



# Assessment on the Level of Perception of Clinical Learning Environment among Undergraduate Nursing Students under Institute of Medicine, Tribhuwan University, Nepal

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## Research Article

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## Abstract

The study investigated undergraduate nursing students' perceptions of the clinical learning environment (CLE) in Nepal. A sample of 117 undergraduate students from two nursing campuses under the Tribhuwan University was participated. A semi-structured self-administered questionnaire was used to assess various dimensions of the CLE, including pedagogical environment, personalization, student involvement, innovation, individualization, task orientation, and supervision. The findings revealed that approximately one-third of the students had a high perception level of the CLE. Student involvement received the highest mean score, while individualization and innovation scored lower. Results of the study suggest areas for improvement in the clinical education of nursing students in Nepal.

**Keyword:** Clinical Learning Environment; Perception; Tribhuwan University; Undergraduate Nursing Students

## Abbreviations

CLE: Clinical Learning Environment; BSN: Bachelor of Science in Nursing; CLEI: Clinical Learning Environment Inventory.

## Introduction

Nursing education encompasses both theoretical and clinical components, with clinical learning playing a predominant role [1]. The quality of the clinical learning environment significantly influences learning outcomes and the acquisition of skills and nursing students' perception of this environment is crucial for patient care [2]. Understanding students' perspectives on the clinical environment, which can evoke anxiety due to the balancing act between learning and professional demands, is essential [1,3]. Student satisfaction, reflecting the fulfilment of educational expectations, serves

as a key measure [4]. Discrepancies in studies regarding students' perceptions underscore the necessity for this review to explore various contexts.

Clinical education is fundamental for the development of nurses' practical skills. Creating an engaging clinical setting supports learning, with faculty involvement enhancing the environment [5]. Understanding multiple perspectives of the clinical learning environment, including physical surroundings, relationships, and teaching components, is crucial [6,7]. Positive student-faculty relationships influence on learning outcomes [8,9]. Clinical faculty must consider various factors affecting student relationships to guide them effectively [10]. Assessing students' experiences and providing tailored learning opportunities are vital tasks for nurse educators [6,11]. Faculty should focus on leadership, teaching, and creating authentic and motivational

environments [12]. Effective communication and addressing psychological needs are crucial for student learning [7,13]. Clinical faculty serves as intermediaries between the clinical environment and student learning, necessitating strategies to foster a positive environment [14].

The field of nursing education is witnessing rapid expansion in Nepal, evident in the increasing number of colleges and the availability of study levels ranging from PCL to PhD programs. Formal nursing education commenced in 1956 AD [15]. The Basic B.Sc. Nursing program, a four-year course, targets students who have completed their +2 education in the science stream with a major in biology. Notably, in 1996, Nepal introduced its first Four-year Generic Bachelor Nursing Programme (B.Sc. Nursing), initially enrolling 20 students at BPKIHS Dharan. Subsequently, in 2005 AD, this program was extended to Tribhuvan University [16].

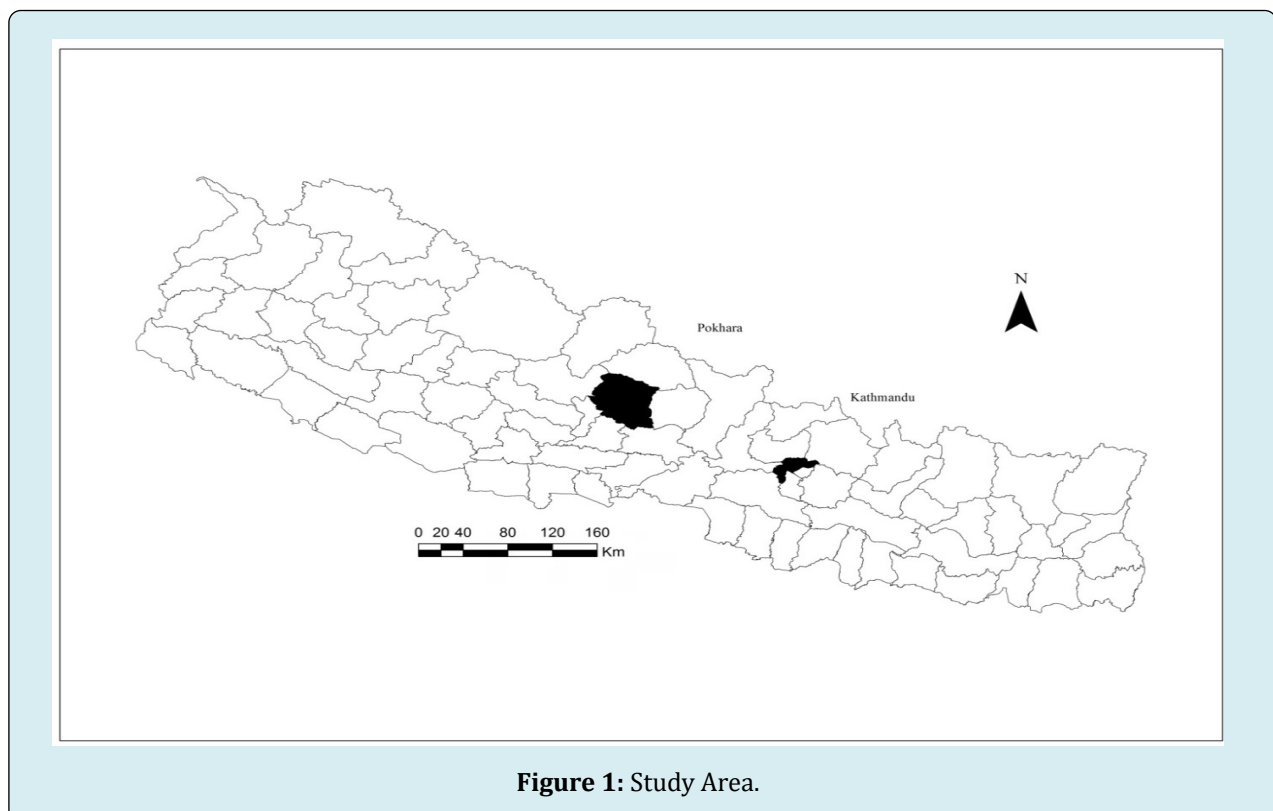
Though many studies has been carried out in other countries, very few researches are found in researcher knowledge, that have been conducted in Nepal to assess the perception regarding CLE among nursing student [17]. Thus researcher has interested to study on perception regarding CLE among undergraduate nursing student. This research seeks to assess the conduct of clinical faculty as perceived by nursing students in the clinical setting, with a specific emphasis on improving positive coaching approaches. The

study addresses questions regarding the influence of clinical faculty on the learning of nursing students and the methods employed by clinical faculty to foster student-centered learning within the clinical environment.

## Materials and Methodology

### Setting of the Study

This study was conducted at Maharajgunj Nursing Campus and Pokhara Nursing Campus, both under the Institute of Medicine, Tribhuvan University, which is a leading institution in Nepal [18]. The B.Sc. nursing program was initiated at Maharajgunj Nursing Campus in 2005 and at Pokhara Nursing Campus in 2016. Maharajgunj Nursing Campus, established in 1956 AD, is a pioneering nursing institution in Nepal [19]. It offers various academic programs including Post Basic Bachelor of Nursing, Generic Bachelor of Science in Nursing, Master of Nursing, and PHD Nursing Program. Pokhara Nursing Campus, established in 1985 in Pokhara, Ramghat 12, was founded to provide nursing education. It operates as a constituent college of Tribhuvan University and offers a range of nursing academic programs including PCL in nursing, BNS, B.Sc. nursing, and Master in nursing, facilitated by experienced and qualified faculty members [20]. The selected study area is as shown in Figure 1.

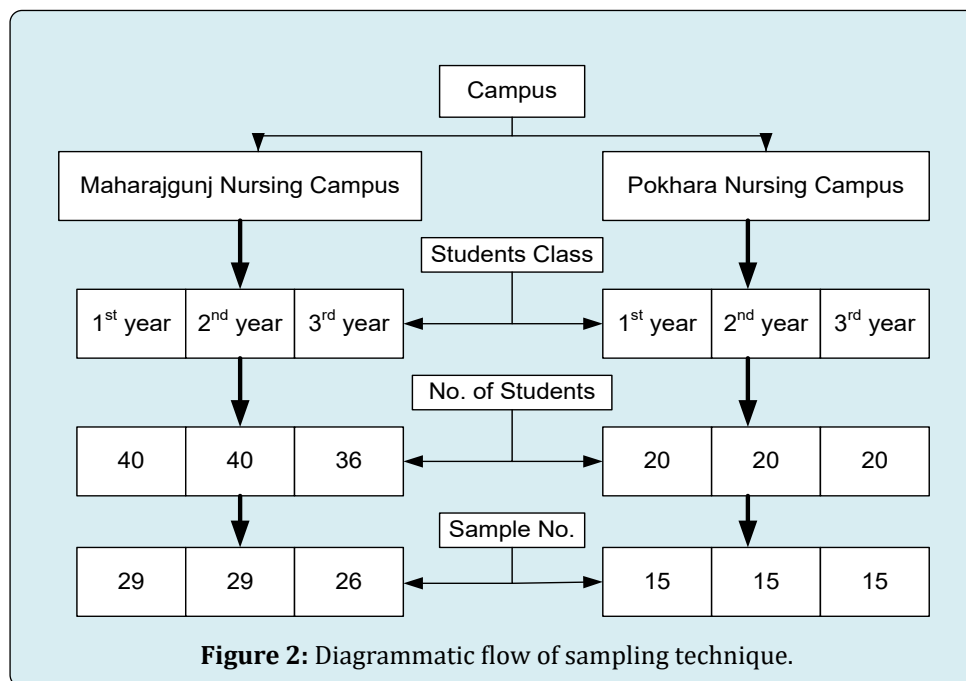


**Figure 1:** Study Area.

### Study Population Sampling Procedure

The study included all second years nursing students enrolled in the B.Sc. Nursing program at Maharajgunj Nursing Campus and Pokhara Nursing Campus under the Institute of Medicine, Tribhuvan University, who had completed more than 90% of practical work, were willing to participate, and were available during the data collection period. No

additional exclusion criteria were applied. Stratified random sampling with proportionate allocation was employed to select samples from Maharajgunj Nursing Campus and Pokhara Nursing Campus. The sample was chosen using a lottery method and the sampling sizes are as shown in Figure 2.



The sample size was determined using a formula based on the percentage of students perceiving the Clinical Learning Environment (CLE) as “very good” in a similar study conducted in Vellore, India [21]. The total population was 176, and after considering a confidence level of 95% and an allowable error of 5%, the sample size was calculated to be 117. Adding a 10% non-response rate, the total sample size became 128.

### Research Tool

A semi-structured self-administered questionnaire is a research tool used to collect data from participants in a study. In a semi-structured questionnaire, there is a predetermined set of questions or topics to guide the inquiry, but respondents have some flexibility in how they answer and can provide additional information beyond the predefined options and self-administered means that participants complete the questionnaire on their own, without direct involvement from the researcher. Thus, a semi-structured self-administered questionnaire provides a framework for data collection while allowing respondents some freedom in their responses, making it a versatile tool for gathering information in research studies.

In this study, the data was collected using a semi-structured self-administered questionnaire comprising two parts: i) socio-demographic information and ii) perceptions of the clinical learning environment. The questionnaire was validated through extensive literature review and pretesting, ensuring reliability [22-25]. The initial segment involved inquiries regarding the socio-demographic characteristics of the participants, which were devised by the researcher. The subsequent section evaluated perceptions of the clinical learning environment using a 5-point Likert scale, ranging from “strongly disagree” to “strongly agree,” across 42 statements, yielding a total score of 210. The items in this section were adapted from [26,27]. Clinical Learning Environment Inventory (CLEI), covering seven dimensions: pedagogical environment, personalization, innovation, student involvement, individualization, task orientation, and supervision.

### Validity and Reliability

Validity and reliability assessments were conducted to ensure the quality of the tool. Content validity for parts I and II was established through a non-statistical approach, including extensive literature review, consultation with

a research advisor, subject matter experts, and research professionals.

Reliability was ensured by pretesting the tool among 10% of the total sample size (117 students), resulting in a sample of 12 participants from the Manmohan Memorial Institute of Health Sciences, Kathmandu, Nepal. This pretest aimed to evaluate the practicality and applicability of the questionnaire and estimate the time required for completion. Necessary modifications were made based on the pretest results, guided by the supervisor. For the reliability analysis of part II, Cronbach's alpha coefficient was computed for the total scale, yielding a value of 0.716 (ranging from 0.501 to 0.76 among dimensions).

### Data Collection Procedure

Permission was obtained from the research committee of Maharajgunj Nursing Campus, and ethical approval was obtained from the Institutional Review Board of the Institute of Medicine, Tribhuvan University. Formal permission was also obtained from Maharajgunj Nursing Campus and Pokhara Nursing Campus. Informed consent was obtained from participants, confidentiality and anonymity were ensured, and data was collected by the researcher over a period of four weeks.

### Data Analysis

Data was edited, coded, and entered into SPSS VERSION 20. The assessment of missing data was conducted using Little's Missing Completely at Random test, as suggested by Li C [28]. The results of the test indicated that the missing data occurred randomly and were not statistically significant. Descriptive statistics were used to summarize the data, including percentages, means, and standard deviations. Inferential statistics, such as the chi-square test and Pearson's correlation, were employed to analyze associations and relationships.

## Results of Study

### Demographic Characteristics

In terms of socio-demographic information, Table 1 reveals that the majority of respondents, comprising 71.3%, are over 20 years old, with a mean age of 19.88 and a standard deviation of  $\pm 1.12$ . The religious beliefs of the respondents indicate that 93% identify with Hinduism, while only 1.6% identify with Christianity. Ethnically, approximately two-thirds (69%) identify as Brahmin/Chhetri, whereas only 1.6% identify as Madhesi. Furthermore, 89.9% of respondents come from nuclear families, while the remaining 10.1% belong to joint families. Regarding living arrangements,

approximately three-fourths (77.5%) of respondents reside in hostels, with the remaining 22.5% living at home.

Characteristics	Number	Percent
<b>Age in completed yrs.</b>		
≤ 20	92	71.3
>20	37	28.7
<b>Religious</b>		
Hinduism	120	93
Buddhism	7	5.4
Christianity	2	1.6
<b>Ethnicity</b>		
Brahmin/ Chhetri	89	69
Janajati	33	25.6
Dalit	5	3.9
Madhesi	2	1.6
<b>Academic Year</b>		
B.Sc. 1st year	44	34.1
B.Sc. 2nd year	44	34.1
B.Sc. 3rd year	41	31.8
<b>Type of Family</b>		
Nuclear	116	89.9
Joint	13	10.1
<b>Residence</b>		
Hostel	100	77.5
Home	29	22.5
<b>Exposure in Clinical Practice this Year</b>		
Fundamental	44	34.1
Midwifery & Pediatric	44	34.1
Adult, Geriatric & Psychiatric	41	31.8
<b>Duration of Exposure Completed in Weeks</b>		
16	44	34.1
21	41	31.8
29	29	22.5
30	15	11.6

**Table 1:** Socio-Demographic Characteristics of the Respondents.

In terms of clinical practice exposure, 34.1% of respondents practiced fundamental nursing, 34.1% practiced midwifery and pediatrics, and 31.8% practiced adult, geriatric, and psychiatric care during the current year.

### Students' Perceptions of the University Supervision and Guidance Environment

Regarding supervision and guidance, Table 2 indicates that the majority of respondents (58.1%) were consistently

supervised and guided by clinical nurses. Additionally, 23.3% received supervision from clinical teachers, while 18.6% received guidance from both clinical teachers and clinical nurses.

Variables	Always		Often		Sometime	
	NO	%	NO	%	NO	%
Clinical Nurse	75	58.1	24	18.6	30	23.3
Clinical teacher	30	23.3	68	52.7	31	24
Both Clinical Nurse & Teacher	24	18.6	38	29.5	67	51.9

**Table 2:** Supervision and Guidance in Clinical Learning Environment.

### Student' Perception on Pedagogical Atmosphere

Regarding students' perception of the pedagogical atmosphere, Table 3 illustrates that half of the respondents (51.2%) agreed that the staff were easily approachable in the ward. Nearly half (47.3%) of the respondents agreed that they felt comfortable going to the ward at the start of their shift. Similarly, a majority (56.6%) of respondents agreed that there was a positive atmosphere for meaningful learning situations on the ward. However, one-third (33.3%) of respondents disagreed that the staff were generally

interested in student supervision. Additionally, 41.1% of respondents disagreed that the staff learned to know the students by their personal names. On the other hand, more than half (55.8%) of respondents agreed that the learning situation was multidimensional in terms of content.

The highest mean score for the pedagogical atmosphere was (3.62 ± 0.82) for "there was a positive atmosphere for meaningful learning situations on the ward," while the lowest was (1.05 ± 1.05) for "the learning situation was multidimensional in terms of content."

Statements	Responses					Mean ± SD
	SD	D	U	A	SA	
	NO (%)	NO (%)	NO (%)	NO (%)	NO (%)	
The staff were easy to approach in the ward	2	21	29	66	11	3.49±0.92
	-1.6	-16.3	-22.5	-51.2	-8.5	
I felt comfortable going to the ward at the start of my shift	7	34	22	61	5	3.18±1.05
	-5.4	-26.4	-17.1	-47.3	-3.9	
There was a positive atmosphere for meaningful learning situation on the ward	3	8	35	73	10	3.62±0.82
	-2.3	-6.2	-27.1	-56.6	-7.8	
The staffs were generally interested in student supervision	5	43	42	37	2	2.91±0.92
	-3.9	-33.3	-32.6	-28.7	-1.6	
The staff learned to know the student by their personal names	2	53	28	23	3	2.48±1.05
	-17.1	-41.1	-21.7	-17.8	-2.3	
The learning situation multidimensional in term of content (medical equipment, case availability, supportive staff)	7	12	27	72	11	1.05±1.05
	-5.4	-3.3	-20.9	-55.8	-8.5	

n=117

**Table 3:** Respondents' Perception on Pedagogical Atmosphere.

### Students' Perception on Personalization

In response to students' perception of personalization, Table 4 indicates that nearly half (42.6%) of the respondents agreed that clinical teachers consider students' feelings. Regarding individual communication with students, a majority (59.7%) of respondents agreed that clinical teachers talk individually with students whenever needed. Moreover, more than half (59.7%) of the respondents agreed that clinical teachers help students who have problems or difficulties with clinical work, followed by (52.7%) who agreed that clinical teachers are friendly and understanding towards students. Similarly, (42.6%) of respondents agreed

that clinical teachers regularly visit the ward to talk to students. Additionally, more than one-third (39.6%) of respondents agreed that clinical teachers are interested in students' personal and academic problems and try to solve them.

The highest mean score was  $3.6 \pm 0.85$  for "the clinical teacher helps students who have problems or difficulties with clinical work," while the lowest was  $3.13 \pm 1.00$  for "the clinical teacher is interested in students' personal and academic problems and tries to solve them."

Statements	Responses					Mean $\pm$ SD
	SD	D	U	A	SA	
	No (%)	No (%)	No (%)	No (%)	No (%)	
The clinical teacher consider students' feeling	10	30	33	55	1	3.05 $\pm$ 1.00
	-7.8	-23.3	-25.6	-42.6	-0.8	
The clinical teacher talk individually with students whenever needed	3	11	27	77	11	3.63 $\pm$ 0.84
	-2.3	-8.5	-20.9	-59.7	-8.5	
The clinical teacher helps the student who have problem or difficulty with the clinical work	3	11	27	77	11	3.64 $\pm$ 0.85
	-2.3	-8.5	-20.9	-59.7	-8.5	
The clinical teacher is friendly and understanding towards students	4	15	40	68	2	3.38 $\pm$ 0.84
	-3.1	-11.6	-31	-52.7	-1.6	
The clinical teacher regularly goes around to the ward to talk to the students	5	27	35	55	7	3.25 $\pm$ 0.98
	-3.9	-20.9	-27.1	-42.6	-5.4	
The clinical teacher is interested in students' personal & academic problems and try to solve them	6	33	34	51	5	3.13 $\pm$ 1.00
	-4.7	-25.6	-26.4	-39.6	-3.9	

n=117

**Table 4:** Respondents' Perception on Personalization.

### Students' Perception on Student Involvement

As shown in Table 5 reveals that nearly half (47.3%) of the respondents agreed that clinical teachers always talk more rather than listen to the students. Additionally, close to one-third (28.7%) of the respondents agreed that students put effort into the activities they do in the ward. However, a majority of respondents (70.5%) agreed that students pay attention to what others are saying and doing in the ward. Concerning whether clinical teachers encourage debriefing sessions, (63.6%) of respondents agreed. Similarly, more than one-third (39.5%) of respondents agreed that there are

opportunities for students to express their opinions in the clinical ward. Furthermore, (41.1%) of respondents agreed that students have enough opportunities to be involved in the process of handing over to staff for the next shift.

The highest mean score was  $4.1 \pm 0.64$  for "students pay attention to what others are saying and doing in the ward," while the lowest mean score was  $0.78 \pm 0.93$  for "there are opportunities for students to express their opinions in the clinical ward."



Statements	Responses					Mean $\pm$ SD
	SD	D	U	A	SA	
	No (%)	No (%)	No (%)	No (%)	No (%)	
The clinical teacher always talk more rather than listens to the students*	3	29	25	61	11	2.6 $\pm$ 1.00
	-2.3	-22.5	-19.4	-47.3	-8.5	
Students put effort into the activities what they do in the ward.	0	2	10	80	37	4.18 $\pm$ 0.64
		-1.6	-7.8	-62	-28.7	
Students pay attention to what others are saying and doing in the ward	0	4	7	91	27	4.18 $\pm$ 0.62
		-3.1	-5.4	-70.5	-20.9	
The clinical teacher encourage debriefing (reviews of the actions or activities taken in the ward) sessions	2	8	26	82	11	3.72 $\pm$ 0.78
	-1.6	-6.3	-20.2	-63.6	-8.6	
There are opportunities for students to express their opinions in the clinical ward	6	25	44	51	3	0.78 $\pm$ 0.93
	-4.7	-19.4	-34.1	-39.5	-2.3	
Students have enough opportunity to involve in the process of handing over to staff in the ward for the next shift	9	27	22	53	18	3.35 $\pm$ 1.17
	-7	-20.9	-17.1	-41.1	-14	

n=117

**Table 5:** Respondents' Perception on Student Involvement.

### Students Perception on Innovation

Table 6 illustrates that more than one-third (35.7%) of the respondents agreed that new ideas are always tried out for patient care in the ward. Concerning the utilization of new and different ways of clinical teaching for students, close to one-third (31.8%) of respondents agreed. Similarly, nearly half (45.7%) of respondents agreed that clinical teachers or supervisors devise innovative activities and teaching approaches for students. Additionally, almost half (46.3%) of respondents agreed that students seem to do

the same type of tasks in every shift. However, one-third (34.1%) of respondents disagreed that clinical teachers or supervisors often think of interesting activities for students. Regarding whether the same ward staff member works with students for most of their placement, one-third (34.9%) of respondents disagreed.

The highest mean score was 3.58  $\pm$  1.13 for "students seem to do the same type of tasks in every shift," while the lowest mean score was 2.32  $\pm$  1.09 for "students seem to do the same type of tasks in every shift."

Statements	Responses					Mean $\pm$ SD
	SD	D	U	A	SA	
	No (%)	No (%)	No (%)	No (%)	No (%)	
New ideas are always tried out for the patient care in the ward	9	32	36	46	6	3.06 $\pm$ 1.04
	-7	-24.8	-27.9	-35.7	-4.7	
New and different ways of clinical teaching to the students are always used in the ward	12	31	36	41	9	3.03 $\pm$ 1.10
	-9.3	-24	-27.9	-31.8	-7	
The clinical teacher or supervisor thinks up innovative activities and teaching approaches for students.	8	18	41	59	3	3.24 $\pm$ 0.94
	-6.2	-14	-31.8	-45.7	-2.3	
Students seem to do the same type of tasks in every shift *	5	23	21	52	28	2.32 $\pm$ 1.09
	-3.9	-17.8	-16.3	-40.3	-21.7	

The clinical teacher or supervisor often thinks of interesting activities for the students	19	44	39	24	3	2.6±1.03
	-14.7	-34.1	-30.2	-18.6	-2.3	
The same ward staff member works with the students for most of this placement	11	45	40	31	2	2.75±2.75
	-8.5	-34.9	-31	-24	-1.6	

n=117

**Table 6:** Respondents' Perception on Innovation.

### Students' Perception on Individualization

Table 7 presents the perception on individualization, indicating that nearly half (45.7%) of the respondents agreed that all staff in the ward are expected to do the same work in the same way. Conversely, around half (41.1%) of respondents disagreed that students are generally allowed to work at their own pace. Similarly, almost half (46.5%) of the respondents disagreed that students are allowed to negotiate their workload in the ward. Regarding the

perception that there is little opportunity for a student to pursue their particular interest in this ward, one-third (35.7%) of respondents agreed. Additionally, nearly half (44.2%) of respondents agreed that teaching approaches allow students to proceed at their own pace.

The highest mean score was  $2.79 \pm 1.13$  for "all staff in the ward are expected to do the same work in the same way," while the lowest mean score was  $1.09 \pm 0.95$  for "teaching approaches allow students to proceed at their own pace."

Statements	Responses					Mean ± SD
	SD	D	U	A	SA	
	No (%)	No (%)	No (%)	No (%)	No (%)	
All staff in the ward are expected to do the same work in the same way*	10	36	18	59	6	2.79±1.13
	-7.8	(27.9)	-14	-45.7	-4.7	
Students are generally allowed to work at their own pace	16	53	21	35	4	2.67±1.10
	-12.4	-41.1	-16.3	-27.1	-3.1	
Students are allowed to negotiate their work load in the ward	25	60	19	21	4	2.37±1.07
	-19.4	-46.5	-14.7	-16.3	-3.1	
There is little opportunity for a student to pursue her particular interest in this ward*	9	23	37	46	14	2.72±1.08
	-7	-17.8	-28.7	-35.7	-10.9	
Teaching approaches allow students to proceed at their own pace	4	36	30	57	2	1.09±0.95
	-3.1	-27.9	-23.3	-44.2	-1.6	

n=117

**Table 7:** Respondents' Perception on Individualization.

### Students' Perception on Task Orientation

Table 8 presents that more than half (54.3%) of the respondents agreed that ward staff and students are often punctual on duty in the ward. Similarly, over half (56.6%) of the respondents agreed that ward assignments are clear, allowing students to know what to do in the ward. Regarding the organization of the clinical placement, 43.4% of respondents agreed that getting a certain amount of work done is important in this ward, while nearly two-

thirds (63.6%) agreed. Additionally, 43.4% of respondents gave an uncertain response regarding whether the clinical teacher often gets side tracked instead of sticking to the point. Concerning workload allocation, nearly half (44.2%) of the respondents agreed that it is carefully planned for the students. Furthermore, half of the respondents (51.9%) strongly agreed that there was clear communication and information flow related to patients' care in the ward. Regarding the documentation of nursing care, more than half (59.7%) of the respondents agreed.



The highest mean score was observed for “ward assignments are clear so that students know what to do in the ward” ( $3.85 \pm 0.86$ ), along with the documentation of nursing care ( $3.85 \pm 2.74$ ). Conversely, the lowest mean score

was recorded for “the clinical teacher often gets sidetracked instead of sticking to the point” ( $2.68 \pm 0.78$ ).

Statements	Responses					Mean $\pm$ SD
	SD	D	U	A	SA	
	No (%)	No (%)	No (%)	No (%)	No (%)	
Ward staffs and students are often punctual on duty of the ward	4	14	17	70	24	3.74 $\pm$ 0.99
	-3.1	-10.9	-13.2	-54.3	-18.6	
Ward assignments are clear so that students know what to do in the ward	1	11	19	73	25	3.85 $\pm$ 0.86
	-0.8	-8.5	-14.7	-56.6	-19.4	
This is an organized clinical placement	8	18	33	56	14	3.39 $\pm$ 1.06
	-6.2	-14.2	-25.6	-43.4	-10.9	
Getting a certain amount of work done is important in this ward	0	11	25	82	11	3.72 $\pm$ 0.74
		-8.5	-19.4	-63.6	-8.5	
The clinical teacher often gets sidetracked instead of sticking to the point*	3	21	56	45	4	2.68 $\pm$ 0.78
	-2.3	-16.3	-43.4	-34.9	-3.1	
Workload allocation in the ward is carefully planned for the students.	10	33	25	57	4	3.09 $\pm$ 1.06
	-7.8	-25.6	-19.4	-44.2	-3.1	
There was clear communication and information flow related to patients' care in the ward	2	25	27	67	8	3.42 $\pm$ 0.92
	-1.6	-19.4	-20.9	-51.9	-6.2	
Documentation of nursing care (nursing plan, daily recording of nursing procedure) was clear in the ward	2	19	18	77	13	3.85 $\pm$ 2.74
	-1.6	-14.7	-14	-59.7	-10	

n=117

**Table 8:** Respondents' Perception on Task Orientation.

### Students' Perception on Supervision

Table 9 illustrates that more than one third (40.3%) of the respondents disagreed that they felt each student received individual supervision. Conversely, over half (56.6%) of the respondents agreed that students continuously received feedback from the clinical supervisor. Regarding supervision based on a relationship of equality and promoted by learning, nearly half of the respondents (44.2%) agreed.

Concerning mutual interaction and respect in the supervisory relationship, nearly two-thirds (48.8%) of the respondents agreed. Similarly, almost two-thirds (61.2%) of the respondents agreed that the supervisory relationship was characterized by a sense of trust.

The highest mean score of  $3.74 \pm 0.92$  was obtained for “students continuously received feedback from the clinical supervisor.”

Statements	Responses					Mean $\pm$ SD
	SD	D	U	A	SA	
	No (%)	No (%)	No (%)	No (%)	No (%)	
I felt each student received individual supervision	16	52	24	30	7	2.69 $\pm$ 1.12
	-12.4	-40.3	-18.6	-23.3	-5.4	
Students continuously received feedback from the clinical supervisor.	2	15	18	73	21	3.74 $\pm$ 0.92
	-1.6	-11.6	-14	-56.6	-16.3	

The supervision was based on a relationship of a equality and promoted by learning	2	26	40	57	4	3.27±0.87
	-1.6	-20.2	-31	-44.2	-3.1	
There was a mutual interaction and respect in the supervisory relationship	2	12	49	63	3	3.41±0.76
	-1.6	-9.3	-38	-48.8	-2.3	
The supervisory relationship was characterized by a sense of trust	1	14	29	79	6	3.58±0.78
	-0.8	-10.9	-22.5	-61.2	-4.7	

**Table 9:** Respondents' Perception on Supervision.

### Students' Perception on Different Dimensions of CLE

Table 10 displays the scores for different dimensions of the clinical learning environment as perceived by the

respondents. The highest score was obtained for student involvement ( $3.51 \pm 0.40$ ), followed by task orientation ( $3.44 \pm 0.50$ ). Conversely, the lowest score was obtained for individualization ( $2.73 \pm 0.54$ ).

Different Dimension	Minimum	Maximum	Mean	SD
Student Involvement	2.17	4.33	3.54	0.4
Task orientation	2	4.38	3.44	0.5
personalization	1	5	3.36	0.64
Supervision	1.6	5	3.33	0.56
Pedagogical Atmosphere	1.67	4.67	3.19	0.59
Innovation	1	4.33	2.83	0.63
Individualization	1.4	4	2.73	0.54

**Table 10:** Obtained Mean Score in Different Dimension of Clinical Learning Environment

### Students' Perception on Distribution of the CLE

Table 11 illustrates the distribution of respondents' perceptions of the clinical learning environment. More than one third (34.9%) of respondents had a high perception, while 42 (32.6%) had a moderate perception, and another 42 (32.6%) had a high level of perception regarding the clinical learning environment. The mean score of respondents' perception was 3.29.

Level of Perception	Number	Percent
High (> 66.6 percentile)	45	34.9
Moderate (33.3-66.6 percentile)	42	32.6
Low (< 33.3 percentile)	42	32.6

**Table 11:** Overall Level of Students' Perception on Clinical Learning Environment.

## Discussion

This study examined nursing students' perceptions of the clinical learning environment across various dimensions. The findings reveal insights into the levels of perception and

highlight specific areas of strengths and weaknesses.

In terms of overall perception levels, approximately one third of respondents had high, moderate, and low levels of perception regarding the clinical learning environment, with an average mean score of 3.29. Comparisons with studies conducted in Vellore, India [21], and elsewhere indicate variations in perception levels among nursing students.

Across different dimensions of the clinical learning environment, notable findings emerged. Regarding the pedagogical environment referring Table 3, respondents generally perceived a positive atmosphere for meaningful learning situations, although challenges were identified in terms of multidimensional content learning. Similar studies in other regions have reported varying perceptions of the pedagogical environment, suggesting contextual differences.

Personalization, as another dimension in Table 4, revealed mixed perceptions. While students acknowledged assistance from clinical teachers with clinical work, there were lower levels of agreement regarding teachers' interest in students' personal and academic problems. Studies from

Greece, Iran, and Myanmar offer comparisons, indicating the importance of personalized support in enhancing the learning experience [29,30].

Student involvement received the highest mean score among the dimensions assessed, indicating active participation and attentiveness in ward activities. However, opportunities for students to express their opinions were perceived to be limited, suggesting areas for improvement in fostering student engagement.

Innovation, individualization, and task orientation dimensions presented challenges as shown in Tables 5-7, with lower mean scores indicating areas of concern such as repetitive tasks and limited decision-making opportunities for students. Comparisons with studies from other regions highlight consistent issues across different contexts, emphasizing the need for innovative teaching approaches and tailored learning experiences.

Supervision emerged as a crucial aspect, with respondents generally agreeing on receiving continuous feedback from clinical supervisors. However, disparities in perception levels were observed across studies, suggesting variations in supervision quality and effectiveness.

Overall, the findings underscore the importance of addressing areas of concern while building on existing strengths to enhance the clinical learning environment for nursing students. By focusing on personalized support, active student involvement, and effective supervision practices, nursing education programs can optimize the learning experience and better prepare students for their future roles in healthcare.

## Conclusion

In conclusion, this study offers valuable insights into nursing students' perceptions of the clinical learning environment, highlighting both strengths and areas for improvement across various dimensions. The findings underscore the significance of organizational effectiveness, supervision quality, and student engagement in shaping the overall learning experience. The positive perceptions regarding punctuality, clear assignments, and continuous feedback underscore the strengths of the clinical placements under investigation. However, the study also identifies areas for enhancement, particularly in individualized supervision and mitigating distractions during supervision sessions.

Moreover, the variability in perceptions across different dimensions of the clinical learning environment emphasizes the complex nature of student experiences. While student involvement and task orientation received commendable

scores, challenges in individualization suggest the need for tailored approaches to cater to diverse learning needs.

Overall, the study indicates a generally positive perception of the clinical learning environment among nursing students, alongside identifiable areas for improvement. Addressing these areas holds the potential to foster a more supportive, engaging, and effective learning environment. Looking ahead, it is crucial for nursing educators and clinical supervisors to integrate these findings into curriculum development, supervision practices, and organizational management. By addressing identified areas for improvement and leveraging existing strengths, nursing education programs can better equip students for their future roles as competent and empathetic healthcare professionals.

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