Research Article

Undergraduate Nursing Students' Satisfaction Level with their Clinical Learning Experiences in Multan, Pakistan

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Abstract: Background: Clinical experience is an integral part of nursing education. Obtaining quality clinical experiences in a supportive and pedagogically calibrated clinical learning environment is a significant concern for nursing institutions. The quality of clinical learning reveals the quality of the curriculum structure. Therefore, it is important to investigate students' clinical learning experiences to produce competent future nurses.

Objective: This study aimed to measure the undergraduate nursing students' satisfaction level with their clinical learning experiences in government and private college of Nursing in Multan, Pakistan.

Materials and Methods: A quantitative approach, with analytical cross-sectional design, was used. A sample of 191 undergraduate nursing students participated in the study. Data was collected using the CLES+T evaluation scale. Online Google survey forms were used to collect data, due to the COVID-19 pandemic outbreak.

Result: The study findings revealed that students were satisfied with their clinical learning experiences. Students' overall mean satisfaction score was 3.54 ± 0.93 and significant ($p<0.05$) difference was found in the satisfaction score between the government and private undergraduate nursing students. Attending pre and post-conferences, faculty visit to students' clinical placement, electronic communication between students and clinical faculty, and environment of clinical placement were the associated factors found with students' satisfaction. The findings revealed that a meaningful clinical learning environment motivates students to continue nursing as their career choice.

Conclusion: This study concluded that, overall, students were satisfied with their clinical learning experiences, however, satisfaction varied according to the type of college and year of study.

Keywords: Clinical education, Learner satisfaction, Nursing education, Psychomotor proficiency, Clinical judgment, Inferiority complex.

INTRODUCTION

Clinical education provides necessary skills to nursing students to equip them with the best practices and to ensure the delivery of quality care to their patients who have health problems [1]. Clinical experience is a fundamental part of undergraduate nursing education [2]. Clinical experiences are gained through the nursing education courses planned for students in hospitals [3]. This experience develops professional skills, such as critical thinking, psychomotor proficiency, and professionalism, in undergraduate nursing students [4].

The clinical atmosphere is where students develop clinical skills and interact with patients and other hospital staff [5, 6]. They also face challenges such as inadequate knowledge, communication skills, inferiority complex, fear of doing something wrong, and lack of confidence [7].

One of the important aspects of clinical learning is learner satisfaction, which indicates a person's feelings and ideas about their learning experience that are necessary for gaining knowledge and skills [5]. Moreover, the fulfillment of individuals' expectations regarding their learning indicates satisfaction and it motivates them to learn and experience new things [8]. Nursing students expect that they should be respected by the hospital staff and to be treated as learners, rather than as their workers or assistants in the clinical area [4]. The literature supports that satisfaction with clinical learning experiences is significant in building the clinical judgment, problem-solving, and decision-making skills of nursing students [9].

The significant feature of nursing as a science and as a profession is that there is a strong relationship between theory and practice, as it cannot be learned through only theory or practice [10]. The implementation of the theory is practiced or experienced by students in the clinical area. It is not only essential to prepare nursing students with good academic achievements, but it is also important to make them skilled and caring professionals for their patients [11]. Undergraduate nursing students are supposed to develop independent clinical ethics and judgment, problem- solving skills, safety practices, and a sense of respon-

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sibility [4]. An effective clinical exposure is important to inculcate these skills into nursing students. Positive clinical learning experiences promote students' progression and their retention in nursing, as well as enhance their learning and their acceptance of their identity as a nurse [12, 13].

Students' clinical learning experiences depend on a good climate of the clinical placement area, proper supervision by their clinical facilitator, and supportive attitude of the teachers and hospital staff [14, 15]. The objective of clinical supervision is to promote the students' ability to both to identify problems and their solutions and to assist them in understanding their professional abilities and skills [14]. Moreover, planned and organized clinical activities such as specific time for clinical and specific patient allocation, also greatly contributes towards students' satisfaction with their clinical learning experiences [14, 15]. It seems that adequate students' supervision during the clinical, provision of support, and their involvement in patient care is a global challenge that affects students' learning experiences [10, 13, 16].

Researcher also observed and as a practicing nurse and witnessed while working as a clinical instructor that undergraduate nursing students feel uncomfortable and look confused or stressed during their clinical practice and hesitate to come at clinical area [7]. In our nursing academic context several factors lead to students' dissatisfaction with their clinical learning experiences, included students' unclear clinical objectives, inadequate clinical supervision, non-conducive ward environment, and behavior of hospital staff. As at the clinical area, staff nurses expect that students would be able to perform basic skills, such as vital signs and routine patient nursing care independently, on real patients. However, due to the fear of making mistakes, students either fail, or hesitate to perform the skills and, hence, inappropriately handle both instruments and patients. The staff nurses often remind them of what they learned from their teachers in the nursing school skills lab [17]. This further demotivates and discourages the students that affects their confidence and increases the chances of error. Moreover, a survey was conducted in 42 nursing institutes in Punjab, to assess nursing education and training in the government sector. The study revealed that insufficient resources, shortage of trained faculty, insufficient clinical teaching, non-functioning skills labs, and inappropriate clinical placements of students were common challenges in government nursing institutions that could negatively influence students' learning experiences [18,19]. Therefore, keeping in view the stated situation, this study is designed with the aim to measure the students' satisfaction with their clinical learning experiences. Hence, study research questions were:

1. What is the mean score of satisfaction of undergraduate nursing students with their clinical learning experiences?

2. What is the mean difference in the satisfaction of undergraduate nursing students with clinical learning experiences in government and private colleges of nursing?

MATERIALS AND METHODS

This quantitative study was conducted between February to December 2020 at two nursing colleges, one is public and other is private. A formal study permission was obtained from Ethical Review Committee (ERC) having the reference number 2020-3432-8576. A census sampling technique was used due to having a smaller number of participants that was not good representative of study sample. Study sample, consisting of 191 undergraduate (4-year BSN) nursing students with at least three clinical rotations and clinical learning experience were recruited.

The independent variables of the study were age, gender, type of college currently enrolled in, year of study, and clinical placement while student satisfaction was dependent variable. The data was collected through a self-administered questionnaire, which had two sections A, B. Section A (05 items) collected the demographic data of the participants while section B (34 items) collected information related to students' satisfaction with their clinical learning experiences. Section B was Clinical Learning Environment and Supervision plus Nurse Teacher (CLES+T) evaluation scale which was used as a data collection tool. The tool comprised 34 items, with five subscales or constructs, that included pedagogical atmosphere (9 items), the leadership style of the ward manager (4 items), nursing care on the ward (4 items), supervisory relationship (8 items), and the role of the nurse teacher (9 items). Formal permission letter was also taken from the respective author, who developed CLES+T Scale to utilize it in this study. This tool was developed and validated by Saarikoski and his team in 2008 [20]. Moreover, tool validity was checked by the researcher in current study context. Each item of the study tool was categorized into five responses, based on the level of the agreement, such as strongly disagree, disagree, unsure, agree, and strongly agree. A five-point Likert scale (1-5) was used to interpret participants' responses in terms of their level of agreement. One indicated strongly disagree and five indicated strongly agree. Satisfaction score was taken as a continuous variable, higher scores considered high satisfaction and lower scores considered low satisfaction. Furthermore, tool was piloted on 10% of total papulation before actual data collection to confirm the face validity, clarity, and comprehensibility of the tool. Pilot testing was performed face to face in the same study settings to identify the issues related to administration of the questionnaire and the participants' understanding of the tool. Pilot testing did not indicate any need for significant changes. Additionally, pilot testing results are also included in the study.

An online Google survey form was used to collect the data. Questionnaire was converted into a Google form questionnaire and a link was created and shared with study participants. Moreover, the consent form was also converted into the Google forms, along with the study questionnaire. To ensure the integrity of ethical principles, there was a mandatory question "name of participant" which was mandatory to answer. The form was only available for those who provided consent to participate in the study.

STATISTICAL ANALYSIS

The study data was analyzed using IBM SPSS, version 22, using descriptive and inferential statistics. Numerical variables were expressed as mean and SD values, while p values were used to express significant findings. A nonparametric test was applied to further analyze the data. A Mann-Whitney test was performed to compare mean satisfaction between government and private nursing students, and the difference in mean satisfaction scores was analyzed using the Kruskal- Wallis test. A p-value of <0.05 was considered significant for inferential statistics.

RESULT

A total of 191 undergraduate nursing students participated in the study. The overall response rate of this study's participants was 61.2%. Furthermore, the response rate of the government and private college nursing students were 57.4% and 66.9%, respectively. In addition, descriptive statistics were used to interpret the demographic information of the participants (Table **1**).

Table 1. Demographic Findings of the Study Subjects.

Characteristics	n (%)
Age (in years)	**Mean**=21.14
	SD=1.53
Gender	
Female	178 (93.2)
Male	13 (6.8)
Type of College	
Government	108 (56.5)
Private	83 (43.5)
Year of Study	
Year I	71 (37.2)
Year II	59 (30.9)
Year III	33 (17.3)
Year IV	28 (14.6)
Clinical Placement	
Planned	152 (79.6)
Unplanned	39 (20.4)

Table **2** shows the scale and sub-scales' mean satisfaction scores. The overall satisfaction scale (CLES±T) mean ± SD score was 3.54 ± 0.93. Moreover, students showed the highest mean satisfaction score 3.63 ± 1.02 with the subscale role of nurse teacher, whereas, the subscale nursing care on the ward showed the lowest satisfaction score 3.34 ± 1.04.

Table 2. Scale & Subscales' Mean Satisfaction Scores.

Scale & Subscales	Mean	SD
Clinical Learning Environment, Supervision and Nurse Teacher Scale (CLES+T)	3.54	0.93
Pedagogical Atmosphere (PA)	3.46	1.013
Leadership Style of the Head Nurse (LHN)	3.60	0.88
Nursing Care on the Ward (NC)	3.34	1.04
The Supervisory Relationship (SR)	3.60	1.08
Role of the Nurse Teacher (RNT)	3.63	1.02

Table **3** shows the mean satisfaction score of the government and private nursing students. The Mann-Whitney test was performed to identify the mean satisfaction score, and its difference, between the private and government nursing students. It indicated a significant mean difference (p<0.001) between the two groups. Moreover, the satisfaction score of private nursing college students was significantly greater (Mann-Whitney U= 924) than that of the government nursing college students.

Table 3. Mean Difference in the Satisfaction Score between the Government and Private Nursing College Students.

Satisfaction	College Type	n	Mean Rank	Sum of Ranks	p-value
Mean Satisfaction score	Government	108	63.06	6810.00	<0.001
	Private	83	138.87	11526.00	
Total		191			

DISCUSSION

The study involved 191 nursing undergraduates who were unable to participate in face-to-face data collection due to the COVID-19 pandemic. Online data collection was used, with 61.2% of participants responding. The low response rate may be due to internet unavailability and connectivity issues. Different studies used online data collection methods and found a 50-73% response rate of study participants, while 60% response rate is considered acceptable for online data collection [21].

The study results revealed that students are satisfied with their clinical learning experiences, with a mean satisfaction score of 3.54 + 0.93. The current study findings are similar to those of several other studies [10, 22-24]. These studies used the same scale (CLES+T), which was used in the current study and revealed that students were satisfied with their clinical learning experiences.

The current study also compared the government and private nursing college students' satisfaction scores with their clinical learning experiences and found a significant (p<0.05) difference between them. The private nursing college students were more satisfied than the government college nursing students. Contrary to this, other studies reported that students of private universities were less satisfied than those in the state (public) university [10, 21]. This is the contextual noteworthy finding of current study that revealed may be due to the contextual and the edu-

cation system difference. In Pakistan, private nursing colleges may be well-equipped and may have a good teacher-student and nurse-patient ratio at clinical and standardized patient care facilities. They also may have well-equipped skills labs, allowing students to observe, learn, and experience the same skills performed for patient care as they had learned in the classrooms and practiced in the skills lab. In contrast government college nursing students may gain experience in a less equipped skills lab, so their reflection on experience develops accordingly. Moreover, in an actual clinical setting, they did not experience the same learning as gained in the skills lab, due to limited resources. Hence, the government college nursing students may have a theory-practice gap that can lead to less satisfaction. The other reason could be less academically prepared faculty. As per the regulatory body, the Pakistan Nursing Council (PNC), minimal qualification, required to teach the 4-year BSN students is Master of Science in Nursing (MSN). Due to a smaller number of master's degree holders in the government nursing colleges, BScN (Bachelor of Science in Nursing) or Post RN (Registered Nurses) work as faculty to teach the 4-year BSN, undergraduate students. Most of them had been promoted from staff nurses (working in the ward and directly involved in patient care) to nursing instructors, based on their extensive clinical experience without considering their teaching competencies and the required education level. Less academically prepared faculty, with minimal teaching expertise can affect students' learning. Hence, the government nursing college students were less satisfied than private nursing college students. To improve government nursing students' satisfaction, the teacher-student ratio could be improved by hiring qualified nurse teachers or improving available faculty teaching practices through workshops and training sessions. A meaningful learning environment, similar to private hospitals, could be provided to students, allowing them to experience standardized nursing care as per hospital policies or protocols.

Additionally, the quality of the government nursing students teaching learning is not up to the mark, which is evident from the government nursing students' satisfaction scores. The government should provide a resourceful learning environment including well developed skill labs and qualified faculty to ensure that nursing students are qualified and competent to provide quality patient care. Other step could be taken to promote private and government hospital partnerships and collaboration. Thus, students can get clinical learning experience in both settings. A specific proportion should be included in the health budget for government-private partnerships, for students' clinical learning, so that they can have better clinical learning exposure.

The study found a mean satisfaction score of 3.54+0.93, with the highest score for the nurse teacher role and the lowest for nursing care on the ward. This could be due to the unavailability of standardized patient care exposure and a theory-practice gap in the nursing college skills lab environment and actual clinical setting. As one staff is handling more than thirty patients in one shift, which hinders students from gaining meaningful learning experiences. As one staff could not provide quality care to thirty patients, and students experience this while practicing. This situation can negatively affect the students' satisfaction. Therefore, they showed lower satisfaction with subscale nursing care in the ward.

STRENGTH AND LIMITATION

This study was completed in challenging situation, in early COVID-19 outbreak, when institutions were closed and lockdown was implemented in country. Moreover, study rigor was maintained by through contextual validity checks and pilot testing. However, limitations include limited generalizability as probability sampling was not used and study settings are less in number.

CONCLUSION

The study found that undergraduate nursing students were satisfied with their clinical learning experiences, but there was a difference in mean satisfaction scores between private and government settings. The satisfaction of students varied based on their study level, suggesting that learning needs and expectations change as students' progress. The study's findings could help revise clinical teaching practices and improve the clinical learning environment to meet students' satisfaction.

AUTHORS' CONTRIBUTION

- **Anna Rana**: Conception and Design of study, Manuscript writing.
- **Naghma Rizvi**: Thorough supervision and Provided critical feedback of the manuscript.
- **Hussain Maqbool**: Data analysis, Results interpretation, and Critical revision of the manuscript.
- **Eunice Siaity**: Provided critical feedback of the manuscript.

CONFLICT OF INTEREST

Declared none.

ACKNOWLEDGEMENTS

The authors extend their gratitude to all the participants who took part in the study.

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Received: August 23, 2023 Revised: October 16, 2023 Accepted: October 26, 2023