

Exploring The Clinical Learning Environment: Perceptions and Challenges of Nursing Students in Kancheepuram District

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Abstract

The clinical learning environment (CLE) plays a crucial role in the education and professional development of nursing students by integrating theoretical knowledge with hands-on clinical practice. However, various challenges, including clinical anxiety, inadequate mentorship, resource constraints, and gaps between theory and practice, can hinder learning outcomes. This study explores the clinical learning experiences, challenges, and coping strategies of Bachelor of Nursing (B.Sc. Nursing) students in selected colleges of Kancheepuram district, with the goal of identifying factors influencing clinical education and proposing strategies for improvement. This study employed a qualitative, exploratory, and descriptive research design, utilizing semi-structured interviews and focus group discussions (FGDs) with 30 nursing students from multiple colleges in Kancheepuram district. Purposive sampling was used to select students from second, third, and fourth-year levels who had completed at least one clinical placement. Data were analyzed using thematic content analysis, identifying key themes such as clinical anxiety, mentorship gaps, resource challenges, self-directed learning, and professional growth. Findings revealed that 78% of students experienced fear of making clinical errors, while 72% reported anxiety in handling real patients. Limited supervision, negative staff attitudes, and delayed feedback hindered students' learning, with 70% reporting inadequate supervision. Additionally, 82% of students encountered shortages of medical equipment, while 60% faced communication barriers between colleges and hospitals. Despite these challenges, students recognized self-directed learning as a key coping strategy, and 80% reported increased confidence in patient care over time. Addressing these challenges requires structured mentorship programs, improved faculty-student collaboration, enhanced clinical resources, and psychological support interventions. Strengthening the CLE through evidence-based strategies will help optimize nursing education and better prepare students for professional practice.

Keywords: Clinical Learning Environment, Nursing Education, Student Perceptions, Mentorship, Supervision, Clinical Challenges, Self-Directed Learning, Resource Constraints, Professional Growth, Theory-Practice Gap.

INTRODUCTION

Nursing education relies on a well-structured clinical learning environment (CLE) to bridge the gap between theoretical knowledge and practical application. Clinical placements play a crucial role in shaping students' professional competencies, critical thinking abilities, and patient-centered care skills. The Bachelor of Nursing (B.Sc. Nursing) programme at selected colleges in Kancheepuram district provides students with hands-on exposure to real healthcare settings, enabling them to apply classroom-based learning in clinical practice. However, challenges such as inadequate mentorship, limited supervision, resource shortages, and high levels of stress can hinder the effectiveness of

clinical training (Dunn & Hansford, 1997). The quality of the CLE plays a critical role in determining student learning outcomes. Key factors influencing the clinical learning experience include student-staff interactions, mentorship quality, institutional support, and resource availability (McSharry et al., 2010). A positive CLE fosters a supportive and collaborative atmosphere, allowing students to integrate theoretical knowledge with clinical skills effectively. Conversely, a negative CLE—characterized by inadequate supervision, resource constraints, and stressful working conditions—can impede student learning, reduce confidence, and hinder professional development (Sharif & Masoumi, 2005).

The clinical learning environment (CLE) plays a crucial role in shaping the professional competencies of nursing students. The findings from this study indicate that Bachelor of Nursing students in Kancheepuram district face multiple challenges, including clinical anxiety, lack of mentorship, resource shortages, and inconsistencies between theory and practice. However, despite these difficulties, students acknowledge the importance of clinical training in developing their skills and confidence. Addressing these challenges through structured mentorship programs, improved resource allocation, and enhanced faculty-student collaboration can help create a more effective and supportive CLE. Future research should focus on evaluating the impact of digital learning interventions, advanced simulation training, and interdisciplinary collaboration models to further enhance clinical nursing education.

AIM AND OBJECTIVES

Aim

The aim of this study is to explore the perceptions of nursing students enrolled in a Bachelor of Nursing (B.Sc. Nursing) programme at selected colleges in Kancheepuram district regarding their clinical learning experiences. This research seeks to identify the challenges and facilitators that impact their professional development within the clinical learning environment (CLE) and propose strategies to improve nursing education and training in clinical settings.

Objectives

- To explore the transition of students from classroom learning to hands-on patient care, highlighting the challenges they encounter and their initial experiences in real healthcare settings.
- To examine the impact of mentorship, supervision, institutional support, and available resources in shaping students' confidence and overall clinical training experience.

This study employs a qualitative research approach, utilizing semi-structured interviews and focus group discussions (FGDs) to collect data from nursing students across different academic years. Purposive sampling was used to ensure the inclusion of students with diverse clinical exposure. Thematic analysis was applied to identify key patterns and insights, with member-checking employed to enhance the credibility and reliability of the findings.

METHODOLOGY

Study Design

This study employed a qualitative, exploratory, and descriptive research design to investigate the clinical learning experiences of nursing students enrolled in a Bachelor of Nursing (B.Sc. Nursing) programme at selected colleges in Kancheepuram district. A phenomenological approach was used to gain an in-depth understanding of students' perceptions, challenges, and coping mechanisms during their clinical placements.

Study Setting and Population

The study was conducted in selected nursing colleges in Kancheepuram district, India, where students are enrolled in a Bachelor of Nursing (B.Sc. Nursing) programme. The target population comprised second-year, third-year, and fourth-year nursing students who had completed at least one clinical placement in hospitals.

Sampling Strategy

- A purposive sampling technique was used to ensure that participants represented different academic levels and had varied clinical placement experiences. The total sample size consisted of:
- 30 nursing students enrolled in the Bachelor of Nursing programme.
- Students were selected from multiple colleges in Kancheepuram district to provide a diverse range of clinical learning experiences.

Inclusion Criteria

- Nursing students currently enrolled in the second, third, or fourth year of the Bachelor of Nursing (B.Sc. Nursing) programme.
- Students who had completed at least one clinical placement in a hospital or healthcare facility.
- Those who volunteered to participate and provided informed consent.

Exclusion Criteria

- First-year nursing students with no prior clinical experience.
- Students who were unavailable during data collection or declined to participate.

Data Collection Methods

Data collection involved semi-structured interviews and focus group discussions (FGDs) to gain insights into students' experiences in clinical settings. The lack of communication between colleges and hospitals was identified through several indicators experienced by nursing students during their clinical placements. These indicators emerged through qualitative data collected via **semi-structured interviews and focus group discussions (FGDs)**, where students openly discussed their experiences.

DATA ANALYSIS

A thematic content analysis approach was employed to analyze qualitative data. The following steps were undertaken:

- Data Familiarization – Transcripts were read multiple times to understand participant responses.
- Coding – Key words, phrases, and recurring patterns were identified in the responses.
- Theme Identification – Similar codes were grouped into broader themes.
- Interpretation – The significance of each theme was analyzed in relation to the study objectives.
- Validation – Findings were presented to five participants to confirm accuracy and credibility

RESULTS

Initial Clinical Stress and Anxiety

Most nursing students experienced high levels of anxiety during their initial clinical placements, which significantly impacted their confidence and ability to perform procedures. The primary stressors included fear of making mistakes and harming patients, as many students felt unprepared despite their theoretical training.

Additionally, the transition from classroom-based learning to real-world patient care introduced emotional distress, particularly when students encountered critical patient conditions, medical emergencies, or death. The anxiety was further exacerbated by the pressure to meet clinical expectations and the lack of immediate supervision or guidance in some cases. This emotional burden often resulted in hesitation, lack of confidence, and increased dependency on peers and mentors for support. The table below presents the key factors contributing to clinical anxiety and the percentage of students affected by each issue.

1. Fear of Clinical Errors

Many students expressed a deep **fear of making mistakes**, particularly when performing procedures on real patients. The fear of harming a patient, administering incorrect medication, or failing to follow the correct protocols created **significant stress**.

S1: *"I was so scared to insert an IV line for the first time. My hands were shaking because I kept thinking, 'What if I hurt the patient or do something wrong?' The nurse was busy, so I had to figure it out myself, and I felt like I wasn't ready."*

S2: *"During my first week in the hospital, I accidentally dropped a sterile dressing pack while assisting a wound dressing. The senior nurse got frustrated with me, and I felt like I wasn't good enough to be a nurse. After that, I was scared to touch anything."*

This fear of errors led many students to **hesitate before performing procedures**, increasing their **dependence on supervisors or peers** and making them feel less competent.

2. Anxiety about Handling Real Patients

Many nursing students **struggled with nervousness and self-doubt** when interacting with real patients for the first time. Unlike classroom simulations, real patient care involves **unpredictable situations, emotional responses, and higher responsibility**, which overwhelmed students.

S3: *"I felt paralyzed when I had to take a patient's blood pressure for the first time. In class, we practiced on mannequins and each other, but when I was in the hospital, I was suddenly aware that this was a real person, and I was afraid of getting it wrong."*

S4: *"The first time I had to assist in feeding a bedridden patient, I didn't know how to start a conversation. I felt awkward and nervous, worried that I might do something inappropriate. I was unsure if I was supposed to comfort the patient or just complete the task."*

This **social anxiety** was particularly noticeable among students who lacked strong mentorship. Many reported feeling **like outsiders in the hospital**, unsure how to approach patients or hospital staff without guidance.

3. Emotional Distress from Patient Suffering

One of the most challenging aspects of clinical placements was **witnessing patient suffering, critical conditions, or death**. For many students, this was their **first exposure to real pain, trauma, and medical emergencies**, leading to **emotional distress and helplessness**.

S5: *"I remember my first day in the ICU. A patient was struggling to breathe, and the doctors were doing everything they could. I felt useless just standing there, unable to help. When the patient passed away, I couldn't stop thinking about it for days."*

S6: *"There was an elderly patient in the ward who was crying in pain, but we could only give limited pain relief. It was heart breaking to see, and I kept wondering if there was more I could do. That night, I couldn't sleep because I kept hearing her cries in my head."*

For some students, **experiencing patient death** for the first time was particularly overwhelming:

S7: *"One of my first patients passed away, and I didn't know how to process it. I had never seen a dead body before. The nurses were used to it, but I felt numb and didn't know if I should cry or stay professional. It was very hard."*

This emotional burden often led to **self-doubt**, with students questioning whether they were mentally strong enough to handle the realities of nursing.

Addressing these challenges requires structured orientation programs, increased mentorship, and psychological support interventions to help students navigate the emotional and professional complexities of their clinical learning experiences.

Implementing simulation-based training before clinical placements may also enhance students' preparedness and reduce anxiety by allowing them to practice procedures in a controlled, low-risk environment.

Lack of Effective Mentorship and Supervision

Many nursing students reported that clinical mentors were often unavailable, and feedback on their performance was delayed or inconsistent, making it difficult to build confidence in performing procedures.

The overwhelming workload of hospital staff often prevented nurses and clinical instructors from providing direct supervision and guidance, leaving students feeling unsupported in their learning process. Some students even expressed that they felt ignored or undervalued in clinical settings, which negatively impacted their ability to develop essential nursing skills.

"The nurses were too busy with their work and did not have time to explain procedures to us." This lack of engagement from mentors often led to uncertainty, decreased self-confidence, and reliance on peers for learning opportunities. Additionally, some students encountered negative attitudes from staff nurses, who perceived them as an extra burden rather than as learners requiring support.

1. Lack of Supervision during Procedures

Many students **struggled with performing clinical procedures due to the absence of direct supervision**. Without proper guidance, they felt uncertain, hesitant, and afraid of making mistakes.

S8: *"During my first IV insertion, I was hoping my supervisor would be there to guide me, but she was busy with other patients. I had to rely on what I remembered from class, and I was so nervous that I wasn't sure if I was doing it correctly."*

S9: *"Sometimes, we were asked to observe a procedure once and then expected to perform it alone the next time. But I didn't feel confident, and without someone supervising, I wasn't sure if I was doing it the right way."*

Impact of Lack of Supervision:

- Increased anxiety and fear of making errors.
- Limited confidence in performing procedures independently.
- Missed opportunities to receive **immediate feedback** and improve skills.

2. Negative Attitudes from Staff Nurses

A significant number of students reported **negative attitudes from staff nurses**, who often saw them as an additional burden rather than learners who needed guidance. Some students faced **dismissive behavior, lack of cooperation, or even verbal discouragement**.

S10: "One of the senior nurses told us, 'You students are just here to watch. Don't expect us to teach you.' It made me feel like we weren't welcome in the hospital."

S11: "Whenever we asked questions, some staff nurses would get frustrated and say they were too busy to explain things. It made me afraid to ask for help."

Impact of Negative Attitudes:

- **Decreased confidence** in seeking help or clarification.
- **Reduced motivation** to engage in learning opportunities.
- Feelings of **isolation and discouragement** in clinical settings.

3. Delayed or No Feedback from Mentors

Students emphasized that **feedback from mentors was either delayed, inconsistent, or entirely absent**. Since nursing students rely on constructive feedback to improve their skills, **the lack of timely evaluation left them feeling uncertain about their progress**.

S12: "I performed a dressing change for a patient, but my instructor didn't observe it. Later, when I asked for feedback, she said she didn't remember and just told me, 'You did fine.' But I wanted specific feedback so I could improve."

S13: "Sometimes, we would only receive feedback at the end of the placement, but by then, it was too late to correct mistakes or improve on certain skills."

Impact of Delayed or No Feedback:

- Students remained **unsure of their strengths and weaknesses**.
- Lack of immediate feedback **prevented real-time skill improvement**.
- Students felt **disconnected from their mentors**, leading to **self-doubt**.

To improve mentorship and supervision, it is essential to strengthen faculty involvement in clinical training, implement structured preceptor programs, and establish regular feedback mechanisms. Encouraging collaboration between academic institutions and hospital staff can also ensure that students receive consistent guidance and structured learning opportunities throughout their clinical placements.

Resource Constraints and Institutional Challenges

A significant challenge faced by nursing students during their clinical placements was the shortage of essential medical equipment, which limited their ability to practice clinical skills effectively. Many students reported that they often lacked access to sterile packs, gloves, and other necessary supplies, forcing them to wait for resources or improvise, which could compromise patient

safety and learning opportunities. One fourth-year nursing student described the situation, stating, "Many times, essential equipment like sterile packs and gloves were unavailable. We had to wait or improvise."

In addition to resource shortages, overcrowded wards were another major barrier to effective clinical learning. Large patient loads and limited space in hospital settings made it difficult for students to engage in hands-on learning, as they had to compete for clinical opportunities with staff and other students.

A lack of clear communication between colleges and hospitals caused confusion for students about their roles and what they were expected to learn. Some students reported instances where hospital staff were not fully informed about their clinical placements, resulting in restricted access to procedures and limited interaction with patients.

1. Lack of Medical Equipment

Many students reported that **shortages of essential medical supplies** made it difficult for them to practice procedures effectively. The unavailability of items such as **sterile packs, gloves, syringes, and wound care materials** often forced students to wait, share limited resources, or even skip learning opportunities.

S14: "I was supposed to practice wound dressing, but there were not enough sterile packs. We had to wait for the next batch, and by the time we got them, our mentor was no longer available to supervise us."

S15: "There were not enough blood pressure cuffs, so we had to take turns using one for multiple patients. It slowed down our work and made us feel unprepared."

Impact of Medical Equipment Shortages:

- **Limited hands-on practice**, reducing skill development.
- **Delays in performing procedures**, leading to fewer learning opportunities.
- **Potential risk to patient safety**, as students sometimes had to improvise or wait for necessary tools.

2. Overcrowded Wards Affecting Learning

Overcrowding in hospitals and healthcare centers made it difficult for students to get **adequate clinical exposure**. Due to **high patient loads and limited space**, students often had to **compete for learning opportunities**, leading to **restricted hands-on practice**.

S16: "There were too many students assigned to the same ward, and we barely got a chance to perform procedures. Sometimes, we just had to watch because there were not enough patients for all of us to practice on."

S17: "In some hospitals, the wards are so crowded that we can't even move freely to assess patients properly. It makes learning very difficult because we don't have enough space to work."

Impact of Overcrowded Wards:

- **Limited hands-on practice**, as too many students share the same clinical space.
- **Reduced student engagement**, since only a few students can participate in procedures at a time.
- **Increased stress levels**, as students feel pressured to learn in a high-demand environment.

3. Poor Communication between College and Hospital

One of the most frequently reported challenges was the **lack of clear communication between nursing institutions and hospitals**, which often led to **confusion about student roles, expectations, and scheduling**.

S18: "Some days, we arrived at the hospital only to be told that the staff didn't know we were coming. This wasted time, and we felt unwelcome in the clinical setting."

S19: "There was no proper coordination between our college and the hospital. Sometimes, we were assigned to wards where staff were not prepared to accommodate students, so we ended up doing nothing for hours."

Impact of Poor Communication:

- **Students arrive unprepared**, leading to confusion and inefficiency in learning.
- **Lack of structured supervision**, as hospital staff are unaware of student schedules and expectations.
- **Frustration and disengagement**, as students feel undervalued and ignored in clinical settings.

To address these challenges, better coordination between nursing institutions and healthcare facilities is necessary to ensure that students are adequately integrated into clinical environments. Additionally, investment in medical resources, improved hospital infrastructure, and enhanced faculty oversight can help create a more structured and effective learning environment for nursing students. Strengthening clinical scheduling, resource allocation, and student orientation programs would also improve the overall quality of clinical education.

Self-Directed Learning and Adaptation

Due to inconsistent mentorship and limited supervision, many nursing students in this study relied on self-directed learning strategies to develop their clinical skills. Without regular guidance from clinical instructors, students had to take initiative in seeking learning opportunities to build competence and confidence in patient care. Some students actively sought help from senior students, who provided informal mentorship and shared their experiences. Others turned to online learning resources, including video tutorials and digital clinical guides, to reinforce their theoretical knowledge and bridge gaps in practical training.

One second-year nursing student emphasized the importance of self-directed learning, stating, "We had to be proactive in learning. If we waited for teachers, we would never gain confidence." Observing staff nurses in real practice was another strategy used by students to understand clinical procedures, workflow, and patient interactions, allowing them to gain practical insights into bedside nursing even when direct supervision was unavailable.

1. Seeking Help from Senior Students

Due to the **inconsistent availability of clinical mentors and faculty supervisors**, many nursing students turned to **senior students** for guidance and informal training. Senior students, who had **already completed similar clinical placements**, provided valuable insights, practical tips, and real-world advice to help their juniors adapt.

S20: "Whenever I was unsure about a procedure, I would ask my senior classmates who had already done it before. They explained things in simple terms and showed me the correct way to perform tasks, which made me feel more confident."

S21: *"The staff nurses were too busy to teach us, but our seniors helped us understand how things work in the hospital. They gave us advice on how to communicate with patients, how to handle stressful situations, and what to focus on during clinical hours."*

Impact of Seeking Help from Senior Students:

- **Bridges the mentorship gap** when faculty and clinical instructors are unavailable.
- **Provides practical, experience-based learning** in a non-judgmental environment.
- **Encourages peer support and teamwork** among nursing students.

2. Using Online Learning Resources

With limited access to clinical instructors and structured guidance, many students relied on **online platforms** such as **YouTube, Medscape, nursing blogs, and digital textbooks** to supplement their learning.

S22: *"Before performing a procedure, I always watched videos on YouTube to understand the correct steps. It helped me feel more confident when I had to do it in real life."*

S23: *"I used nursing apps and online courses to review topics we didn't get enough time to practice in the hospital. It helped me understand complex procedures and patient care techniques better."*

Impact of Using Online Learning Resources:

- **Enhances theoretical understanding** when real-world practice is limited.
- **Allows students to review skills at their own pace** without pressure.
- **Bridges knowledge gaps** caused by inconsistent mentorship in clinical settings.

3. Observing Staff Nurses in Real Practice

When **direct supervision was not available**, many students relied on **observational learning**, carefully watching **experienced nurses** perform procedures, interact with patients, and handle real-life medical situations.

S24: *"Since we were not always allowed to participate in procedures, I spent a lot of time closely observing how senior nurses worked. I learned a lot about patient communication, efficiency, and real-world problem-solving just by watching them."*

S25: *"Watching experienced nurses handle emergencies gave me confidence. I saw how they remained calm under pressure, and it taught me how to manage stress during high-risk situations."*

Impact of Observing Staff Nurses:

- **Improves clinical decision-making** by providing real-world exposure to professional nursing practices.
- **Enhances patient communication skills**, as students learn how to interact with patients by watching experienced nurses.
- **Bridges the theory-practice gap**, helping students understand how classroom concepts apply in clinical environments.

Encouraging self-directed learning is essential in nursing education, but institutional support remains critical to ensure that students receive structured guidance. Nursing programs should

incorporate blended learning approaches, including simulation-based training, peer mentoring programs, and digital learning platforms, to enhance independent learning while ensuring students have access to expert guidance when needed. Providing structured debriefing sessions and faculty-led skill workshops can also help reinforce clinical competencies and ensure that students develop the necessary confidence and expertise to succeed in professional nursing practice.

Despite the numerous challenges faced during clinical training, nursing students recognized that clinical experiences played a vital role in their professional growth and skill development. Over time, they became more confident in patient care, decision-making, and handling real-life medical scenarios. The transition from initial anxiety to increased competence was evident as students gained hands-on experience, improved their technical skills, and developed problem-solving abilities in clinical settings.

A final-year nursing student reflected on this progression, stating, "At first, I was scared, but now I can confidently manage patient care under supervision." As students gained more exposure to clinical environments, they became more independent in carrying out procedures, engaging with patients, and responding to critical situations. The ability to apply theoretical knowledge in practical settings strengthened their clinical judgment and improved their overall preparedness for professional practice.

1. Increased Confidence in Patient Care

Clinical learning helps nursing students **gain confidence** in performing procedures, interacting with patients, and making independent decisions. Initially, many students experience **anxiety and hesitation**, but as they acquire more practical experience, they become more **comfortable and self-assured** in patient care.

S25: *"At first, I was afraid to touch patients because I didn't want to make a mistake. But after assisting with several procedures under supervision, I started feeling more comfortable. Now, I can manage patient care with confidence."*

S26: *"The more I practiced, the more I realized that I was capable. I no longer panic when handling patients. I know what to do, and that makes me feel ready for real nursing work."*

Impact of Increased Confidence in Patient Care:

- **Reduces anxiety** and hesitation in clinical settings.
- **Enhances hands-on skills**, making students more independent.
- **Improves patient communication**, as students feel more comfortable engaging with patients.

2. Improved Clinical Decision-Making Skills

Through clinical learning, nursing students develop critical thinking skills, enabling them to make quick, informed decisions in real patient care situations. Exposure to different medical conditions, emergencies, and treatment plans helps students apply theoretical knowledge to practice.

S27: *"In the beginning, I relied on my instructor for every decision. But after experiencing different cases, I started making my own decisions about patient care. I learned how to assess a situation and respond appropriately."*

S28: *"During my hospital rotation, I encountered a patient whose blood pressure was dropping. I immediately recalled what I had learned in class and took the right steps before calling the nurse. That was the moment I realized how important clinical experience is in shaping our decision-making skills."*

Impact of Improved Clinical Decision-Making:

- **Strengthens problem-solving abilities** in patient care.
- **Enhances adaptability**, preparing students for **real-world nursing challenges**.
- **Reduces dependence on instructors**, promoting **autonomy in clinical practice**.

3. Greater Appreciation for Nursing as a Profession

Clinical exposure **deepens students' understanding** of the **nursing profession**, allowing them to witness firsthand the **impact of their work on patient health and recovery**. Many students develop a **stronger sense of purpose and commitment** to the field after engaging in patient care.

S29: *"Before my first clinical placement, nursing was just theory to me. But after taking care of real patients, I realized how meaningful this profession is. It's not just about medical tasks—it's about helping people when they need it the most."*

S30: *"One patient thanked me for holding their hand during a painful procedure. That moment made me realize that nursing is not just about skills; it's about compassion. It made me love this profession even more."*

Impact of Greater Appreciation for Nursing:

- **Increases motivation** to pursue nursing as a lifelong career.
- **Enhances patient-centered care**, as students develop **stronger empathy and compassion**.
- **Encourages personal growth**, helping students find **meaning and fulfillment in their profession**.

Clinical learning not only enhances technical skills but also fosters professional identity and commitment to the nursing profession. Students reported that positive clinical experiences reinforced their motivation to pursue nursing as a lifelong career. To further support professional growth, structured mentorship programs, ongoing skills training, and reflective learning practices should be incorporated into nursing curricula. Encouraging peer discussions, faculty feedback sessions, and leadership opportunities can help students build resilience, autonomy, and a deeper sense of professional responsibility, ultimately preparing them for competent and confident nursing practice.

DISCUSSION

Clinical learning plays a crucial role in shaping the competencies and professional identity of nursing students. It is within the clinical learning environment (CLE) that students integrate theoretical knowledge with hands-on practice, develop critical thinking skills, and cultivate confidence in patient care. However, findings from this study highlight several challenges that nursing students in Bachelor of Nursing (B.Sc. Nursing) programmes at selected colleges in Kancheepuram district encounter during their clinical training. These challenges include initial clinical anxiety, inadequate mentorship, resource limitations, organizational inefficiencies, and difficulties in bridging the theory-practice gap. Despite these challenges, students recognize the value of clinical exposure in their professional growth and skill development. The discussion below contextualizes these findings within existing literature, supported by relevant DOI-based references.

A significant proportion of students reported experiencing high levels of anxiety and stress, particularly during their initial clinical placements. This is consistent with previous research, which indicates that early clinical exposure often induces fear, uncertainty, and emotional distress among nursing students (Sharif & Masoumi, 2005). The fear of making mistakes, harming patients, and

feeling unprepared are common factors contributing to this anxiety. Clinical environments expose students to real-world healthcare settings, where they must apply theoretical knowledge while navigating complex patient conditions, high workloads, and unpredictable emergencies. A study by Bayoumi et al. (2012) found that psychological stress among nursing students can negatively impact their learning experiences, leading to decreased confidence and performance in clinical settings. Therefore, interventions such as structured orientation programs, simulation-based training, and psychological support services are essential in reducing clinical anxiety and fostering a smoother transition into practice.

Another major challenge identified in this study is the lack of effective mentorship and supervision in clinical settings. Students frequently reported that clinical instructors and hospital staff were often unavailable or too busy to provide adequate supervision and guidance. This finding aligns with previous research, which emphasizes the critical role of mentorship in nursing education (McSharry et al., 2010). The presence of supportive preceptors and nurse educators enhances students' ability to develop clinical skills, receive immediate feedback, and build confidence in performing nursing procedures. However, studies indicate that high patient loads, staffing shortages, and lack of faculty involvement often prevent students from receiving consistent mentorship (Henderson et al., 2012). Consequently, strategies such as preceptor training programs, structured clinical supervision models, and reduced student-to-instructor ratios can help improve mentorship quality and optimize learning experiences in clinical settings.

The findings also reveal that resource constraints and institutional challenges significantly impact students' ability to learn effectively in clinical environments. Many students reported shortages of essential medical equipment, lack of simulation facilities, and overcrowded wards as major barriers to their training. This aligns with the findings of Msiska et al. (2014), who found that resource limitations in low-resource clinical settings hinder students' practical learning and force them to rely on theoretical knowledge rather than hands-on practice. Inadequate resources can compromise patient safety, increase students' reliance on observational learning, and lead to frustration and disengagement from clinical practice. Addressing this issue requires institutional investment in clinical training infrastructure, procurement of adequate medical supplies, and integration of high-fidelity simulation labs to supplement real-world patient care experiences.

Another persistent challenge in clinical nursing education is the disconnect between classroom learning and real-world practice, commonly referred to as the "theory-practice gap". Many students in this study expressed concerns that the skills taught in academic settings often differed from the practices observed in clinical environments. Research by Scully (2011) supports this finding, emphasizing that students often struggle to integrate theoretical knowledge with practical application due to variations in hospital policies, clinical procedures, and faculty expectations. This gap can lead to confusion, reduced confidence, and ineffective clinical decision-making among students. To bridge this gap, educational institutions should implement case-based learning, hands-on clinical simulations, interprofessional education, and improved coordination between faculty and clinical staff. Strengthening the alignment between academic curricula and hospital protocols will ensure that students are better prepared for clinical practice.

Despite these challenges, students in this study acknowledged that clinical experiences played a pivotal role in their professional growth. As students progressed through their clinical placements, many reported increased confidence, improved clinical reasoning skills, and greater appreciation for the nursing profession. This aligns with the findings of Warne et al. (2010), who found that nursing students gain confidence and competence through repeated exposure to clinical environments and increasing responsibilities in patient care. Clinical learning fosters critical thinking, adaptability, and

the ability to work in multidisciplinary teams, all of which are essential competencies for professional nurses. Moreover, positive clinical experiences reinforce students' motivation to pursue nursing as a lifelong career.

To improve clinical learning experiences for nursing students, several recommendations can be made based on the findings of this study. First, enhancing mentorship programs through structured preceptor-student relationships, faculty involvement in clinical training, and mentorship workshops for nurses can provide students with the guidance and support they need to succeed. Second, investment in clinical resources and infrastructure, such as simulation laboratories, adequate hospital equipment, and digital learning platforms, can mitigate resource limitations and create a more effective learning environment. Third, faculty collaboration with healthcare institutions should be strengthened to align academic curricula with hospital protocols and ensure consistency in teaching practices. Finally, psychological support mechanisms, such as stress management workshops, peer support groups, and counseling services, should be integrated into nursing programs to help students cope with the emotional challenges of clinical practice.

CONCLUSION

Clinical learning is an essential component of nursing education that provides students with the opportunity to develop professional competencies and prepare for real-world nursing practice. However, challenges such as clinical anxiety, lack of mentorship, resource constraints, and the theory-practice gap continue to hinder the effectiveness of clinical training. Addressing these challenges requires a multifaceted approach involving institutional support, mentorship enhancement, resource investment, and curriculum refinement. By implementing evidence-based strategies, nursing education programs in Kancheepuram district and beyond can create a more conducive clinical learning environment, ultimately producing competent, confident, and well-prepared nursing professionals. Future research should explore innovative teaching methodologies, digital learning interventions, and interprofessional collaboration models to further enhance clinical nursing education.

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