Understanding The Clinical Learning Experiences Of Student Nurses In A Private Higher Education Institution

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Abstract

The clinical learning experience (CLE) is a vital part of healthcare education, allowing student nurses to apply theoretical knowledge in real-world patient care settings. This study aims to provide insights into enhancing CLE to better prepare students for professional roles. Using a mixed-method design, the study employed a cross-sectional analysis and descriptive phenomenological approach. For the quantitative phase, 272 respondents were selected through stratified sampling, while 12 participants were purposively chosen for qualitative interviews. Quantitative data were gathered using the Clinical Learning Environment Inventory, which measures six dimensions: personalization, involvement, individualization, innovation, task orientation, and satisfaction. Among these, involvement had the highest mean, indicating strong student engagement in clinical activities. In contrast, satisfaction scored the lowest, highlighting a need to better address students' expectations and experiences. Age significantly influenced task orientation, suggesting differing approaches across age groups. Year level impacted personalization, showing shifts in learning dynamics as students advance. Gender differences were evident in perceptions of personalization and individualization, reflecting varied responses to structured learning environments. Post hoc analysis revealed significant differences among student groups based on age, gender, and year level. The qualitative component enriched the findings by offering deeper insights into students' lived experiences during clinical placements. Thematic analysis supported the quantitative results and highlighted areas for improving clinical engagement, supervision, and emotional support. Overall, this study emphasizes the importance of tailoring CLE to meet diverse student needs, ultimately enhancing learning outcomes and satisfaction. These findings can inform strategies to create more supportive and effective clinical learning environments.

Keywords: *clinical learning experience (CLE), student nurses, personalization, involvement, individualization, innovation, task orientation, and satisfaction*

1. Introduction

The clinical learning experience is a vital part of nursing education. It allows students to interact with patients, work alongside health professionals and first-hand experiences of several clinical scenarios. These experiences help build their future focus on confidence and competence. Student nurses often find themselves situated amidst a mixed array of experiences, from feelings of support and empowerment to struggling with inadequate supervision and a lack of resources (Amimaruddin & RuditaIdris, 2022). To further understand the complexity of these experiences, it is important to recognize that nothing can be more distressing than the emotional stress that accompanies clinical learning. While there are factors that may actually heighten the learning experience for the student nurses, there are some other factors that, coupled with the aforementioned emotional stressors, might lower their learning experience and thus need to be investigated. Mentoring, types of education and supportive clinical environments have all been highlighted in the literature as exogenous factors affecting the quality of training nursing schools provide (Munangatire & McInerney, 2022).

To provide a more structured understanding, the Commission on Collegiate Nursing Education (CCNE) defines Clinical Learning Experience as a structured learning activity in nursing practice that helps students understand, practice, and refine professional skills, according to a definition by the Commission on Collegiate Nursing Education (CCNE). These experiences are tailored to match the student's program's level and involve patient care and any nursing interventions that impact healthcare outcomes. Closely related to this is the concept of the clinical learning environment, which refers to the social interactions, institutional frameworks, cultural settings, and physical or digital spaces that influence learners' experiences, perceptions, and knowledge formation (Inocian et al., 2022). In this context, any scenario in which nursing students apply their theoretical knowledge through direct or simulated patient care is considered a clinical experience (Guejdad et al., 2022).

Given this foundation, the clinical learning environment is widely acknowledged as a pivotal aspect of nursing education, shaping students' personal and professional development. According to Winnington et al. (2023), engaging with real patients enables nursing students to cultivate clinical reasoning, communication skills, and emotional intelligence. Moreover, it helps shape their career aspirations by exposing them to the realities and demands of healthcare practice.

Additionally, research underscores the value of integrating theoretical models into clinical practice. Such integration not only enhances student competence but also improves patient outcomes (Fredholm et al., 2022). This demonstrates the need for continuously bridging theoretical knowledge with practical application to reinforce and sustain effective nursing care.

The literature further supports the essential role of CLE in nursing curricula. As emphasized by Oermann et al. (2020), CLE offers practical opportunities for learning, professional socialization, and identity formation. Scammell et al. (2020) add that it allows students to combine classroom learning with clinical decision-making and hands-on care, while O'Connell et al. (2020) emphasize that practicums are crucial for bridging theoretical and practical gaps.

Moreover, studies such as those by Zhang (2022) reaffirm that clinical learning is the core component of nurse education. Student nurses' placement experiences not only influence their academic outcomes and satisfaction but also shape their career choices. Similarly, Trainattawan (2023) argues that these experiences bridge the gap between theoretical learning and clinical application, allowing students to enhance their skills and confidence in real-world settings.

Building on this, Closs, Mahat, and Imms (2021) conducted a mixed-methods study

revealing that the clinical environment's multiple, interdependent factors affect learning outcomes over time. They advocate for institution-level strategies that promote holistic and effective use of clinical learning environments to optimize student learning.

In addition to structural and instructional considerations, demographic factors also play a significant role in shaping nursing students' clinical learning experiences. For instance, Xu et al. (2025) found that age can influence students' maturity, confidence, and adaptability in clinical settings. Abu Negm et al. (2024) highlighted that academic year level affects clinical exposure and skill development, suggesting that educational interventions should be tailored to students' progression levels. Furthermore, gender differences have been shown to affect how students perceive and adapt to clinical environments, with Kaya et al. (2022) emphasizing the need for inclusive teaching strategies that account for the diverse needs of male and female nursing students.

Given these insights, it becomes evident that a well-designed curriculum is essential to ensuring quality clinical education. As Kacmaz (2022) points out, the Bachelor of Science in Nursing (BSN) program is structured to equip students with comprehensive theoretical knowledge and practical skills necessary for a successful nursing career. Azimilolaty et al. (2021) similarly stress that BSN programs must take a holistic approach, integrating rigorous classroom instruction with meaningful clinical placements to adequately prepare graduates for professional practice.

Furthermore, the implementation of a robust curriculum framework guides the BSN program in its delivery of outcomes-based education. According to Alaban et al. (2023), this student-centered model emphasizes the achievement of specific learning objectives at each level of the nursing program, ensuring that clinical learning is progressively built on solid theoretical foundations.

Through this study, the researchers aim to explore student nurse's engagement in the clinical learning environment through diverse experiences, shared learning opportunities, student-faculty/staff interaction, and active learning contributing to effective learning. By conducting this research, the researchers intend to provide valuable insights into how clinical learning experiences can be improved to better prepare student nurses for their future roles as healthcare professionals. The findings will help identify best practices for creating effective clinical learning environments and inform curriculum development to ensure that educational programs align with the realities and demands of healthcare practice. This research also aims to improve clinical experience by providing evidence-based recommendations that can enhance student learning and patient care, promote skill development, and ensure that future healthcare professionals are well-prepared to deliver high-quality patient care.

2. Objectives

This study aimed to critically analyze the clinical learning experiences of student nurses in a holistic dimension method and to develop an enhancement program to enrich the quality of CLE of student nurses.

3. Materials and Methods

This study employed a mixed-methods concurrent triangulation design (QUAN + qual) to comprehensively explore the clinical learning experiences of student nurses. Mixed-method research integrates quantitative and qualitative data to provide a holistic understanding of phenomena, validating findings through cross-verification (Wasti et al., 2022). The quantitative component utilized a cross-sectional approach, which involved observing a representative sample of student nurses at a single point in time to examine their perceptions of clinical

learning environments (Wang & Cheng, 2020). Simultaneously, the qualitative strand used a descriptive phenomenological approach, which focused on understanding the lived experiences of student nurses to uncover deeper meanings and subjective realities surrounding their clinical placements (Poth & Munce, 2020). This dual-method approach ensured a robust analysis by capturing both numerical data and rich narrative accounts, thereby providing a comprehensive understanding of the research problem.

The researchers conducted the study at Lorma Colleges, Carlatan Campus, City of San Fernando, La Union, a well-regarded institution known for its Level IV re-accredited College of Nursing program and access to diverse clinical practice areas such as public and private hospitals and rural health units. The location was chosen for its accessibility to the researchers and its reputation as one of the top nursing schools in the region. A total of 272 student nurses were selected for the quantitative strand using a stratified sampling technique, which ensured proportional representation from Levels 3 and 4. For the qualitative strand, 12 participants were selected using purposive sampling based on their clinical placement experience. Purposive sampling allowed the researchers to intentionally choose participants who could provide meaningful insights into the study's focus.

To gather data, the researchers utilized distinct tools tailored for each research strand. The quantitative strand employed the Clinical Learning Environment Inventory (CLEI) developed by Chan (2001, 2002). The CLEI is a self-report instrument consisting of 42 items categorized into six dimensions: personalization, student involvement, task orientation, innovation, satisfaction, and individualization. Respondents rated their clinical experiences using a 4-point Likert scale, which allowed for structured and measurable responses. For the qualitative strand, semi-structured interviews were conducted using an interview guide. These interviews were held via Google Meet to accommodate participants' schedules and facilitate in-depth discussions. Data collection in the qualitative strand continued until saturation was reached—when no new themes or insights emerged, ensuring the richness and relevance of the data.

The researchers adhered to strict ethical protocols throughout the study. Approval was obtained from the Lorma Colleges Research Ethics Committee, and participants were thoroughly briefed about their rights, including voluntary participation, withdrawal at any time, and confidentiality. A consent letter was issued to all participants, outlining the study's purpose, data usage, and privacy measures. During interviews, participants were allowed to use the language or dialect they were most comfortable with, ensuring inclusivity and comfort. Additionally, the researchers sought explicit permission to record interviews for transcription and analysis purposes, which were conducted with the utmost respect for participant privacy and confidentiality.

Data analysis for the quantitative strand involved the use of descriptive statistics, such as frequency counts, means, and weighted means, to summarize participants' perceptions. Additionally, Analysis of Variance (ANOVA) was applied to determine whether there were significant differences in clinical learning experiences based on participants' profiles. For the qualitative strand, Colaizzi's seven-step method of thematic analysis was employed to systematically identify recurring themes and patterns in the participants' responses. This method ensured a structured yet interpretative analysis that accurately reflected the lived experiences of the participants.

To ensure the trustworthiness of qualitative findings, the study followed Lincoln and Guba's framework, which emphasizes credibility, transferability, dependability, and confirmability. Credibility was established through participant validation, where participants reviewed and confirmed the accuracy of the researchers' interpretations. Transferability was ensured by providing rich, contextual descriptions of the study setting and participants, allowing

future researchers to determine the applicability of findings to similar contexts. Dependability was achieved through meticulous documentation of the research process, including an audit trail of decisions and methodological changes. Finally, confirmability was addressed by minimizing researcher bias and grounding the analysis in participants' original data.

The researchers were committed to conducting the study with integrity and professionalism, which ensured the reliability and validity of the findings. By integrating quantitative and qualitative data, this study provided a comprehensive understanding of the clinical learning experiences of student nurses, offering valuable insights to improve nursing education and clinical mentorship programs.

4. Results

The table presents the demographic profile of the respondents, detailing their age, year level, and gender. This data provides an overview of the student nurses participating in the study on clinical learning experiences.

Table 1
Demographic Profile of the Respondents
n=272

Profile		Frequency (*f*)	Percentage (%)
Age	**18-21**	165	60.66%
	22-25	100	36.76%
	26 and above	7	2.58%
Gender	**Male**	58	21.32%
	Female	214	78.68%
Year	**3rd Year**	127	46.69%
	4th Year	145	53.31%
	Total	N=272	100%

The findings indicate that among the 272 student nurse respondents, the majority fall within the 18–21 age bracket (60.66%), followed by 22–25 years (36.76%), and a small percentage are aged 26 and above (2.58%). The gender distribution reveals that females dominate the nursing student population with 78.68%, while males account for only 21.32%. Additionally, 53.31% of the respondents are in their fourth year, and 46.69% are in their third year, indicating a healthy progression in the nursing program.

Table 8
Summary Table of the Extent of Clinical Learning Experience of Student Nurses in All Dimensions

Dimensions	Weighted Mean	Descriptive Equivalent
Personalization	2.64	Often
Involvement	2.95	Often
Individualization	2.76	Often
Innovation	2.85	Often
Task Orientation	2.94	Often
Satisfaction	2.55	Often
Overall Weighted Mean: 2.38		Often

Legend: *3.25 - 4.00 - Always, 2.50 - 3.24 -Often, 1.75 - 2.49 - Sometimes, 1.00 - 1.74 - Never*

The following are the results for the extent of clinical learning experiences of student nurses based on the six dimensions: personalization, involvement, individualization, innovation, task orientation, and satisfaction. Based on the results, the parameters indicate that the overall weighted mean of all six dimensions is 2.78, with a descriptive equivalent of "often."

Among the individual dimensions, involvement was rated the highest, with a weighted mean of 2.95, described as "often." Task orientation followed closely with a weighted mean of 2.94. The innovation dimension also yielded an "often" descriptive equivalent, with a weighted mean of 2.85. Similarly, individualization received a weighted mean of 2.76. The personalization dimension, with a mean of 2.64, also fell under the "often." Lastly, satisfaction had the lowest score among the dimensions, with a weighted mean of 2.55.

Using ANOVA, the study examined whether there were statistically significant differences in the extent of clinical learning experiences based on demographic variables such as age, gender, and year level. The findings are summarized in the tables below.

Table 9
Significant Difference in the Extent of Clinical Learning Experiences of Student Nurses of Lorma Colleges in terms of Age

Dimension	Extent of Clinical Learning Experiences			
	F-value	p-value	Decision	Interpretation
Personalization	0.7975	0.468	Accept Ho	Not Significant
Involvement	1.2634	0.310	Accept Ho	Not Significant
Individualization	0.4248	0.661	Accept Ho	Not Significant
Innovation	2.3752	0.124	Accept Ho	Not Significant
Task orientation	**3.8886**	**0.041**	**Reject Ho**	**Significant**
Satisfaction	0.0649	0.937	Accept Ho	Not Significant
Legend:	*Significant at 0.05 (p<0.05)*			
	Not Significant at 0.05 (p>0.05)			

The ANOVA test revealed that among all the dimensions, only Task Orientation showed a statistically significant difference when grouped by age (F = 3.8886, p = 0.041).

Table 10
Difference in the Extent of Clinical Learning Experiences of Student Nurses of Lorma Colleges in terms of Gender

Dimension	Extent of Clinical Learning Experiences			
	F-value	p-value	Decision	Interpretation
Personalization	**4.551**	**0.036**	**Reject Ho**	**Significant**
Involvement	0.843	0.361	Accept Ho	Not Significant
Individualization	**5.342**	**0.023**	**Reject Ho**	**Significant**
Innovation	0.595	0.443	Accept Ho	Not Significant
Task orientation	0.412	0.523	Accept Ho	Not Significant
Satisfaction	2.01e-4	0.989	Accept Ho	Not Significant
Legend:		*Significant at 0.05 (p<0.05)*		
		Not Significant at 0.05 (p>0.05)		

Significant differences were observed in the dimensions of Personalization (F = 4.551, p = 0.036) and Individualization (F = 5.342, p = 0.023).

Table 11
Significant Difference in the Extent of Clinical Learning Experiences of Student Nurses of Lorma Colleges in terms of Year Level

Dimension	Extent of Clinical Learning Experiences			
	F-value	p-value	Decision	Interpretation
Personalization	**5.264**	**0.023**	**Reject Ho**	**Significant**
Involvement	0.130	0.718	Accept Ho	Not Significant
Individualization	0.349	0.555	Accept Ho	Not Significant
Innovation	0.478	0.490	Accept Ho	Not Significant
Task orientation	3.074	0.081	Accept Ho	Not Significant
Satisfaction	2.648	0.105	Accept Ho	Not Significant
Legend:		*Significant at 0.05 (p<0.05)*		
		Not Significant at 0.05 (p>0.05)		

When grouped according to year level, only the dimension of Personalization showed a significant difference (F = 5.264, p = 0.023).

The results gathered from the qualitative analysis of the selected participants provided insight into the perspectives, feelings and realizations of the student nurses throughout their clinical rotations, as well as how these experiences affected their professional growth. Three main themes emerged from the participants' responses once the researchers discovered that they shared comparable experiences. (1) Positive Aspects of Clinical Duty, (2) Difficulties Faced During Clinical Rotations, and (3) Development for Professional Identity are the titles of the themes that best capture the dual nature of their experiences. Benefits and challenges experienced by student nurses, as well as their progress and motivation during their clinical education, will be revealed by these subjects.

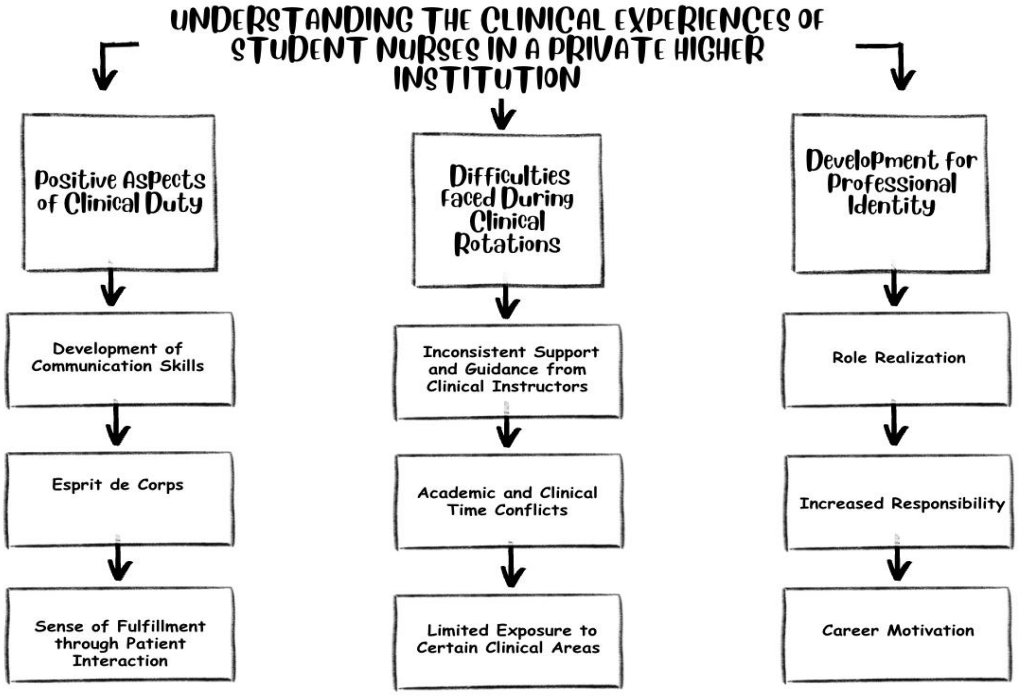

Figure 1: The clinical learning experiences of student nurses during their rotations were analyzed, revealing three (3) major themes and nine (9) subthemes. 'Positive Aspects of Clinical Duty' describes the beneficial experiences, while the themes 'Difficulties Faced During Clinical Rotations' and 'Development for Professional Identity' explore the challenges encountered and the growth in professional identity, respectively.

Merging Results

The merging of the quantitative and qualitative results provides a deeper and more holistic understanding of the clinical learning experiences of student nurses. The quantitative data obtained from the Clinical Learning Environment Inventory (CLEI) provided insights on six dimensions of perceptions related to clinical learning experiences. It has indicated that nursing students often engage with the dimension referred to as "Involvement" garnered the highest mean score, while "Satisfaction" received the lowest score, signifying the critical area of improvement; "Personalization" showed different perceptions based on gender, while "Task Orientation" was age influenced, and the other dimensions of "Innovation" and "Individualization" received moderate average scores, indicating that although there is active engagement among students, their overall satisfaction, as well as the individualized and innovative nature of their learning experiences, can still be improved. Meanwhile, the qualitative data drawn from the thematic analysis of the lived experiences of student nurses featured three major themes: "Positive Aspects of Clinical Duty," which highlighted the development of communication skills, a sense of esprit de corps, and sense of fulfillment through patient interaction; "Difficulties Faced During Clinical Rotations," which revealed the important obstacles that included Inconsistent support and guidance from clinical instructors, conflicts between academic and clinical time, as well as limited exposure to some specialized clinical areas or cases; and "Development towards Professional Identity," which depicts

student's increasingly emerging role realization, increased sense of responsibility, and solidified career motivation.

Triangulating these quantitative and qualitative findings provides an insightful and multidimensional understanding where "Convergence" can be witnessed in the high quantitative scores for "Involvement" and "Task Orientation" attested to by qualitative accounts of active participation and increasing responsibility confirming student engagement and commitment. However, a serious "Divergence" was experienced with "Satisfaction," where, having been quantitatively scored low, this low score was qualitatively contextualized as an adverse response due to a number of salient and widespread factors. These causes are "Inconsistent Support and Guidance from Clinical Instructors" with direct implications for the varying "Personalization" scores and "Limited Exposure to Certain Clinical Areas/Cases," which align with moderate "Innovation" and "Individualization" scores. Ever since, the theme of "Difficulties Faced During Clinical Rotations" provided the overall strength for this low "Satisfaction" marked quantitatively.

This concurrent triangulation of information categorically tells what interventions must be made in the proposed enhancement Program; they must primarily intervene in the areas of divergence identified in order to optimize satisfaction and learning quality by bolstering instructor support and consistency through structured mentorship, standardized feedback mechanisms, and ongoing professional development for clinical instructors; extending clinical exposure and stimulating innovation by means of simulated scenarios, a clinical skills passport, and curricular change; managing time and well-being through strategies for stress management, workload control, and academic-clinical integration; and optimizing supportive factors through the integration of reflective practices and peer collaboration to foster camaraderie and further enhance their professional identity. In this regard, the merged findings point clearly to the need for an improvement program that strives to consistently address instructor support for students, build an avenue for diverse clinical exposure, and enhance satisfaction levels that dominate the overall clinical learning experience of nursing education.

5. Discussion

The findings of this study present valuable insights into the clinical learning experiences of student nurses at Lorma Colleges. Most respondents were between 18–21 years old, with females comprising the majority of the population. This demographic distribution aligns with the expected profile of nursing students in higher education institutions, reflecting a trend observed both locally and globally where nursing continues to be a female-dominated profession. The presence of more students in their fourth year than in the third year also implies effective retention and progression within the academic program, signaling that institutional systems may be providing adequate support for student advancement.

The overall extent of clinical learning experiences, with a weighted mean of 2.78, was interpreted as “often”. This indicates that student nurses frequently encounter meaningful learning experiences in the clinical setting. However, it also suggests that there remains space for improvement, as the highest possible category of “always” was not achieved in any dimension. In essence, while clinical learning is present and consistent, it does not yet reach its optimal level across the board.

Among the six dimensions, involvement was rated the highest (WM = 2.95), highlighting that students are generally engaged and participative in ward tasks. This suggests that they are attentive and committed to learning in the hospital environment, which plays a critical role in skill development and clinical confidence. Task orientation followed closely with a weighted mean of 2.94, indicating that most clinical experiences are structured and goal-directed, providing students with a clear understanding of their duties and responsibilities. These findings

affirm that student nurses are frequently immersed in organized learning environments that encourage active engagement.

The dimension of innovation (WM = 2.85) suggests that clinical instructors occasionally implement creative teaching strategies and varied activities that encourage deeper learning, although such approaches may not be consistently applied. Similarly, individualization (WM = 2.76) was also described as "often," indicating moderate levels of autonomy and personalized pacing. This dimension is essential for fostering self-directed learning and critical thinking but appears to be applied unevenly across clinical placements.

Moreover, Personalization yielded a weighted mean of 2.64 which reflects emotional and instructional support provided by clinical instructors. Although it was also rated "often," the relatively lower score suggests some inconsistency in how instructors engage with and support students on an individual level. This could point to differences in instructor styles, ward workloads, or student-to-instructor ratios.

Lastly, satisfaction received the lowest mean (2.55), though still categorized as "often." This result implies that while students generally enjoy their clinical experiences, the overall sense of fulfilment could be further strengthened. Factors such as repetitive tasks, limited feedback, or a lack of meaningful involvement in patient care may have contributed to this perception.

To determine if student perceptions varied based on demographic factors, ANOVA was conducted. When grouped by age, a significant difference was found in the task orientation dimension ($F = 3.8886$, $p = 0.041$). Older students, particularly those aged 26 and above, demonstrated a greater sense of structure and purpose in their clinical roles. This may be attributed to increased life experience, maturity, or a heightened sense of responsibility, reinforcing the idea that personal development plays a crucial role in professional learning.

When grouped by gender, significant differences emerged in personalization ($F = 4.551$, $p = 0.036$) and individualization ($F = 5.342$, $p = 0.023$). These results suggest that male and female nursing students perceive varying levels of personalized support and autonomy. Specifically, female students reported lower levels in these areas, which may be rooted in subtle gender dynamics within clinical teaching or in the expectations placed on them. These findings underscore the need for gender-sensitive approaches in clinical mentorship that ensure equitable support for all learners.

When analyzed by year level, personalization again showed a statistically significant difference ($F = 5.264$, $p = 0.023$), with third-year students perceiving greater support than fourth-year students. This may be due to the structured nature of early clinical exposures, where students receive more guidance and feedback as they begin to apply theoretical knowledge. In contrast, fourth-year students may be expected to function with more independence, which can reduce perceived instructor involvement.

Under the major theme **Positive Aspects of Clinical Duty,** the favorable experiences of student nurses during their clinical rotations were explored. The researchers found similarities in terms of recognizing clinical duty as a crucial opportunity to bridge theoretical knowledge with its real-world application in health care. Furthermore, there were also similarities in their appreciation for the clinical environment as a platform for growth and development in their nursing journey. Students expressed gratitude for the guidance and support extended to them by clinical instructors and healthcare staff, and highlighted the value of collaborative learning and peer interaction in enhancing their confidence and competence in patient care.

The sub-theme **Development of Communication Skills** emphasizes how clinical experiences help nursing students develop their communication skills. Students are forced to venture outside of their comfort zones by real-world patient interactions, frequently conquering

personal obstacles like anxiety or introversion. The clinical context forces students to start and maintain important interactions in spite of their own inhibitions, as demonstrated in the participant's reflection. In addition to verbal communication, these interactions foster active listening, empathy, and the capacity to modify one's communication style to suit the various requirements of patients. Clinical assignments serve as a testing ground for professional and interpersonal skills, preparing students to interact with others in the intricate dynamics of contemporary healthcare environments.

The sub-theme **Esprit de Corps** unfolds the solidarity and friendship that nursing students form while doing clinical rotations. Teamwork is crucial in high-stress therapeutic settings; it is not an option. To the participants, their peer groups promote trust, support, and shared responsibility and are familial and non-competitive. These kinds of interactions make clinical responsibilities less stressful and make learning more efficient and pleasurable. Emphasizing how collaborative learning and pedagogical partnership improve clinical performance and learning settings, this sense of solidarity promotes emotional well-being and professional development. As mentioned, peer learning also improves communication, safety, and confidence. Clinical rotations foster an esprit de corps that not only improves students' abilities but also solidifies their identity as future healthcare professionals.

The sub-theme **Sense of Fulfillment through Patient Interaction** direct patient engagement is frequently cited by nursing students as one of the most memorable aspects of their clinical rotations. This theme examines how even modest deeds of kindness or straightforward discussions with patients can foster a deep sense of fulfillment and purpose. For example, participants talked passionately about the satisfaction of receiving gratitude from complete strangers, which confirmed their feeling of professional purpose, while another participant felt personal fulfillment in witnessing patients get well.

Under the major theme **Difficulties Faced During Clinical Rotations**, the challenging experiences of student nurses during their clinical duties were explored. The researchers found similarities in terms of the various impediments that disrupted their clinical learning process and affected the quality of their overall experience. Furthermore, there were also similarities in terms of the interpersonal conflicts with clinical instructors and staff that resulted in students feeling abandoned or unsupported. In addition, participants expressed their difficulties in managing academic responsibilities alongside their clinical workload, often leading to overwhelming stress. Lastly, the accounts revealed concerns about limited exposure to specialized clinical areas, which students perceived as a barrier to their preparedness and confidence in handling future nursing responsibilities.

The sub-theme **Inconsistent Support and Guidance from Clinical Instructors.** The erratic and frequently insufficient assistance that student nurses receive from Clinical Instructors (CIs) is encapsulated in this sub-theme. Participants related instances where CIs displayed actions that were harmful to their emotional and academic development. Students expressed feeling underappreciated and unsupported in the clinical setting as a result of inconsistent supervision, ambiguous expectations, and a dearth of helpful criticism. Testimonies from participants vividly illustrate these discrepancies. This is a result of CIs' punitive reactions, which hinder learning instead of promoting development. These accounts emphasize how crucial it is for clinical teachers to respond consistently, favorably, and didactically. As with unsupportive staff nurses, CIs are crucial in promoting on-the-job learning, but their unpredictable nature can hinder learning, undermine student confidence, and heighten anxiety and self-doubt.

The sub-theme **Academic and Clinical Time Conflicts** unfolds the considerable problem that nursing students encounter while juggling academic education and clinical rotations. Participants regularly emphasized how difficult it was to manage time, satisfy commitments, and

maintain personal well-being in the face of rigorous and sometimes contradictory schedules. Furthermore, excessive exhaustion, which includes sleep deprivation, might jeopardize not just student learning and health but also patient safety. Addressing these systemic challenges is critical to improving nursing students' academic performance and clinical preparation. These remarks represent the combined weight of academic, clinical, and extracurricular responsibilities.

The sub-theme **Limited Exposure to Certain Clinical Areas** focuses on students' worries about insufficient access to specialized clinical areas such as the ICU or birth room, which they believe restricts their readiness for real-world nursing responsibilities. Participant accounts express annoyance with being frequently allocated to normal wards and spending little time in special units. One kid commented how they have limited time on special areas demonstrating how chance influences learning possibilities. Others mentioned typical activities such as monitoring vital signs, expressing unhappiness with the minimal variety and exposure. These experiences suggest a clinical placement system that is insufficiently diverse and deep. Students feel unprepared, miss opportunities to explore alternative areas, and struggle with confidence as graduation approaches. More balanced and equitable placements, as well as simulation-based learning, are required to ensure students have the wide clinical exposure necessary for a successful transition into practice.

Under the major theme **Development for Professional Identity**, the evolving experiences of student nurses as they gradually grow into their nursing roles were explored. The researchers found similarities in terms of students taking on increasing responsibilities and interacting more closely with patients, which helped build their confidence and sense of capability. Furthermore, there were similarities in the way students' understanding of nursing deepened as they witnessed the positive impact they could make in patients' lives. In addition, participants expressed how this growing awareness motivated them to embrace nursing not just as an academic requirement, but as a meaningful professional calling.

The sub-theme **Role Realization** discusses how student nurses gradually come to realize what it truly means to be a nurse. While students begin with what they have learned in class and from textbooks, clinical experience demonstrates that nursing is more than just following directions. They learn that being a nurse means working in different areas, talking to patients, and using both their skills and compassion. Participants expressed how nurses need to be ready for various departments like maternal, geriatric, mental health, and the OR. Being aware that any slight mistake might result in death, they acknowledge the huge obligation involved. They also considered the physical and emotional responsibilities associated with patient care. A significant component of role realization is learning personally how practical skills differ from textbook information, which deepens their understanding of nursing and helps them bridge the gap between student and professional career.

The sub-theme **Increased Responsibility** shows how student nurses are given more and harder tasks as they progress through their year levels. In early years, they perform basic tasks but by the third and fourth years they begin doing more advanced procedures and gain more trust from their clinical instructors. They have increased expectations, not simply to complete duties but also to display greater competence and responsibility. Managing greater workloads and developing enhanced abilities are part of this. Students also understand that accountability is more than just completing tasks. It requires careful attention and intentionality in all actions as even small oversights can affect patient health. The expectations from clinical instructors increase in later years emphasizing the need for preparedness for professional nursing. These experiences show how students' goals and approaches to patient care grow closer to those of

professional nurses and the growing pressure and trust help solidify their emerging identity as future professionals.

Career Motivation is a sub-theme that focuses on how clinical experiences boost student nurses' confidence and motivation to become nurses. Their experience in the hospital helps them understand what it's like to be a nurse and provides them a sense of purpose in their profession. Real situations, such as receiving a simple thank you from a patient or feeling fulfillment after helping someone, encourage students to keep going and enjoy their path. These experiences bring their dream closer to reality and help them see what areas of nursing they will truly like. Moments of gratitude from patients give a deep sense of purpose while witnessing patient recovery brings great joy and motivation, making their work very rewarding.

Proposed Clinical Learning Enhancement Program for Student Nurses

Introduction

The Clinical Learning Enhancement Program is a comprehensive initiative designed to enrich the clinical education of student nurses. Understanding how important clinical experience is in developing future nurses who are capable and self-assured, this program offers a structured framework that includes workshops for developing skills, opportunities for mentorship, and emotional support systems. The program aims to close the gap between classroom theory and practical application by establishing a more stimulating, encouraging, and successful clinical learning environment.

Program Definition

This program comprises a series of well-structured interventions and support systems aimed at fostering clinical competence, boosting student confidence, and enhancing overall satisfaction with clinical training. These elements consist of one-on-one mentoring, practical simulations, preparatory workshops, and consistent feedback systems. The program guarantees that students are not only prepared with necessary skills but are also supervised and assisted during their clinical exposure by incorporating these components into their clinical journey. It integrates several key components to ensure students are well-prepared, supported, and guided throughout their clinical journey. **Pre-Clinical Preparation Workshops** are interactive sessions conducted before placements to build foundational skills such as communication, documentation, and time management. The **Structured Mentorship Program** pairs students with experienced clinical mentors who provide consistent guidance and emotional support. **Feedback and Reflection Mechanisms**, including debriefings and anonymous surveys, allow students to reflect on their experiences and suggest improvements. The **Clinical Skills Passport** is a competency checklist used to monitor students' progress and ensure readiness for real-world practice. **Emotional Support and Counseling** provides access to mental health resources such as peer groups and professional counseling to help students manage the psychological demands of training. **Recognition and Incentives** offer awards or certificates to acknowledge student achievements and encourage motivation. Lastly, the **Instructor Encouragement Enhancement Program** trains clinical instructors to improve their teaching, motivational strategies, and student engagement.

Program Rationale:

Student nurses frequently face a variety of difficulties during clinical placements, such as emotional strain, insufficient preparation, irregular mentorship, and trouble adjusting to hectic clinical settings. These problems may impede their education and career advancement. By providing structured guidance, emotional support, and preparatory training, the Clinical

Learning Enhancement Program aims to proactively address these issues. By doing this, the program hopes to enhance students' clinical performance, facilitate their entry into the healthcare industry, and eventually aid in the creation of capable, resilient, and practice-ready nurses.

Program Objectives:

- Enhance students' confidence and competence in clinical settings
- Improve satisfaction with clinical placements
- Foster critical thinking and decision-making skills
- Strengthen relationships between students, clinical instructors, and staff nurses

Expected Outcomes

- Improved student satisfaction as measured by post-program surveys
- Increased clinical competence and confidence
- Better integration into healthcare teams

Concept	Objectives	Activities	Persons Involved	Resources Needed	Budget	Evaluation Method
Pre-Clinical Preparation Workshops	To equip students with basic clinical knowledge and build confidence before exposure	✓ Sessions on communication, documentation, time management, and basic equipment use ✓ Role-playing scenarios	Faculty, Clinical Instructors	Handouts, whiteboard, existing school equipment	₱500	Pre- and post-session quizzes, confidence self-rating survey
Structured Mentorship Program	To guide students through clinical practice with consistent feedback and role modeling	✓ Pairing with experienced nurses ✓ Journaling and biweekly mentor check-ins	Clinical Instructors, Senior Nurses	Simple mentorship logs, printed guidelines	₱500	Monthly mentor-mentee feedback form, journal review
Feedback and Reflection Mechanisms	To gather student insights and encourage continuous program improvement	✓ Weekly reflection meetings ✓ Suggestion box or Google Form surveys	Clinical Instructors	Printed forms or free digital tools	₱200	Thematic analysis of reflections; monthly summary reports
Clinical Skills Passport	To ensure essential clinical	✓ Checklist of skills ✓ Signed by CI	Clinical Instructors	Printed checklists, student	₱500	Skill completion rate tracking; CI competency

	skills are progressively learned and tracked	upon completion		folders		sign-offs
Emotional Support and Counseling	To help students cope with stress and promote mental well-being	✓ Peer support circles ✓ Occasional stress management talks	Counselors, Peer Leaders	Handouts, school venue	₱500	Anonymous well-being survey; attendance in support sessions
Recognition and Incentives	To motivate students by celebrating progress and accomplishments	✓ Certificates or letters of appreciation	Program Administrators	Printed certificates	₱500	Tracking of recognized students; post-recognition motivation feedback
Instructor Encouragement Enhancement Program	To improve instructors' ability to motivate and support students	✓ Monthly workshops on positive reinforcement and student engagement ✓ Peer sharing of best practices	Clinical Instructors, Faculty Leaders	Training slides, venue, feedback forms	₱200	Instructor feedback forms; student evaluation of encouragement improvement

Figure 3. Proposed Clinical Learning Enhancement Program for Student Nurses and Clinical Instructors

6. Conclusion

The research, an exploration into the clinical learning of nursing students at Lorma Colleges in San Fernando, La Union. The demographic profile showed that the majority were young adult females in their last academic year. This connotes a population capable of undertaking advanced clinical responsibilities and hence instructional strategies must be geared toward harnessing such maturity.

Generally, student nurses have rated their clinical learning experiences as positive and rich with personalization, involvement, and satisfaction. To sustain these results, engagement must be maintained, and teaching methods and best practices must be constantly revisited and upgraded. The experiences, however, are heavily influenced by age and gender thereby necessitating age-sensitive tasks and gender-responsive teaching to ensure fair learning.

Despite overall effectiveness, students encounter challenges such as systemic problems-based supervision and emotional issues-like misalignment of expectations with reality. Systematic intervention through effective orientation, supportive supervision, and emotional backup intervention would optimize learning. Differentiation in instructional intervention is also required because demographic variables affect task orientation (by age) and personalization (by

gender/year level).

Ultimately, this study confirms that clinical learning is crucial for personal and professional growth, building confidence and sharpening judgment, even if it sometimes brings stress. The implication for Lorma Colleges is clear: foster an environment where challenges are met with unwavering support. Significantly, the availability of steady support from teachers, medical personnel, and colleagues appeared as a subtle but strong influence; its lack can erode self-assurance. This subtly suggests a need for organized mentorship, a quiet assurance of ongoing, fair support for all prospective nurses

7. Acknowledgements

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All praise is extended to God Almighty, whose loving mercy provided us with the strength, wisdom, and perseverance needed to complete this research. His divine guidance was a continuous wellspring of inspiration and faith.

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To the Lorma Colleges Research Ethics Committee, for their guidance and approval, ensuring the ethical conduct and integrity of this study.

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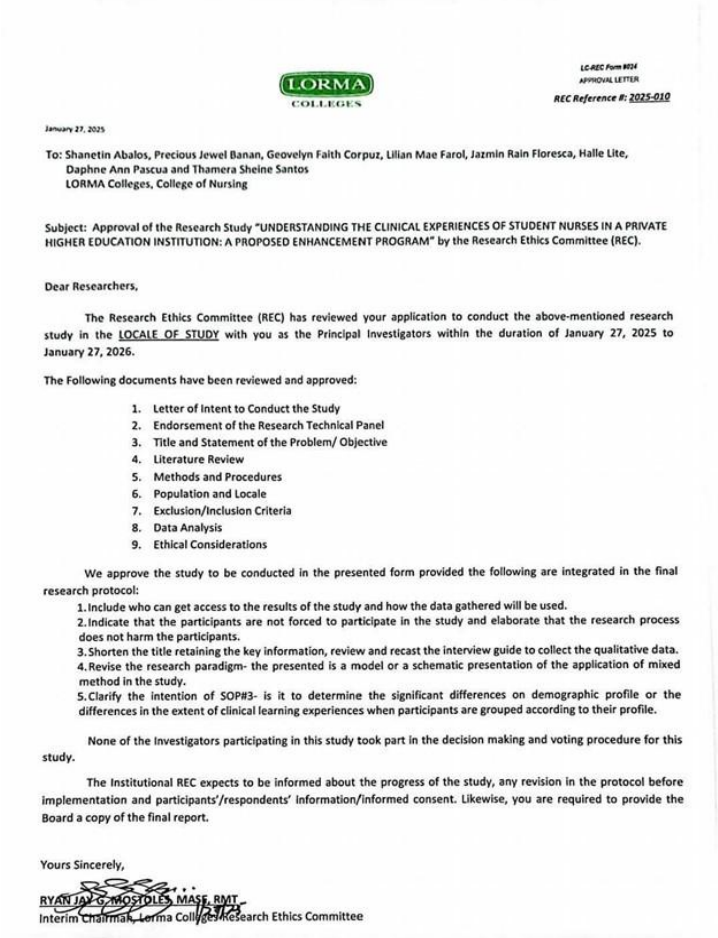
9. Appendices

APPENDIX A
Approval Sheet from the Research Ethics Committee



LORMA COLLEGES

LC-REC Form #014
APPROVAL LETTER
REC Reference #: 2025-010

January 27, 2025

To: Shanetin Abalos, Precious Jewel Banan, Geovelyn Faith Corpuz, Lilian Mae Farol, Jazmin Rain Floresca, Halle Lite, Daphne Ann Pascua and Thamera Sheine Santos
LORMA Colleges, College of Nursing

Subject: Approval of the Research Study "UNDERSTANDING THE CLINICAL EXPERIENCES OF STUDENT NURSES IN A PRIVATE HIGHER EDUCATION INSTITUTION: A PROPOSED ENHANCEMENT PROGRAM" by the Research Ethics Committee (REC).

Dear Researchers,

The Research Ethics Committee (REC) has reviewed your application to conduct the above-mentioned research study in the LOCALE OF STUDY with you as the Principal Investigators within the duration of January 27, 2025 to January 27, 2026.

The Following documents have been reviewed and approved:

1. Letter of Intent to Conduct the Study
2. Endorsement of the Research Technical Panel
3. Title and Statement of the Problem/ Objective
4. Literature Review
5. Methods and Procedures
6. Population and Locale
7. Exclusion/Inclusion Criteria
8. Data Analysis
9. Ethical Considerations

We approve the study to be conducted in the presented form provided the following are integrated in the final research protocol:

1. Include who can get access to the results of the study and how the data gathered will be used.
2. Indicate that the participants are not forced to participate in the study and elaborate that the research process does not harm the participants.
3. Shorten the title retaining the key information, review and recast the interview guide to collect the qualitative data.
4. Revise the research paradigm- the presented is a model or a schematic presentation of the application of mixed method in the study.
5. Clarify the intention of SOP#3- is it to determine the significant differences on demographic profile or the differences in the extent of clinical learning experiences when participants are grouped according to their profile.

None of the Investigators participating in this study took part in the decision making and voting procedure for this study.

The Institutional REC expects to be informed about the progress of the study, any revision in the protocol before implementation and participants'/respondents' information/informed consent. Likewise, you are required to provide the Board a copy of the final report.

Yours Sincerely,

RYAN JAY G. MOSTOLES, MASE, RMT
Interim Chairman, Lorma Colleges Research Ethics Committee

10. Author(s) Biodata

Ms. Thamera Sheine B. Santos, a Bachelor of Science in Nursing undergraduate from Lorma Colleges, leads a team of dedicated peers alongside their research adviser, Dr. Benito N. Areola Jr., in conducting a research study entitled Understanding the Clinical Learning Experiences of Student Nurses in a Private Higher Education Institution. Together, they engage their research endeavors with passion and dedication, providing an in-depth understanding of the professional growth and lived experiences of student nurses in the clinical learning environment.