ 11.96	t = 4.384 P<0.001
	Females	145	68.06 $\pm$ 12.65	
Nationality	Egyptian	129	65.77 $\pm$ 10.89	t = 7.612 P<0.001
	Nigerian	93	77.46 $\pm$ 11.81	
Hospital	MUH	165	73.54 $\pm$ 11.59	F = 21.320 P<0.001
	MU Children H	49	61.20 $\pm$ 11.10	
	Others Centers	8	69.19 $\pm$ 15.60	

#### 4. DISCUSSION

Clinical learning is an interactive network that affects the learning outcomes in the real world. Many setting as hospitals and other health care settings are involved in clinical learning. Clinical learning setting entails many challenges brought by various factors including pressure of time, and clinical surroundings would be a cause of stress and anxiety on students' learning ability. Moreover,, knowledge lacking on nursing practice aspect, theory practice gap, conflict between educational objectives and expectations, and unsatisfactory supervision and feedback<sup>2</sup>.

As regarding Characteristics of the studied students, the result of the present study revealed that, most of students were female lied in age group twenty to twenty two years in second and third level. This finding in accordance with **Jahanpour, Azodi, Azodi & Khansir, (2016)** who reported that, all of the participants were female, ranged in age between twenty one to twenty four years<sup>16</sup>. Also study conducted by **Ali W, EL Bana & Al Seraty (2015)** mentioned that, more than half of participants were aged nineteen to twenty two years<sup>17</sup>. Student numbers in each level represent the majority of students enrolled in this level. Furthermore, **Kouta & Charis (2011)** stated that, gender discrimination is still prevalent within nursing profession<sup>18</sup>.

In our community females are more interested to involved in nursing study, may be related to nature of natural extension of women as motherhood, likewise social construction of what it means to be a nurse has typically mean a caring beside economic issue. Although male nurses sometimes encounter gender discrimination challenges, particularly in specialties as obstetrics and gynecology, wherever, patients sometimes desire to deliver care by female nurses, male nurses sometimes end up in leadership roles and in specialties as emergency, intensive care, and operating room nursing (**Eswi & El Sayed , 2010**)<sup>19</sup>.

Patients' participation in health care students' learning is important and offer learners a chance to practice clinical reasoning and practice clinical skills while communicating with clients ( **Spencer, McKimm, 2010**)<sup>20</sup>. This go with the result of this study that, half of the studied students agreed for sufficiency and variety the number of cases in clinical training area. Availability of cases gives student chance to deal with different diagnosis and interact with a many interesting clinical cases. This in accordance with **Stockhausen, (2009)** who clarified that learning happens throughout



availability and the relationships between patient and learners<sup>21</sup>. Otherwise **Towle & Godolphin, (2011)**<sup>22</sup> stressed that patients can give students opportunities to demonstrate clinical skills and to offer information as experts of their own disease or disability (**Spencer & McKimm, 2010**)<sup>20</sup>.

As regarding to authenticity of clinical experience finding of the present study revealed that, majority of studied student agrees and strongly agree to actively involved and apply the previous experience and responsibility in patient care. Also have the opportunity to communicate with patients and their families. This finding consistent with **Manninen, Welin Henriksson, Scheja, & Silén, (2013)** proved that, students ' learning is based on the mutual interaction between patient and student <sup>23</sup>. This mutual interaction presents; both external and internal authenticity of students' experiences affects their learning process. Another study carried by **Papastavrou, Lambrinou, Tsangari, Saarikoski & Leino-Kilpi, (2010)** clarified that, clinical experiences are integral part of nursing education which prepare student nurses to engage in "doing" as well as "knowing" the clinical principles in practice<sup>24</sup>.

This finding not consistent with **Ahmad, Irene, Isabelita, Omar, Regie & John Paul Ben, (2018)** <sup>25</sup>who stated that, the nearly all common learning challenges in the clinical settings contain bad application of learned theories, missed opportunities to **execute** techniques and procedures, and **absence** of communication and trust with nurses (**Dehghani, et al. , 2014**)<sup>26</sup>.

In relation to organization of the doctor patient encounter part of CLEQ, the results of the present study revealed that the majority of studied student agree for the students number in the clinical sessions is suitable and time spent with clients is enough. In contrary a study conducted by **Santos, (2012)** <sup>27</sup>; **Kabir & Sarah, (2017)** <sup>28</sup>indicated that, the most significant obstacles against learning of nurses were limitations in the capacity, time constraints and time spend with patient, financial constraints, workplace culture, access, and increasing numbers of graduates demand in clinical training and matching of recent technologies to gain knowledge.

Moreover an additional study done by **Foster & Flanders, (2014)** about clinical education of nurses challenges cleared that the clinical education obstacles involved ambiguous description of duties that take much of the nurse's time, and rather than dealing with more vital duties, they look for resolving patients peripheral problems; high working load in addition to time and financial constraints that prevent robust clinical evidence use in education, that is in line with the present study<sup>29</sup>.

As regarding Clinical Learning Evaluation Questionnaire, the finding of the present study revealed that **motivation and supervision** parts were the most benefit parts of clinical training. While the other parts such as authenticity, organization and cases items obtained less than three quarter percent of agreement. This finding in the same line with **AlHaqwi et al., (2014)** who stated that, Clinical supervision is important in both undergraduate and postgraduate education<sup>17</sup>. Supervision is known as guidance and feedback provision on matters of personal, professional and educational development in the circumstance of learner's experience of providing safe and proper patient care. Also it consider one of the great responsibilities of teachers' to care for nursing students in the clinic correctly, which cause elevation in enthusiasm and motivation for learning in addition to elevating students self-confidence (**Yousefy, Yazdannik, & Mohammadi, 2015**)<sup>30</sup>.

Hence, the supervisors can therefore have a vital role in helping learners integrate theoretical knowledge and patient information into nursing care. Therefore, the findings of this research will be used to improve the supervision at the clinical education ward. Supervisors are essential for learning students and more research is required on how supervisors can promote and inspire students to create mutual interaction in health care setting (**Manninen, Henriksson, Scheja, & Silén , 2014**)<sup>31</sup>.

## 5. CONCLUSION

Based on the results of the present study, there are good supervision and motivation system, while cases, organization and authenticity need some modification and improvement.

## 6. RECOMMENDATION

The study recommended that students needed orientation program before clinical training. Availability of printed logbook or guidelines illustrated simply for guiding student regarding clinical training areas, evaluation and way of communication; and replication of this study on another sitting.

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# REFERENCES

- [1] **Jamshidi, N., Molazem, Z., Sharif, F., Torabizadeh, C., &NajafiKalyani, M. (2016).** The challenges of nursing students in the clinical learning environment: a qualitative study. The Scientific World Journal, 2016.
- [2] **Wright, A., Moss, P., Dennis, D. M., Harrold, M., Levy, S., Furness, A. L., &Reubenson, A. (2018).** The influence of a full-time, immersive simulation-based clinical placement on physiotherapy student confidence during the transition to clinical practice. Advances in Simulation, 3(1), 3.
- [3] **JonsénE. Melender H.-L., and Hilli Y., (2013).** “Finnish and Swedish nursing students' experiences of their first clinical practice placement—a qualitative study,” Nurse Education Today, 33(3), 297–302.
- [4] **Papastavrou, E., Dimitriadou, M., Tsangari, H., &Andreou, C. (2016).** Nursing students' satisfaction of the clinical learning environment: a research study. BMC nursing, 15(1), 44.
- [5] **O'Mara, L., McDonald, J., Gillespie, M., Brown, H., & Miles, L. (2014).** Challenges clinical learning environments: Experiences of undergraduate nursing students. Nurse education in practice, 14(2), 208-213.
- [6] **d'Souza, M. S., Karkada, S. N., Parahoo, K., &Venkatesaperumal, R. (2015).** Perception of and satisfaction with the CLE among nursing students. Nurse Education Today, 35(6), 833-840.
- [7] **Hultquist, B. L. (2016).** Innovative teaching strategies in nursing and related health professions. Jones & Bartlett Publishers.
- [8] **Crombie, A., Brindley, J., Harris, D., Marks-Maran, D., & Thompson, T. M. (2013).** Factors that enhance rates of completion: what makes students stay? Nurse Education Today, 33(11), 1282-1287.
- [9] **Mikkonen, K., Elo, S., Miettunen, J., Saarikoski, M., &Kääriäinen, M. (2017).** Development and testing of the CALD s and CLES+ T scales for international nursing students' clinical learning environments. Journal of advanced nursing, 73(8), 1997-2011.
- [10] **Mattila L. R., Pitkajarvi M., & Eriksson E., (2010).** International student nurses' experiences of clinical practice in the Finnish health care system. Nurse Education in Practice, Vol. 10, no 3 pp. 153-157, 2010
- [11] **Joolae S., JafarianAmiri S. R., Farahani M. A., and varaei S. (2015).** “Iranian nursing students' preparedness for clinical training: a qualitative study,” Nurse Education Today, 35(10). E13–e17.
- [12] **Flott, E. A., & Linden, L. (2016).** The CLE in nursing education: a concept analysis. Journal of advanced nursing, 72(3), 501-513.
- [13] **Phuma-Ngaiyaye, E., Bvumbwe, T., &Chipeta, M. C. (2017).** Using preceptors to improve nursing students' clinical learning outcomes: A Malawian students' perspective. International Journal of Nursing Sciences, 4(2), 164-168.
- [14] **Valiee, S., Moridi, G., Khaledi, S., &Garibi, F. (2016).** Nursing students' perspectives on clinical instructors' effective teaching strategies: A descriptive study. Nurse Education in Practice, 16(1), 258-262.
- [15] **Ali I AlHaqwi1\*, Jeroen Kuntze2 and Henk T van der Molen (2014).** Development of the clinical learning evaluation questionnaire for undergraduate clinical education: factor structure, validity, and reliability study. BMC Medical Education, 14:44
- [16] **Jahanpour F, Azodi P, Azodi F, and Khansir A( 2016).** Barriers to Practical Learning in the Field: A Qualitative Study of Iranian Nursing Students' Experiences Nurs Midwifery Stud. 2016 Jun; 5(2): e26920. Published online 2016 May21. doi: 10.17795/nmsjournal26920 accessed at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5002090/>

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- [17] **Ali W, EL Bana S, and Al Seraty W (2015).** Effective Clinical Learning Environment as Perceived by Nursing Students at AL Dawadmi, Applied Medical Sciences college: Actual versus Preferred Characteristics. , International Journal of Nursing Didactics, 5 (5), May.
- [18] **Kouta C and Charis P (2011).** Gender Discrimination and Nursing: A Literature Review. Journal of Professional Nursing Volume 27, Issue 1, January–February 2011, Pages 59-63. <https://www.sciencedirect.com/science/article/pii/S8755722310001468>.
- [19] **Eswi, A, El SayedY., (2010).**The experience of Egyptian male student nurses during attending maternity nursing clinical course, Nurse Education in Practice, doi:10.1016/j.nepr.2010.11.012
- [20] **Spencer J, McKimm J (2010).** Understanding Medical Education. Evidence, Theory and Practice. Swanwick T, editor. Oxford: Wiley-Blackwell;. Patient involvement in medical education; pp. 181–194.
- [21] **Stockhausen L (2009).** The patient as experience broker in clinical learning. Nurse Educ Pract.; 9: 184–189. Doi: 10.1016/j.nepr.2008.06.006.
- [22] **Towle A, Godolphin W (2011).** A meeting of experts: the emerging roles of non-professionals in the education of health professionals. Teach High Educ.; 16:495–504. Doi: 10.1080/13562517.2011.570442. [CrossRef] [Google Scholar] [Ref list]
- [23] **Manninen K, Welin Henriksson E, Scheja M, and Silén C (2013).** Authenticity in learning – nursing students' experiences at a clinical education ward. Health Educ. 2013; 113:132–143. Doi: 10.1108/09654281311298812. [CrossRef] [Google Scholar]
- [24] **Papastavrou E, Lambrinou E, Tsangari H, Saarikoski M. and Leino-Kilpi H (2010).** “Student nurses experience of learning in the clinical environment,” Nurse Education in Practice, vol. 10, no. 3, pp. 176–182, 2010. View at Publisher · View at Google Scholar · View at Scopus
- [25] **Ahmad E, Irene M, Isabelita N, Omar G., Regie B, and John Paul Ben T(2018).** Challenges in the Clinical Environment: The Saudi Student Nurses' Experience. Education Research International Volume 2018, Article ID 3652643, 9 pages <https://doi.org/10.1155/2018/3652643>.
- [26] **Dehghani A, Orang M, Abdollahyfar S, Parviniyan Nasab AM, Vejdani MA (2014).** Barriers to patient education in clinical care viewpoints of nurses. Iran J Med Educ 2014; 14: 332-341.
- [27] **Santos MC (2012).** Nurses barriers to learning: an integrative review. J Nurses Staff Dev; 28: 182-185.
- [28] **Kabir, Sarah (2017)** "Addressing the Barriers to Clinical Education in Emergency Medicine, "Australian Journal of Clinical Education: Vol. 1, February 2017 Article 3. Available at: <http://epublications.bond.edu.au/ajce/vol1/iss1/3>
- [29] **Foster J and Flanders S (2014).** Challenges in clinical nurse specialist education and practice. Online J Issues Nurs; 19: 1.
- [30] **Yousefy A, Yazdannik A, and Mohammadi S (2015).** “Exploring the environment of clinical baccalaureate nursing students' education in Iran; A qualitative descriptive study,” Nurse Education Today, vol. 35, no. 12, pp. 1295–1300. View at Publisher · View at Google Scholar · View at Scopus
- [31] **Manninen K, Henriksson E, Scheja M, and Silén C (2014).** Patients' approaches to students' learning at a clinical education ward-an ethnographic study BMC Med Educ. 2014; 14: 131. Published online 2014 Jul 2. doi: 10.1186/1472-6920-14-131