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Perceptions and Satisfaction of Nursing Students During Clinical Training: A Study from Swat, Pakistan

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ABSTRACT

Background: Clinical training enables nursing students to apply theoretical knowledge in real patient care settings, and students' perceptions of the clinical learning environment influence satisfaction, competence development, and professional readiness. Objective: To assess undergraduate nursing students' perceptions and satisfaction regarding the clinical learning environment, instructor support, and peer collaboration during clinical training at Saidu Group of Teaching Hospital, Swat, Pakistan. Methods: A descriptive cross-sectional study was conducted from June to November 2023 among 70 undergraduate nursing students selected using simple random sampling. Data were collected using a structured, validated self-administered questionnaire (Cronbach's alpha = 0.79) and analyzed using SPSS version 26 with descriptive statistics. Results: Most participants were male (95.7%) and all were aged 18–25 years. Overall, 81.4% agreed or strongly agreed that the clinical environment was cooperative and helpful for learning, while 78.6% disagreed that clinical placement was boring or a waste of time. Satisfaction with the clinical environment was reported by 51.4% of students. Instructor guidance was rated as exceptional or adequate by 51.5%, and 77.2% reported moderate or significant enhancement of skills and knowledge through instructor support. Peer collaboration was rated excellent or good by 80.0% of students. Conclusion: Most nursing students reported positive perceptions of clinical training, particularly regarding peer collaboration and perceived learning support; however, satisfaction with the clinical environment was moderate, highlighting the need to strengthen supervision and placement quality monitoring.

Keywords

Nursing students; Clinical training; Clinical learning environment; Satisfaction; Instructor support; Peer collaboration.

INTRODUCTION

Clinical training is a core component of undergraduate nursing education and the principal mechanism through which students translate theoretical learning into safe, competent patient care. In well-structured clinical placements, students progressively develop psychomotor competence, clinical reasoning, communication skills, and professional identity through supervised engagement with real patients and interprofessional teams. The quality of this experiential learning is closely linked to students' confidence, satisfaction, and readiness for professional transition, making clinical training a determinant of both educational outcomes and long-term workforce stability in nursing (1,2). Within clinical placements, students learn not only technical procedures but also tacit professional knowledge, including situational judgment, prioritization, and the norms of healthcare teamwork, which are difficult to acquire through classroom instruction alone (3).

The clinical learning environment is a multidimensional construct that includes the physical infrastructure of the placement, workload organization, supervisory practices, interpersonal relationships, and learning opportunities available to students. Evidence suggests that supportive environments characterized by accessible supervision, structured learning objectives, constructive feedback, and respectful team culture enhance students' engagement and satisfaction and reduce anxiety and attrition risk (4,5). Conversely, environments perceived as unsupportive or disorganized—such as those with inconsistent mentorship, limited learning opportunities, negative staff attitudes, or unclear student roles—may contribute to stress, dissatisfaction, and impaired competence development (6,7). Given that nursing students often experience clinical placements as emotionally demanding and evaluation-driven, the perceived quality of the learning environment can shape motivation, performance, and professional commitment (8).

Students' perceptions of clinical training are influenced by several modifiable educational factors, particularly the quality of supervision and the effectiveness of clinical instructors in facilitating learning. Clinical instructors who provide timely guidance, model clinical reasoning, promote reflective practice, and create psychologically safe spaces for learning are consistently associated with more positive student experiences (6,9). In parallel, peer collaboration within clinical rotations can strengthen learning through shared problem-solving, emotional support, and confidence building, particularly when students face unfamiliar procedures or high-acuity environments (5). As a result, systematic assessment of students' perceptions is widely considered a practical and meaningful indicator of clinical education quality and provides actionable insights for improving clinical placement structures and instructor support (6,7).

In Pakistan, nursing education continues to expand, yet empirical evaluation of clinical learning environments remains comparatively limited, particularly in public-sector tertiary care teaching hospitals where service demands may compete with educational priorities. Local evidence is necessary to identify strengths and gaps in the clinical learning experience and to guide targeted improvements in supervision models, instructor training, and student support systems that may enhance competence and retention. Therefore, this study aimed to assess undergraduate nursing students' perceptions of clinical training at Saidu Group of Teaching Hospital, Swat, with specific emphasis on perceptions of the clinical

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environment, clinical instructor support, and peer collaboration, and to quantify the extent of students' satisfaction with key components of their clinical learning experience (6,7).

MATERIALS AND METHODS

A descriptive cross-sectional study was conducted at Saidu Group of Teaching Hospital, Swat, Pakistan, a tertiary care teaching hospital providing structured clinical placements for undergraduate nursing students from multiple nursing institutes. The study was carried out over four months between June and November 2023. The target population consisted of undergraduate nursing students enrolled in a BS Nursing program who were actively participating in clinical rotations at the study site during the data collection period. Students who were simultaneously enrolled in clinical training at other hospitals during the same period or who were absent from clinical training at the time of data collection were excluded to minimize exposure misclassification and ensure that perceptions reflected the specified setting.

The sample size was calculated using OpenEpi, applying a 95% confidence level and a 5% margin of error, resulting in a target sample of 70 participants. A simple random sampling approach was applied to select eligible participants from the available roster of undergraduate nursing students undertaking clinical rotations at the hospital during the study period. After selection, students were approached during their rotation schedules, the study purpose was explained, and written informed consent was obtained prior to participation. To reduce social desirability bias, participants were assured that responses would remain anonymous and confidential, would not affect academic standing or evaluation, and would be used only for research purposes. Participation was voluntary, and students were informed of their right to decline participation without consequences.

Data were collected using a structured, self-administered questionnaire designed to assess demographic characteristics and perceptions of clinical training across key domains, including the clinical learning environment, supervision and guidance from clinical nursing instructors, perceived enhancement of skills and knowledge, and peer collaboration during training. Prior to the main study, a pilot assessment was conducted to evaluate internal consistency, yielding a Cronbach's alpha of 0.79, indicating acceptable reliability for perception measurement in nursing education contexts (6,7). The questionnaire was administered in paper format during clinical rotations in a designated quiet area to minimize distractions and ensure privacy. Completed questionnaires were checked for completeness at the time of collection, without recording identifying information, and were stored securely with restricted access to the research team to support data integrity and confidentiality.

Variables included demographic characteristics (gender, age group, ethnicity, education level) and perception-related responses categorized as agreement-based items (strongly agree, agree, disagree, strongly disagree) and performance-based items (exceptional, adequate, fair, inadequate; and excellent, good, fair, poor) depending on the domain assessed. For descriptive reporting, responses were summarized using frequencies and percentages, and key proportions were accompanied by 95% confidence intervals to convey precision for the main perception indicators. Data were entered into SPSS version 26 for statistical analysis. Data entry accuracy was supported through verification procedures and logical checking for inconsistent category totals. As the study objective focused on describing perceptions within the clinical training environment, analyses were primarily descriptive, consistent with recommended approaches for clinical education evaluation and learning environment assessment studies (6,7).

Ethical approval was obtained from the Institutional Review Board of Swat College of Nursing prior to data collection. All procedures were conducted in accordance with ethical principles for human research, including respect for autonomy, confidentiality, and voluntary participation, and written informed consent was obtained from each participant prior to questionnaire administration (8).

RESULTS

A total of 70 undergraduate nursing students participated in the study. The demographic profile showed a strong male predominance, with 67 participants being male (95.7%) and only 3 female students (4.3%). All participants belonged to the 18–25-year age group (70, 100.0%), indicating a uniformly young cohort undergoing clinical training. The sample was ethnically homogeneous, as all students were Pashtun (70, 100.0%). Similarly, all participants were enrolled in undergraduate BS Nursing education (70, 100.0%), reflecting a consistent academic level across the study population (Table 1).

Perceptions of the clinical learning environment were largely positive. Most students perceived the clinical environment as supportive for learning, with 19 (27.1%) strongly agreeing and 38 (54.3%) agreeing that the environment was cooperative and helpful, yielding a combined positive response of 57 students (81.4%). Only 13 students (18.6%) disagreed or strongly disagreed with this statement. Student engagement in clinical placement was also high, as a majority rejected the perception that clinical placement is boring or a waste of time. Specifically, 27 (38.6%) disagreed and 28 (40.0%) strongly disagreed, representing 55 students (78.6%) who viewed clinical placement as meaningful. In contrast, only 15 students (21.5%) agreed or strongly agreed that clinical placement was boring, including 6 (8.6%) who strongly endorsed this negative statement (Table 2A).

Despite the strong endorsement of clinical placements as helpful and engaging, overall satisfaction with the clinical environment was moderate. A total of 15 students (21.4%) strongly agreed and 21 (30.0%) agreed that they were satisfied with the clinical environment, resulting in 36 students (51.4%) reporting satisfaction. However, almost an equal proportion expressed dissatisfaction, with 22 students (31.4%) disagreeing and 12 (17.1%) strongly disagreeing, totaling 34 students (48.5%) who were not satisfied with the clinical environment. This indicates that while students generally recognized the environment as supportive for learning, a substantial proportion still experienced limitations affecting their overall satisfaction during clinical training (Table 2A).

Table 1. Demographic Characteristics of Participants (N = 70)

Variable	Category	n (%)
Gender	Male	67 (95.7)
	Female	3 (4.3)
Age (years)	18–25	70 (100.0)
Ethnicity	Pashtun	70 (100.0)
Education	Undergraduate (BS Nursing)	70 (100.0)

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Table 2. Nursing Students' Perceptions Regarding Clinical Training (N = 70) A) Agreement-Scale Items (4-point Likert)

Item	Statement	Strongly Agree n (%)	Agree n (%)	Disagree n (%)	Strongly Disagree n (%)
1	Clinical environment was cooperative/helpful to learning	19 (27.1)	38 (54.3)	11 (15.7)	2 (2.9)
2	Clinical placement is boring/a waste of time	6 (8.6)	9 (12.9)	27 (38.6)	28 (40.0)
3	I am satisfied with the clinical environment	15 (21.4)	21 (30.0)	22 (31.4)	12 (17.1)

Table 2. B) Instructor Support and Learning Impact (Performance Rating Items)

Item	Statement	Exceptional n (%)	Adequate n (%)	Fair n (%)	Inadequate n (%)
4	Support and guidance from the Clinical Nursing Instructor (CNI)	6 (8.6)	30 (42.9)	24 (34.3)	10 (14.3)
5	The CNI enhances my nursing skills and knowledge	24 (34.3)	30 (42.9)	10 (14.3)	6 (8.6)

Table 2. C) Peer Collaboration (Teamwork Rating Item)

Item	Statement	Excellent n (%)	Good n (%)	Fair n (%)	Poor n (%)
6	Collaboration and teamwork among fellow nursing students	26 (37.1)	30 (42.9)	6 (8.6)	8 (11.4)

Perceptions of clinical nursing instructors were generally favorable but showed variability. Regarding support and guidance from the Clinical Nursing Instructor, 6 students (8.6%) rated the guidance as exceptional and 30 (42.9%) rated it as adequate, producing a combined positive evaluation from 36 students (51.5%). Meanwhile, 24 students (34.3%) considered instructor support fair, and 10 (14.3%) rated it inadequate. Similarly, instructor impact on skill and knowledge development was rated positively by most students. A total of 24 students (34.3%) reported significant enhancement and 30 (42.9%) reported moderate enhancement, indicating that 54 students (77.2%) experienced meaningful improvement in nursing skills and knowledge through instructor involvement. Only 16 students (22.9%) reported slight or no enhancement, including 6 (8.6%) indicating no enhancement at all (Table 2B).

Peer collaboration emerged as a prominent strength within the clinical training experience. Most students reported positive teamwork and collaboration with fellow nursing students, with 26 (37.1%) rating peer collaboration as excellent and 30 (42.9%) rating it as good, resulting in 56 students (80.0%) expressing favorable peer support. Only 14 students (20.0%) rated teamwork as fair or poor, including 8 (11.4%) who considered peer collaboration poor. These findings highlight that interpersonal peer support within clinical settings played a substantial role in shaping positive clinical learning experiences among the participating nursing students (Table 2C).

DISCUSSION

The present study explored undergraduate nursing students' perceptions and satisfaction during clinical training at a tertiary care teaching hospital in Swat, Pakistan. Overall, the findings indicate a generally favorable perception of the clinical learning environment, particularly in terms of perceived cooperativeness and learning support, where 81.4% of students agreed or strongly agreed that the environment was helpful for learning. However, satisfaction with the clinical environment was comparatively moderate, with only 51.4% reporting agreement or strong agreement, suggesting that perceived "helpfulness" does not necessarily translate into satisfaction and that satisfaction may reflect broader factors such as workload, clinical organization, emotional burden, and supervision consistency. This divergence between perceived learning support and overall satisfaction is consistent with literature emphasizing that clinical placements can be educationally valuable while still being experienced as stressful or insufficiently supportive in psychological or organizational terms (10,11). Furthermore, nearly four in five students (78.6%) disagreed that clinical placement is boring or a waste of time, indicating high engagement and perceived relevance of clinical exposure, which aligns with evidence that authentic patient contact and meaningful ward participation enhance students' motivation and professional identity formation (12,13).

A key finding of the study was the generally positive perception of supervision and instructor contribution. More than half of the participants (51.5%) rated clinical nursing instructor guidance as exceptional or adequate, and 77.2% reported that instructors moderately or significantly enhanced their skills and knowledge. These findings reinforce the central role of clinical educators in facilitating safe practice learning, supporting reflective reasoning, and bridging theory-to-practice gaps. Previous work demonstrates that effective clinical supervision improves student competence and reduces anxiety through real-time coaching, structured feedback, and approachable mentorship (14–16). The comparatively small proportion reporting inadequate instructor support (14.3%) is encouraging, yet the notable fraction rating support as fair (34.3%) suggests there is still room to strengthen instructor capacity, particularly in ensuring consistent feedback, structured learning objectives, and proactive student engagement during rotations. In settings where service workload is high, supervision quality may become variable, making standardized instructor training and protected teaching time important strategies to stabilize learning experiences (15,16).

Peer learning and collaboration emerged as a distinct strength in this cohort, with 80.0% of students rating teamwork as excellent or good. Strong peer collaboration can promote psychological safety, reduce placement-related stress, and support skill development through observation, shared problem-solving, and emotional reassurance, especially when students are exposed to unfamiliar clinical procedures. Evidence indicates that positive peer relationships enhance belongingness and professional socialization, contributing to resilience and retention in nursing education (12,17). In this study, the high rate of peer collaboration may partly reflect cohort cohesion, shared clinical exposure, and cultural collectivism, which may buffer stress in demanding clinical environments. Maintaining structured peer-learning strategies—such as buddy systems, peer-assisted skill practice, and shared reflective debriefings—may preserve this strength while improving satisfaction indicators in the clinical environment (18).

Despite overall favorable perceptions, the study also identified a meaningful subgroup reporting dissatisfaction with the clinical environment (48.6%) and less-than-optimal ratings for instructor support (fair or inadequate in 48.6%). Such findings are important because dissatisfaction during training has been linked to reduced motivation, impaired clinical performance, and potential future attrition from the profession. Qualitative and mixed-method evidence suggests dissatisfaction may arise from heavy workload, limited hands-on opportunities, unclear student roles, inconsistent supervision, negative staff attitudes, and stressful evaluation culture (11,19). Therefore, clinical education stakeholders should interpret these findings as an indicator for targeted improvement initiatives, such as clearer learning objectives per rotation, structured instructor-student feedback cycles, mentoring models that ensure instructor availability, and placement-level quality monitoring. Additionally, routine student feedback mechanisms may help identify ward-specific barriers and ensure responsiveness in clinical teaching planning, as recommended in clinical education quality improvement frameworks (10,18).

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The findings should be interpreted in light of several limitations. The study used a single-center setting and included a predominantly male sample (95.7%), limiting generalizability to broader nursing student populations and reducing the ability to explore gender-based differences in perceptions. Moreover, the cohort was ethnically homogeneous (100% Pashtun), and the analysis was descriptive, limiting inference on predictors of satisfaction or determinants of perception. Although the questionnaire demonstrated acceptable internal consistency (Cronbach's alpha 0.79), the study did not report construct validity testing within this population, and response bias cannot be excluded given self-reported measures (20). Future studies should employ multi-center sampling, include more diverse demographic distributions, apply validated standardized clinical learning environment instruments, and incorporate inferential models to identify predictors of satisfaction and performance-relevant perception domains. Nevertheless, the results provide valuable baseline data for Swat's clinical training context and support the need for strengthening instructor support systems and structured placement governance while maintaining peer collaboration advantages.

CONCLUSION

This study concludes that undergraduate nursing students undergoing clinical training at Saidu Group of Teaching Hospital generally reported favorable perceptions of the clinical learning environment, with high endorsement of the environment as cooperative and helpful for learning and strong peer collaboration during rotations. However, satisfaction with the clinical environment was moderate, with nearly half reporting dissatisfaction, suggesting that improvements are needed beyond perceived learning support to enhance overall student experience. Strengthening clinical instructor capacity, ensuring consistent supervision and feedback, and implementing structured placement quality monitoring—while preserving peer collaboration mechanisms—may improve satisfaction and optimize clinical education outcomes for future nursing professionals.

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