



Original Article



Factors Affecting Clinical Learning of Undergraduate Nursing Students in Azad Jammu and Kashmir

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ABSTRACT

Nursing education encompasses both theoretical knowledge and clinical education, equipping nursing students for their future roles and enabling them to transition from dependency to independent practice. Thus, clinical education is considered integral and irreplaceable in training nursing professionals, allowing them to attain various educational objectives, including enhanced communication skills and critical thinking. **Objectives:** To identify factors affecting the clinical learning of undergraduate nursing students in Azad Jammu and Kashmir. **Methods:** This quantitative descriptive cross-sectional design study collected data through a census sampling technique from 286 undergraduate nursing students. Inclusion criteria focused on students who attend at least one complete course of clinical rotation; students who were on leave or not willing were excluded from the study. Data was collected by using structured questionnaires, and analysis was made by using SPSS26 version. **Results:** The findings revealed the challenges, such as inadequate supervision (42.7%), time constraints for nursing staff (82.2%), and student hesitation due to fear of errors (75.9%). Factors include hospital collaboration (71%), educator support (74.7%), and patient reluctance (71.7%). Correlation analysis links these factors to demographics, including supervision type and study year. **Conclusions:** The study findings concluded that clinical learning in nursing students is influenced by supportive environments, clear objectives, and adequate preparation, while barriers like poor supervision, discrimination, and lack of resources. These factors must be addressed through improved educator-student ratios, better training, and collaboration with clinical staff.

INTRODUCTION

Nursing education blends theoretical instruction with hands-on experience to prepare students for independent practice [1]. Clinical education plays a crucial role in bridging the gap between classroom learning and real-life healthcare settings, offering opportunities for the development of communication, critical thinking, and decision-making skills [2]. Through clinical practice, students learn to apply theoretical concepts, uphold moral and ethical standards, and engage in evidence-based care. It also fosters teamwork, helping students to work effectively in multidisciplinary healthcare environments. This integration is vital for developing competent,

empathetic, and safe practitioners. As such, clinical exposure is not supplementary but central to nursing education. Undergraduate nursing programs ensure clinical placements across diverse healthcare settings, each designed with specific learning objectives in mind [3]. Effective clinical education relies on clear goals, supportive guidance from instructors and staff, timely feedback, and student motivation [4]. Clinical learning environment also plays an important role by allowing students to apply theoretical knowledge in real-world settings [5]. It must align with the development of cognitive, psychomotor, and affective domains of learning.



While theory enhances knowledge, clinical settings refine skills and professional behavior necessary for effective decision-making [6]. Therefore, a balanced approach involving both theoretical and practical components is essential for holistic nursing education. According to Hashemiparast *et al.* (2019), the learning environment, shaped by student-preceptor interactions and clinical dynamics, significantly impacts learning outcomes [7]. A supportive and engaging atmosphere, frequent student supervision, student-clinical educator ratio, and interpersonal relationships enhance student satisfaction and performance [8]. Nurse educators must ensure a positive clinical setting where students feel encouraged to learn, practice, and ask questions without hesitation [9]. Multiple factors influence clinical learning, including tutor supervision, resource availability, and individual student engagement [10,11]. Gemuhay *et al.* (2019) classify these as tutor-related (guidance and feedback), socio-economic (equipment and infrastructure), and individual (student motivation and effort). The effectiveness of clinical instructors and the integration of classroom and lab training with clinical practice are also vital. A well-maintained instructor-student ratio, ideally 1:12, ensures personalized mentorship and skill monitoring [12]. Additionally, elements like workload, number of available patients, and exposure time in departments further shape students' clinical experiences [13]. Proficiency and confidence in clinical skills developed during foundational nursing education are essential for competent nursing practice [14], yet students often underperform relative to their potential due to various challenges in clinical settings [6]. These challenges hinder effective clinical learning and lead to the production of inadequately prepared nurses, emphasizing the need to identify and address barriers to clinical competence. Real clinical environments, as opposed to simulated labs, play a critical role in cultivating clinical reasoning and practical skills [15]. While international research has examined factors influencing clinical learning, there remains a significant gap in the local context, where studies have been limited in scope, often focusing on diploma-level students or single institutions. There is a need for a broader investigation into diverse, context-specific factors affecting clinical education. Although international literature has extensively explored factors influencing clinical learning environments, evidence from Azad Jammu and Kashmir remains scarce and fragmented. Most local studies have been limited to single institutions, diploma-level programs, or specific domains of clinical education, without comprehensively examining student-, educator-, hospital-, and patient-related factors together. This limited contextual evidence restricts the development of targeted strategies to

enhance undergraduate nursing education in the region. Therefore, a broader investigation is required to identify context-specific determinants affecting clinical learning among undergraduate nursing students. This study aims to identify the factors affecting clinical learning of undergraduate nursing students in public and private nursing colleges of Azad Jammu and Kashmir.

METHODS

This quantitative descriptive cross-sectional design study was conducted from March 2023 to August 2023 at Shifa International Hospital, Islamabad. Ethical approval from the Institutional Review Board (Ref. No. 0176-23) of Shifa International Hospital, Islamabad. Participants were recruited through a census sampling, with a sample of 286. After obtaining informed written consent, participants were thoroughly briefed on the study's objectives, data collection procedures, and potential risks and benefits. Ethical considerations were strictly adhered to, ensuring participant autonomy, confidentiality, and informed consent throughout the study. Bachelor of Science in Nursing (BSN) students who attended at least one complete major nursing course clinical, who are 2nd year, 3rd year, and 4th year, were included in the study. Students who were not willing to participate in the study were excluded from the exclusion criteria. The maximum participants were from the State College of Nursing (institution A) that were 241(84.3%), and only 45 (15.7%) of participants were from Mohi-ud-Din College of Nursing (institution B). The reason for that disparity was that institution B was recently established, and only one class was fulfilling the inclusion criteria. Data were collected by the primary researcher using a validated and adapted structured questionnaire. After getting permission from the primary researcher few amendments were made, and calculated with a validity coefficient of 0.91, a reliability score of 0.87 (Cronbach's Alpha), and pilot-tested with 43 students. The questionnaire covered demographic information and 40 items related to factors influencing clinical learning covering five domains, including students' related factors, hospital-based factors, clinical educator-related factors, nursing colleges-based factors, and patients-related factors. Data analysis was conducted using SPSS version 26, and frequencies and percentages were employed for the categorical variables.

RESULTS

Out of 286 participants, 241 (84.3%) were from Institute A, 45 (15.7%) were from Nursing College B, and 241 (84.3%) were from Institute A. The largest group, 123 (43%), belonged to the third-year class (Table 1).

Table 1: Participant Demographic Characteristics(N=286)

Demographic Characteristics	Frequency (%)
College of Nursing A	241 (84.3%)
College of Nursing B	45 (15.7%)
2 nd year	122 (42.7%)
3 rd year	123 (43%)
4 th year	40 (14%)
Less than 20	249 (87.1)
21 – 25	36 (12.6)
26 and Above	01 (0.3%)
Single	284 (99.3%)
Married	02 (0.7%)
Muzaffarabad	71 (24.8%)
Mirpur	113 (39.5%)
Rawalakot	58 (20.3%)
Other than AJK	44 (15.4%)
Intermediate	259 (90.6%)
Bachelors	27 (9.4%)

During clinical practice, 122 participants (42.7%) reported no supervision, while 27 (9.4%) were supervised by clinical educators. Details are provided in the figure below (Figure 1).

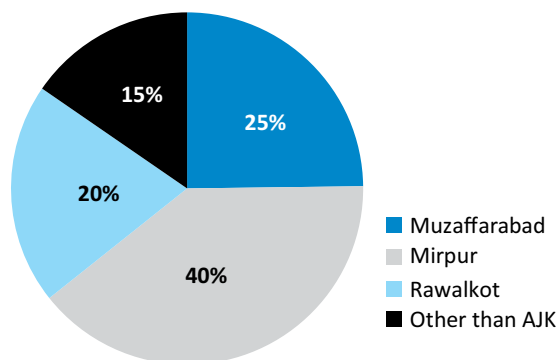


Figure 1: Clinical Practice Supervision

Clinical factors were categorized into hospital-based, clinical educator-related, nursing college-based, student-related, and patient-related constructs. Hospital-based factors influencing clinical learning included learning opportunities, staff behavior, interprofessional collaboration, and available resources. While most students (71%) found collaboration beneficial, many (82.2%) felt nursing staff lacked time to support them, partly due to the high number of students from various departments. Most participants (71.1%) noted that patients were reluctant to receive care from students due to fear of mistakes, and 61.9% reported communication barriers. Additionally, 50% of students observed patient reluctance toward care from the opposite gender, with 19.2% uncertain (Table 2).

Table 2: Hospital and Patient-Related Factors Influencing Clinical Learning(N=286)

Sr. No.	Statements	Agree (%)	Uncertain (%)	Disagree (%)
01	The nursing staff does not have enough time to facilitate students' clinical learning due to the over burden of work.	235 (82.2%)	22 (7.7%)	29 (10.1%)
02	The presence of a large number of students from different health disciplines in the ward compromises the clinical learning of nursing students.	228 (79.7%)	30 (10.5%)	28 (9.7%)
03	Collaboration among clinical staff is helpful in promoting the clinical learning of nursing students.	203 (71.0%)	29 (10.1%)	54 (18.9%)
04	Discrimination against nursing students compared to students of other health disciplines by clinical staff/doctors in clinical areas is common.	197 (68.9%)	42 (14.7%)	47 (16.4%)
05	The clinical environment provides opportunities to meet the clinical learning needs of nursing students.	188 (65.8%)	52 (18.2%)	46 (16.1%)
06	The nursing staff is approachable when students require their help during clinical practice.	166 (58.0%)	59 (20.6%)	61 (21.4)
07	Nursing students are considered team members of healthcare workers in hospitals involved in patient care.	172 (60.1%)	52 (18.2%)	62 (21.6%)
08	The clinical staff has a welcoming attitude towards students.	137 (47.7%)	76 (26.6%)	73 (25.5%)
09	Adequate opportunities are provided to perform clinical tasks during clinical practice.	136 (47.6%)	54 (18.9%)	96 (33.5%)
10	Patients are reluctant to receive any care from students due to fear of mistakes they might make.	205 (71.7%)	56 (19.6%)	25 (8.7%)
11	Adequate no. of patients is available to practice different nursing care skills.	187 (65.4%)	55 (19.2%)	44 (15.4%)
12	There are barriers to effective communication between students and patients.	177 (61.9%)	53 (18.55%)	56 (19.6%)
13	Students face religious or personal beliefs while attending the patients.	152 (53.2%)	38 (13.3%)	96 (33.5%)
14	Patients do not like to be attended to by the opposite gender.	109 (38.1%)	64 (22.4%)	113 (39.5%)

A majority of students (74.7%) recognized the importance of clinical supervision in their learning, though 65.4% felt clinical educators did not give enough time to each student. Despite this, over half of the participants acknowledged that educators were well-trained, respectful, and maintained supportive relationships with students (Table 3).

Table 3: Clinical Educators' Related Factors

Sr. No.	Statements	Agree (%)	Uncertain (%)	Disagree (%)
01	Clinical supervision is helpful to promote clinical learning.	213 (74.5%)	21 (7.3%)	52 (18.2%)
02	Mutual respect between the instructor and students is maintained during clinical supervision.	180 (62.9%)	37 (12.9%)	59 (24.1%)
03	Clinical educators are adequately trained for clinical teaching/ demonstration and facilitation.	174 (60.8%)	38 (13.3%)	74 (25.8%)
04	Instructors have a supportive relationship with students.	161 (56.3%)	41 (14.3%)	84 (29.3%)
05	Clinical educators guide students before sending them into the clinical area (pre-conference).	160 (56.0%)	47 (16.4%)	78 (27.3%)
06	Clinical educators take/give feedback after the completion of the clinical day (post-conference).	145 (50.7%)	52 (18.2%)	89 (31.1%)
07	Timely and constructive feedback is provided to the students to enhance clinical learning.	124 (43.3%)	47 (16.4%)	115 (40.2%)
08	Clinical educators encourage students to ask questions and discuss clinical assignments/ work.	120 (41.9%)	50 (17.5%)	116 (40.6%)
09	Clinical educators are readily available to assist students in their learning.	77 (26.9%)	42 (14.7%)	167 (58.4%)
10	The clinical educators provide sufficient time to each student.	46 (16.0%)	53 (18.5%)	187 (65.4%)

While 68.2% of participants felt theoretically prepared for clinical practice, many reported issues such as the improper student-to-instructor ratio (65.8%), inadequate clinical supervision (62.2%), and a lack of clinical conferences and seminars (60.9%) (Table 4).

Table 4: Nursing Colleges-Based Factors

Sr. No.	Statements	Agree (%)	Uncertain (%)	Disagree (%)
01	Students are prepared theoretically before starting clinical practice.	195 (68.2%)	41 (14.3%)	50 (17.4%)
02	The skills laboratories have enough equipment to meet the clinical needs of the students.	102 (35.6%)	53 (18.5%)	131 (45.8%)
03	All the students get equal opportunities to use the equipment during skills practice in the skills laboratories.	105 (36.7%)	41 (15.7%)	136 (47.5%)
04	Clinical conferences and seminars are arranged to promote students' clinical learning.	62 (21.7%)	50 (17.5%)	172 (60.9%)
05	One clinical educator is available for skill demonstration for 10-12 students in the clinical lab.	62 (19.2%)	36 (18.5%)	188 (65.8%)
06	The ratio of students and clinical instructors is 1:12, is available in the clinical area for guidance and supervision.	55 (19.2%)	53 (18.5%)	178 (62.2%)

Most participants (84.6%) agreed that continuous clinical supervision enhances learning, though 61.1% found it

stressful. Many students reported challenges such as a lack of skill preparedness, fear of making mistakes, a theory-practice gap, and underreporting errors, while 88.2% highlighted the positive impact of peer support on clinical learning (Table 5).

Table 5: Students' Related Factors

Sr. No.	Statements	Agree (%)	Uncertain (%)	Disagree (%)
01	The positive support of classmates is supportive and positively influences clinical learning.	252 (88.2%)	8 (2.8%)	26 (9.0%)
02	Students learn better when they have continuous supervision during clinical practice.	242 (84.6%)	20 (7.0%)	24 (8.4%)
03	Students are hesitant to perform tasks/skills due to fear of making mistakes.	105 (75.9%)	36 (12.6%)	33 (11.5%)
04	Students are unable to apply theory to practice due to a lack of knowledge.	206 (72.1%)	18 (6.3%)	62 (21.6%)
05	Students are hesitant to report mistakes due to fear of punishment.	207 (72.4%)	24 (8.4%)	55 (19.2%)
06	Students are unable to perform tasks/skills accurately due to a lack of preparedness.	198 (69.3%)	34 (11.9%)	54 (18.8%)
07	Students are unable to demonstrate knowledge and skills due to a lack of confidence.	200 (69.9%)	39 (13.3%)	47 (16.4%)
08	While performing clinical tasks, continuous observation is stressful for students.	176 (61.6%)	47 (15.4%)	65 (22.7%)
09	Students are unable to communicate effectively with patients, clinical educators, and clinical staff.	122 (42.6%)	65 (22.7%)	99 (34.6%)

DISCUSSION

A marked gender disparity was observed, with no male students enrolled in the public institution and only six males in the private college. This contrasts with findings from Khyber Pakhtunkhwa (2022), where male enrollment predominated (73%) [16]. According to the World Health Organization (WHO), male nurses constitute only 18.55% of Pakistan's nursing workforce, well below the Pakistan Nursing Council's recommended 50:50 ratio, indicating a persistent gender imbalance [17]. A major issue identified was the inadequacy of clinical supervision, consistent with studies from Karachi (2024), Africa (2022), Japan (2019), and Pakistan (2019) [6,18-20]. Globally, inconsistent supervisory structures remain a concern, while the need for competent clinical educators has been underscored in recent studies [21-22]. A conducive CLE is essential for effective learning, as also reported previously [10]. In the current study, 56.8% of participants described their CLE as supportive, a higher proportion than in earlier Pakistani studies [23-24]. Positive staff collaboration (71%) was a strong facilitator of learning, consistent with earlier

findings [25]. However, challenges such as limited staff approachability, discrimination (68.9%), and workload pressures mirrored findings from Tanzania and other international studies [11,26-28]. Overcrowded clinical placements (79.7%) further restricted practical exposure, aligning with previous research [29]. Theoretical preparation was generally adequate, with 68.2% of participants reporting being well-prepared before clinical practice. This contrasts with findings from Nigeria (2016) and Iran (2018) [30, 31]. Nonetheless, a significant theory-practice gap persists, reported by over 70% of students, consistent with recent studies [9,25]. Possible reasons include inadequate supervision, limited clinical conferences, and insufficiently aligned skill-lab experiences. A high educator-student ratio (1:12) also compromised supervision quality, echoing findings from Canada (2018) [32]. Continuous supervision was viewed as beneficial by most students (84.6%), though many found it stressful, similar to previous results [33]. This may be attributed to performance anxiety and fear of evaluation. Conversely, peer support was identified as a major enabler of clinical learning (88.2%), consistent with prior studies [30]. Communication barriers were another key concern, with 61.9% of students reporting difficulties in interacting with patients, largely due to language differences and patients' reluctance to be treated by students. Similar challenges have been documented in Pakistan (2016), England, and Kirkuk (2020) [22,34-35]. Such barriers hinder confidence-building and clinical competence. This study has certain limitations, including its cross-sectional design, which limits causal interpretation, and data collection from only two institutions, potentially affecting generalizability. The use of self-reported questionnaires may also introduce response and social desirability bias. Future multicenter and mixed-method studies incorporating qualitative exploration are recommended to gain deeper insights into students' lived experiences and to evaluate interventional strategies aimed at improving supervision, institutional support, and clinical learning environments across diverse nursing institutions.

CONCLUSIONS

Various factors were identified in the current study that influence the process of clinical learning, including a supportive clinical environment, positive peer and educator relationships, clear objectives, and task preparedness. However, barriers such as high student-educator ratios, staff discrimination, inadequate resources, and fear of errors hinder learning. To enhance clinical learning, institutions should adopt recommended supervision ratios, hire qualified educators, equip skills labs, and collaborate with clinical staff. Future multi-centered and interventional studies are essential to

explore experiences and evaluate strategies for improving nursing students' clinical learning. Due to time constrain study was kept limited to only two institutions by using a simple quantitative study technique.

Authors' Contribution

Conceptualization: SN, AZ, SI, BS

Methodology: SN

Formal analysis: SN, AZ, SI, BS

Writing and Drafting: SN, AZ, BS

Review and Editing: SN, AZ, BS, SN

All authors approved the final manuscript and take responsibility for the integrity of the work

Conflicts of Interest

All the authors declare no conflict of interest.

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