

Factors influencing Clinical Learning Environment: A Cross-Sectional Study Among Undergraduate Nursing Students

Saifullah Khan¹, Fawad Ali Mian², Wajahat Ullah³, Ahmad Ali⁴, Ikramullah⁵, Sardar Alam⁶

¹⁻⁴Northwest College of Nursing, Peshawar, Pakistan; ⁵Burn and Plastic Surgery Center Peshawar, Pakistan; ⁶Gastroenterology Unit Mardan Medical Complex Mardan

Corresponding Author: Ikramullah, Burn and Plastic Surgery Center Peshawar, Pakistan

Email: shanglatiger@gmail.com

Abstract

Background: Nursing education includes cognitive, affective, and psychomotor domains to equip students with essential knowledge, skills, and attitudes for professional practice. Clinical practice is a crucial component of the baccalaureate nursing program, where teachers guide students in applying classroom theory in real clinical settings.

Objectives: This study aimed to identify and compare satisfaction levels with clinical learning environments among undergraduate nursing students in public and private colleges in Hayatabad, Peshawar.

Methods: A descriptive cross-sectional study was conducted at Northwest College of Nursing and the Institute of Nursing Sciences (KMU). Ethical approval was obtained from the Northwest Institute of Health Sciences. First- and second-semester students were excluded from the study. Data were collected using a pre-structured questionnaire (Cronbach's alpha, 0.82–0.96), and participants provided informed consent. SPSS version 28 was used for data analysis. Frequencies and percentages were calculated for categorical variables; mean, mode, and standard deviation for continuous variables; and a T-test was used for inferential analysis.

Results: The total number of participants was 192, with 63% (121) males and 37% (71) females. Clinical supervision was provided by clinical teachers (30.3%), nursing managers (4.7%), and nursing staff (65.1%). In private institutes, only 3.1% (2) were unsatisfied compared to 96.9% (62) in government institutes. Furthermore, 73.4% of private institute students were satisfied compared to only 26.6% (43) in government institutes.

Conclusion: These findings indicate significantly higher satisfaction levels in private nursing colleges compared to public ones regarding clinical learning environments.

Keywords: Factors influencing, clinical learning, environment, satisfaction, undergraduate, and nursing students

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Introduction

In the growing world, healthcare focuses on patient quality and satisfaction.¹ As nursing is considered the backbone of healthcare, it is compulsory to produce competent nurses.² Nursing education is very crucial because it consists of 3 learning domains: Cognitive, Affective, and Psychomotor.³ The expert student nurses with the knowledge, abilities, and attitudes necessary for their future professional practice as novice nurses, nursing education is an integrated program of theoretical and practical learning experiences.⁴ However, students often encounter challenges in clinical settings, including anxiety, skill limitations, and difficulty adapting to complex care situations. These challenges highlight the essential role of clinical instructors in providing guidance and support during clinical placements.⁵ Numerous

studies emphasize the influence of CLE and educator support on student satisfaction.⁶ Such as nursing students' satisfaction with the clinical learning environment, including the physical setting, quality of supervision, instructor support, peer and staff relationships, and opportunities for hands-on practice. Emotional aspects such as confidence, anxiety, and a sense of belonging also play a significant role in shaping their clinical learning experience.⁷ Similarly, the nursing instructor needs to facilitate nursing students before and during the clinical learning environment.⁸

Nursing schools and hospitals must foster an optimal learning environment for students by incorporating daily activities such as presentations and case studies to enhance clinical knowledge and critical thinking skills.⁹ These interactive learning strategies not only

strengthen students' theoretical understanding but also improve their communication, decision-making, and practical skills in real clinical settings.¹⁰ Unfortunately, many nursing students are deprived of clinical exposure due to a lack of affiliated hospitals or limited access to clinical placements. In some cases, hospitals fail to prioritize student learning, treating them as observers rather than active participants. This lack of hands-on experience hinders their skill development and confidence. As a result, students graduate with theoretical knowledge but insufficient practical competence.¹¹ Hospitals and nursing schools need to establish clear objectives and provide guidance before clinical practice is essential for enriching students' bedside learning experiences. By setting defined goals and offering preparatory support, students gain the confidence and direction needed to effectively apply theoretical knowledge in real clinical situations. This structured approach not only improves their competence but also ensures a more meaningful and productive clinical learning environment.¹² Moreover, assessment by hospital staff and supervisors boosts students' confidence, reinforces learning, and supports their growth into competent practitioners.¹³ Furthermore, a large number of nursing students enrolled in undergraduate nursing programs are over 14 years old. These students come from various ethnic and cultural backgrounds.¹⁵ A research study suggested that personality and behavioral factors affect the academic and clinical performance of the students.¹⁶ However, the absence of regular feedback and assessment can hinder students' confidence and limit their professional development.¹⁷ Without proper evaluation and support, students may struggle to identify their weaknesses and miss opportunities for meaningful clinical learning.¹⁸ Moreover, ensuring structured guidance, active participation, and regular assessment in clinical settings is vital for bridging the gap between theory and practice in nursing education.¹⁹ Furthermore, this study is to assess and compare the level of satisfaction with the clinical learning environment among undergraduate nursing students in public and private nursing colleges of Hayatabad, Peshawar. The findings of this study can help improve clinical teaching, student support, and supervision in nursing curricula. Khyber Medical University and its affiliated colleges offer useful insights to enhance clinical placements,

support student-centered learning, and align with national education standards to better prepare nursing graduates for local healthcare needs.

Methods

A descriptive cross-sectional study design was used in this research study. The duration of this study was four months from September to December 2024. This research study was carried out at the Northwest College of Nursing (Private Institute) and the Institute of Nursing (Government Institute), Khyber Medical University, Peshawar, Pakistan. Moreover, a convenient random sampling technique was used for data collection. The sample size was calculated by the Rao-soft calculator, keeping a margin of error is 5% and a confidence interval is 95% and 192. Data was collected from students of the 3rd Semester to 8th Semester, and 1st and 2nd semester students' Bachelor of Science in nursing were excluded from the study because they have no exposure to the clinical environment yet, and the clinical rotation starts in the 3rd semester. The collection of data was started after the permission of the ethical review board of Northwest Institute of Health Sciences, Peshawar, with IRB no (IRB&EC/2024-HIS/0175). The data was collected through a CLES + T pre-structured, valid questionnaire, which has already been used in many research studies, and no changes were made.²⁰ The scale was in English language. The questionnaire consisted of 43 questions and 5 5-point Likert scale with fully agree, agree, neutral, disagree, and fully disagree. The CLES + T scale was developed and validated.²⁰ The present version of the scale contained 34 items and 5 sub-dimensions. The pedagogical atmosphere has 9 items, the leadership style of the ward manager has 4 items, nursing care on the ward has 4 items, and the contents of the supervisory relationship have 9 items. All items are rated based on five points of the Likert scale, which is already given. This research data was analyzed through SPSS version 28. The mean score of each domain was compared with demographic variables. An Independent T-test was applied to identify an association between the mean score of gender and the mean score of each domain of the CLES+T (Clinical learning environment super-vision and Nurse Teacher) scale, and also the satisfaction level of the government and private institutes. Shapiro-wilk test was applied on data to check normality of the data.

The data was not normally distributed (Shapiro-Wilk Test, P value 0.000).

Results

The results of this study shows the satisfaction level we used a cut-off of 85 by ROC analysis the score above 85 are satisfied and below 85 are unsatisfied, and unsatisfied students in private institutes are 3.1% (2) while unsatisfied students in government institutes are 96.9% (62), and satisfied students in private institutes are 73.4% while satisfied students of government institute are 26.6% (43) which indicated that students of private institutes are more satisfied than government colleges (Table-1).

Furthermore, the CGPA was compared with all 5 domains of CLEIT, revealing that students within the 2.0 to 2.5 GPA range have notably high mean scores across several domains. For instance, in "Nursing Care in the Ward," this group averages a mean score of 37.0, which exceeds the scores for higher GPA groups (e.g., the 3.5–4.0 GPA group with a mean of 34.3). Additionally, in the "Pedagogical Atmosphere" domain, students with GPAs from 2.0 to 2.5 score an average of 38.5, which is again higher than the averages for other GPA groups. Similarly, the "Nurse teacher role" domain showed a mean score of 30.0 for this GPA range, higher than the 20.6 mean score in the 2.5 to 3.0 range. As shown in Table 2.

Moreover, the mean score of the education level was compared, and 4th and 5th semesters have almost the same mean in all five domains of CLEI, but the 8th semester has the lowest mean score in all five domains of clinical learning environment inventory, as compared to 4th and 5th semesters, as shown in Table 3.

The independent T-test was used for gender and all sub-domains of CLEI, and the result indicates a significant difference in the mean score of males and females, which is 127.95 and 84.07, respectively. Moreover, the results indicate there are statistically significant differences between the mean scores of males and females ($t=10.05$, $p=0.000$). In other words, the males have higher scores than females, as shown in Table 4.

Furthermore, the T-test was applied to institutes and 5 domains of CLEI, and the result indicates a significant difference in the mean score of private institutes, 134.92, and the government institute's

mean of 88.52. Moreover, the results indicate there are statistically significant differences between the mean scores of governments and private institutes ($t=10.05$, $p=0.000$). In other words, private institutions have higher scores than government institutions, as shown in Table 5.

Table 1: Demographic Variables of the Participants

Institutes (Nursing Colleges)				
	Frequency	Percent	Valid Percent	Cumulative Percent
Private	96	50.0	50.0	50.0
Government	96	50.0	50.0	100.0
Total	192	100.0	100.0	
Semester of the Students				
3 rd	2	1.0	1.0	1.0
4 th	72	37.5	37.5	38.5
5 th	66	34.4	34.4	72.9
6 th	5	2.6	2.6	75.5
8 th	47	24.5	24.5	100.0
Total	192	100.0	100.0	
Cumulative GPA of the Students				
2.0 to 2.5	2	1.0	1.0	1.0
2.5 to 3.0	114	59.4	59.4	60.4
3.0 to 3.5	69	35.9	35.9	96.4
3.5 to 4.0	7	3.6	3.6	100.0
Total	192	100.0	100.0	
Age of the Students in Years				
18 to 20	3	1.6	1.6	1.6
20 to 22 Years	130	67.7	67.7	69.3
22 to 24	56	29.2	29.2	98.4
24 to 26	3	1.6	1.6	100.0
Total	192	100.0	100.0	
Gender of the Students				
Male	121	63.0	63.0	63.0
Female	71	37.0	37.0	100.0
Total	192	100.0	100.0	
Clinically supervise by				
Nursing Staff	125	65.1	65.1	65.1
Nursing Manager	9	4.7	4.7	69.8
Clinical Teachers	58	30.2	30.2	100.0
Total	192	100.0	100.0	

Table 2: Cumulative GPA comparison with CLEI

Cumulative GPA		Ward manager leadership style	Nursing care in the ward	Pedagogical Atmosphere	The Nurse teacher's role	The content of the supervisory relationship
2.5 to 3.0	N	114	114	114	114	114
	Std. Deviation	4.46843	4.58259	9.96131	9.80316	7.74575
3.0 to 3.5	Mean	16.3913	16.5942	37.4348	36.6522	28.1594
	N	69	69	69	69	69
	Std. Deviation	3.32644	3.38387	6.53605	6.79495	5.50834
3.5 to 4.0	Mean	16.5714	15.5714	34.2857	37.8571	28.5714
	N	7	7	7	7	7
	Std. Deviation	2.14920	3.30944	6.47339	3.67099	3.50510
Total	Mean	13.5833	13.6563	30.4635	30.3229	23.6979
	N	192	192	192	192	192
	Std. Deviation	4.63577	4.73226	10.31132	10.13624	7.82280

Table 3: Education level compared with CLEI

Semester		Ward manager leadership style	Nursing care in the ward	Pedagogical Atmosphere	The Nurse teacher's role	The content of the supervisory relationship
4 th	Mean	14.5238	14.4286	31.9524	32.3810	24.8571
	N	21	21	21	21	21
	Std. Deviation	4.33150	4.20204	9.77996	9.32457	7.82487
5 th	Mean	14.8381	15.0952	33.7238	33.0381	25.9524
	N	105	105	105	105	105
	Std. Deviation	4.44437	4.46896	9.48632	9.58156	7.25680
8 th	Mean	11.2879	11.1212	24.8030	25.3485	19.7424
	N	66	66	66	66	66
	Std. Deviation	4.19437	4.28419	9.41230	9.47952	7.22455
Total	Mean	13.5833	13.6563	30.4635	30.3229	23.6979
	N	192	192	192	192	192
	Std. Deviation	4.63577	4.73226	10.31132	10.13624	7.82280

Table 4: Independent Simple T-test among Gender and All Domains

Group Statistics					
Gender		N	Mean	Std. Deviation	Std. Error Mean
All Dimensions	Male	121	127.9504	26.62982	2.42089
	Female	71	84.0704	33.16553	3.93602
					t: 0.05 p-value: 0.000

Table 5: Independent Simple T-test among Institutes and All Domains

Group Statistics					
Institute		N	Mean	Std. Deviation	Std. Error Mean
All Dimensions	Private	96	134.9271	18.38778	1.87669
	Government	96	88.5208	34.45179	3.51622
					t: 0.05 p-value: 0.000

Discussion:

This study aimed to evaluate nursing students' satisfaction with the clinical learning environment (CLE) using the CLES+T scale and explore how factors like age, gender, academic performance (CGPA), and institutional type influence their

perceptions. The findings revealed notable differences across these variables, reflecting both consistencies and deviations from previous national and international studies.²¹ Furthermore, students aged 18–20 demonstrated the highest satisfaction in "Nursing Care on the Ward" and "Pedagogical Atmosphere," indicating a strong initial enthusiasm

for hands-on care and a positive ward climate. This aligns with findings by Chan (2002), who reported that early-year nursing students often perceive the clinical setting as exciting and supportive due to the novelty and exposure to real-life care.²² Similarly, Saarikoski et al. (2008) noted that younger students often report greater satisfaction with the CLE due to their limited expectations and a higher degree of receptiveness to new learning environments.²³ In contrast, the 20–22 age group showed a decline in satisfaction across most domains, particularly in "Leadership Style" and "Pedagogical Atmosphere." This may reflect increasing expectations or critical awareness as students' progress in their training. According to Benner's Novice to Expert Model (1984), as students gain experience, they transition from novice to advanced beginner, developing a more analytical and evaluative lens towards their learning environment – possibly explaining this shift in perception.²⁴ Interestingly, students aged 24–26 reported higher satisfaction again, especially in "Leadership Style of the Ward Manager," which may suggest a mature understanding and better coping mechanisms developed over time. This trend is supported by a study from Papathanasiou et al. (2014), which suggested that senior students develop stronger professional identities and are more capable of navigating and adapting to less-than-ideal clinical environments.²⁵ In addition, comparisons revealed that male students rated all aspects of the clinical learning environment significantly higher than female students, with a t-value of 10.05 ($p=0.000$). This finding aligns with Al-Zayyat and Al-Gamal (2014), who found male students in Saudi Arabia perceived the CLE more positively, particularly in domains of leadership and pedagogical support. This may be attributed to socialization differences, where male students are often more assertive and confident in hierarchical clinical settings.²⁶ However, other studies contradict this, such as a study by Dimitriadou et al. (2015), which reported that female students demonstrated higher satisfaction due to stronger interpersonal communication and emotional intelligence, particularly in collaborative clinical teams. These inconsistencies suggest that cultural context, mentorship style, and clinical placement structures may significantly mediate gendered experiences in the CLE.²³ Additionally, students with lower CGPAs (2.0–2.5) showed

unexpectedly higher satisfaction in domains like "Nursing Care on the Ward" (mean = 37.0) and "Role of the Nurse Teacher" (mean = 30.0) compared to those with higher GPAs (e.g., 3.5–4.0 group scored 34.3 and 25.1 respectively). This contrasts with studies like Ip & Chan (2005), who found that high-performing students tend to be more satisfied due to better academic preparedness and confidence in clinical reasoning.²⁷ However, Bandura's Social Learning Theory (1977) may provide insight here: lower-performing students might be more responsive to direct mentorship, observation, and real-world application, thereby valuing the CLE more as a compensatory learning source. Alternatively, high achievers may critically appraise inconsistencies or deficits in teaching, leading to lower satisfaction.²⁸ Moreover, played a significant role in shaping student perceptions. Students from private institutions showed substantially higher satisfaction (73.4%) compared to those in government institutions (26.6%). Similar findings were reported by Jamshidi et al. (2016), who concluded that private institute students often benefit from better supervision, smaller student-to-instructor ratios, and structured clinical teaching practices. In private hospitals, the presence of dedicated clinical nurse instructors, organized bedside teaching, and access to hands-on resources significantly enhances the clinical learning experience. Conversely, students in public sector institutes often lack these supports, resulting in limited feedback, inconsistent supervision, and underutilization of clinical learning opportunities. This institutional gap has been highlighted in studies conducted in Pakistan, India, and Jordan, which call for increased investment and reform in public nursing education systems to bridge this disparity.²⁹ While many findings support existing literature, certain contradictions warrant discussion. For example, the higher satisfaction among students with lower CGPA contrasts with assumptions in most academic studies. However, this may reflect contextual differences such as clinical instructor behavior, workload distribution, or cultural expectations within institutions, which future research should explore further.²³

This study has several limitations. The sample size was limited to a specific geographic area, which may affect generalizability. The use of self-reported

questionnaires may introduce social desirability bias. Furthermore, this study did not account for other influential factors such as length of clinical rotation, staff-to-student ratios, or the qualifications of clinical educators.

Based on these findings, several recommendations can be made. First, public institutions should improve the structure of clinical teaching by appointing trained clinical instructors, ensuring adequate supervision, and facilitating regular feedback. Second, gender-sensitive and learner-specific support strategies should be integrated into clinical placements. Future research should adopt longitudinal and mixed-method designs to explore how perceptions evolve and what institutional or personal factors most influence satisfaction. Comparative studies across different provinces or between urban and rural institutes could offer further insights. Lastly, incorporating theoretical frameworks like Bandura's Social Learning Theory and Benner's Model into future analyses will help explain the mechanisms behind student experiences more comprehensively.

Conclusion:

This study showed that Northwest College of Nursing students are more satisfied than the Institute of Nursing Sciences, Khyber Medical University, Peshawar, Pakistan, with their clinical learning environment (CLE).

Ethical Permission: The Ethical Review Board of Northwest Institute of Health Sciences, Peshawar, approved this study vide IRB no (IRB&EC/2024-HIS/0175).

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Authors' contribution:

SK, FAM, WU: Conception & design, acquisition of data, analysis & interpretation,

AA: Drafting of article, final approval

I & SA Analysis & interpretation, drafting of article, critical revisions and final approval

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