

---

ORIGINAL ARTICLE

## Experiences and Perceptions of Nursing Students in Their Clinical Learning Environment in Jeddah, Saudi Arabia: A Mixed Methods Research Design

Howaida Shaker Saati\*

\*Assistant Professor Nursing, Department College of Nursing-Jeddah branch, King Saud bin Abdulaziz University for Health Sciences, King Abdullah International Medical Research Center, Jeddah City, Saudi Arabia

### ABSTRACT

The clinical learning environment for Saudi nursing students is challenging, but there is a lack of studies exploring this issue. This study aims to identify the factors responsible for the challenges faced by nursing students and suggest steps to improve their clinical experience, thereby enhancing the healthcare system for patients. A Mixed method research design was adopted. Initially, a qualitative interview guide was administered to convenience sample of 12 nursing students from two different colleges, followed by a quantitative investigation involving surveying of 195 nursing students. In addition, eight (8) faculty members were interviewed to obtain feedback on the clinical learning environment. Quantitative data were presented in the form of mean and standard deviation while qualitative data using thematic analyses. Nursing students had reported their challenges including lack of support, ineffective communication and underdeveloped communication skills, inappropriate behavior, inadequate knowledge, insufficient practical skills, and the need for preceptorship, as well as emotional reactions such as stress and distrust. Factors identified through the quantitative analysis were categorized into environment, student, interpersonal, and teaching-learning factors. The faculty members' responses divided the issues faced by nursing students into clinical, educational, organizational, and workplace factors. Faculty members reported communication challenges arising from cultural factors, stress from the working environment and a disconnect between theoretical knowledge and practical application. Additionally, the study discusses potential solutions to improve the clinical learning experience of nursing students. From the findings it can be concluded that there are a number of challenges that nursing students are facing in Jeddah, Saudi Arabia. But each challenges need to be tackled in a distinct manner. By helping nursing students to overcome challenges, it can be ensured that the nursing students in Jeddah can acquire high quality instructions and training that will ultimately drive the progress of healthcare systems in Saudi Arabia.

**Keywords:** Clinical Learning Environment, Nursing Students, Challenges, Preceptor, Nursing Faculty.

---

Received 09.02.2023

Revised 26.03.2023

Accepted 21.05.2023

### How to cite this article:

Howaida Shaker Saati. Experiences and Perceptions of Nursing Students in Their Clinical Learning Environment in Jeddah, Saudi Arabia: A Mixed Methods Research Design. Adv. Biores. Vol 14 [3] May 2023. 234-246

---

### INTRODUCTION

Both theoretical and practical aspects of nursing education are crucial in producing high-quality nursing graduates. The theoretical component takes place in classrooms and laboratories, utilizing didactic lectures, case summaries, directed group discussions, and self-directed learning processes. These methods assist nursing students in developing the necessary knowledge and attitudes for clinical practice.

Clinical practice is an integral part of nursing education, ensuring that nursing students acquire clinical knowledge and skills and apply their theoretical knowledge and attitudes. The clinical learning environment plays a significant role in shaping the learning experience, outcomes, and future career choices of nursing students. It encompasses a dynamic network of systems in the clinical setting that influences the clinical learning outcomes and the students' preparation for internship and career in nursing.

Given the importance of clinical experience in nursing education, it is vital to monitor the clinical learning environment and identify areas that require attention and improvement. Numerous studies have shown that nursing students' contentment and wellbeing are linked to the quality of the clinical learning environment.

This work aims to identify factors contributing to the challenges faced by nursing students and propose measures to improve their clinical experience. Such measures will not only benefit the healthcare system but also ensure job satisfaction for the nurses of tomorrow.

To adequately meet the increasing demands in the healthcare industry of the Kingdom of Saudi Arabia (KSA), it is important to appropriately train nursing students. Nursing education programs play a crucial role in preparing students for clinical practice (1). However, in the KSA, nursing students face numerous challenges in the clinical learning environment (2); one of the significant challenges is creating a link between theoretical concepts learned in classrooms and applying this knowledge in real-world clinical practice (3). This can be mainly attributed to inadequate preparation, insufficient clinical exposure, and lack of confidence. Hence, incorporating practical experiences in the nursing education program to improve students' ability to better link theory with practice is important (4). Nursing education institutions should provide a better learning environment where students develop the skills required to apply their knowledge in real-world clinical scenarios (5).

Nursing care requires evidence-based practice (6), and hence nursing students must learn to apply these skills while caring for their patients. Since nursing students in the KSA experience obstacles attaining evidence-based practice owing to inadequate knowledge, skills, and access to relevant research, nursing education programs should incorporate evidence-based approaches in their curricula to ensure that nursing students are equipped with the necessary knowledge and skills to use evidence-based practice (7).

In the KSA, nursing education programs provide inadequate resources, limited clinical exposure, and insufficient preparation for the nursing faculty (8). This situation is also compounded by a lack of collaboration between healthcare institutions and nursing education programs (9). Vijayan et al. suggested that nursing education programs need to collaborate with healthcare institutions to ensure that nursing students receive adequate clinical exposure and resources. Moreover, nursing faculties need to undergo continuous professional training and development to ensure adequate education of nursing students (10).

The inadequate learning environment of nursing students in Saudi Arabia also affects the critical thinking aspect, which is an important characteristic among nursing professionals (11). Hence, nursing education programs should include teaching strategies that promote critical thinking and lifelong learning skills, such as problem-based learning, case studies, and reflective practice, and healthcare institutions should also offer a supportive environment. However, due to factors, such as a lack of governmental support and knowledge, these steps are not initiated in the KSA. Although many clinical studies on Saudi nursing students have been conducted using either a quantitative or qualitative approach, a study that used a mixed approach (using both quantitative and qualitative methods) to understand the challenges of Saudi nursing students is lacking.

Therefore, this study, using both quantitative and qualitative methods, aimed to investigate the challenges faced by nursing students in terms of the clinical learning environment in Jeddah, Saudi Arabia, which is the primary center of nursing and healthcare organizations in the region. This study also investigated challenges associated with (i) linking theoretical knowledge to clinical practice, (ii) using an evidenced-based approach in nursing education and training, and (iii) enhancing critical thinking and lifelong learning skills of nursing students in Saudi Arabia.

## **MATERIAL AND METHODS**

### **Study design and setting**

The study utilized an exploratory sequential mixed-methods research design, where qualitative data was collected and analyzed first, followed by quantitative data to validate the qualitative findings.

This study design ensured an enhanced and inclusive answer to the research question. It further helped to explore other factors that might contribute to the experiences and perception of nursing students in their clinical learning environment. The qualitative interview guide and focus-group provided elaborate details on the personal experiences of the participating students, taking into cognizance their varied sociocultural background and beliefs. On the other hand, the quantitative data collected provided numbers to prove the extent at which specific functions affected the learning experiences of these students.

### **Participants**

A convenience sample of 207 participants was chosen, including full-time nursing faculties and Saudi nursing students from level 4 to level 8. The sample was drawn from two nursing colleges in Jeddah, one governmental and one private. The quantitative data was collected from 110 nursing students from the governmental college and 85 nursing students from the private college. The research involved semi-structured interviews with 12 Saudi nursing students (six from a governmental college and six from a private college) and two focus group interviews with eight nursing faculties (four from a governmental college and four from a private college) to reflect on the students' data findings.

#### Measurements

A modified version of a questionnaire developed by Lawal et al. (2016) was used to collect data on factors that influenced the clinical learning experience. The questionnaire consisted of 20 items that focused specifically on factors that influenced the clinical learning experience. The questionnaire underwent face validity testing with four experts in the field, including two associate professors in research and two doctoral degree holders who had experience following up with students in clinical settings. The tool was then tested with 15 nursing students who were not part of the actual data collection. The reliability test yielded a value of 0.86, indicating that the tool is reliable for measuring the factors that impact the clinical learning experience. Data collection took place between November 22 and December 22.

#### Data collection

For the qualitative data, semi-structured interviews were conducted with twelve Saudi nursing students, six from a governmental college and six from a private college. The interviews were recorded in a private space and further, transcribed verbatim, and analyzed using a content analysis approach. The data was collected between September 22 and October 22. For the quantitative data, a questionnaire was administered to 110 nursing students from a governmental college and 85 nursing students from a private college. The data was collected between October 21 and December 21. In Phase 2, nursing faculties participated in a focus group interview to reflect on the data findings from the qualitative and quantitative data gathered from the students. Two focus groups were conducted until saturation was reached. The focus group interviews were recorded, transcribed verbatim, and analyzed using a content analysis approach. This data was collected on January 22.

#### Data analysis

The data analysis was done during the two phases of data collection and was completed by March 23. The data analysis was done in two phases, where in the first phase; the qualitative data acquired via interviews and focus-group was evaluated using thematic analysis, whereas; the quantitative data was analyzed using SPSS to develop a descriptive analysis for running frequency and correlation tests to determine the outcome of the study.

#### Ethical consideration

The study was conducted by two colleges of nursing in Jeddah, Saudi Arabia, with strict adherence to ethical guidelines. Prior to each interview and questionnaire, participants were provided with a consent form and informed of their right to withdraw. The study was approved by the institutional review board, and permission to conduct the research was granted by the administration of the nursing school. The researcher was not involved in teaching the students during the study period. To ensure anonymity, no names or identification numbers were required on the questionnaires, and written informed consent was obtained before the questionnaires were administered. Completed questionnaires were placed in provided envelopes to maintain confidentiality and stored in a locked filing cabinet. Both the qualitative and quantitative data were kept on the researcher's computer and will be destroyed after the publication of the research.

## RESULTS

### Nursing students Perceptions

When the thematic analysis approach was used to analyze students' questionnaires qualitatively, different themes emerged that demonstrated challenges faced by nursing students in the clinical learning environment in Jeddah. These themes were lack of support, ineffective communication and insufficiently developed communication skills, improper treatment and behavior, inadequate knowledge, deficient practical skills and requirement of preceptorship, and emotional reactions involving stress/distrust.

#### Lack of Support

*"the instructor from the college who came with my group to the hospital .....she don't come to check on us to see if we are having a difficulties time or ...they don't care for use they care if we came late to if we take long time at our lunch break".*

#### Ineffective Communications

*“The clinical instructor at clinical site was not good with me and I had bad experience with her she always talk in quick English .. I can’t understand her”*

Improper Treatment and Behavior

*“Our clinical preceptor takes us to one of the patient’s room to show us the NGT feedings, ... ask us to go out without any explanations ... I feel humiliated because this experience”.*

Inadequate knowledge

*“The preceptor always tells us that she doesn’t have time to explain everything ....she said I don’t know, go and ask the doctor or ask your academic instructor”.*

Deficient practical Skills

*The clinical instructor always ask me to do the vital sings and bed making but it comes for medication administration or wound dressing or any competency that I need to practice it the*

Need for Preceptorship

*...clinical preceptor says I’m not allowed to do it even when I show her that I already did the competency at the lab ...because if something happened to the patient I will be in table because of you*

Emotional Reactions. Stress/Distrust.

*“The preceptor at the clinic always put us under pressure and threatening ... report us to our college this is why we don’t want to have any problem with the clinic or the college but it put us under pressure”*

**Table 1. Results of qualitative analysis**

A	<b>Challenges form students-semi structure interview</b>	Quotes from students interviews
1	Lack of Support	<i>the instructor from the college who came with my group to the hospital only allocate use in the morning at the units and she don’t come to check on us to see if we are having a difficulties time or if the preceptor is teaching us at the clinical or not they don’t care for use they care if we came late to if we take long time at our lunch break.</i>
2	Ineffective Communications. Insufficiently Developed Communication Skills.	<i>The clinical instructor at clinical site was not good with me and I had bad experience with her she always talk in quick English and I can’t understand her</i>
3	Improper Treatment. Improper Behavior.	<i>Our clinical preceptor takes us to one of the patient’s room to show us the NGT feedings, the patient was with another nurse and the nurse with the patients ask us to go out without any explanations and I feel humiliated because this experience.</i>
4	Inadequate Knowledge.	<i>The preceptor always tells us that she doesn’t have time to explain everything and we have to read about our patients before we ask her about anything, so even when I read about my patient and ask her if there is something I didn’t understand she said I don’t know, go and ask the doctor or ask your academic instructor.</i>
5	Deficient Practical Skills. Need for Preceptorship	<i>The clinical instructor always ask me to do the vital sings and bed making but it comes for medication administration or wound dressing or any competency that I need to practice it the clinical preceptor says I’m not allowed to do it even when I show her that I already did the competency at the lab and I need to practice it under her supervision so she said not I don’t want you to do it because if something happened to the patient I will be in table because of you</i>
6	Emotional Reactions. Stress/Distrust	<i>The preceptor at the clinic always put us under pressure and threatening us if we did something wrong she will report us to our college this is why we don’t want to have any problem with the clinic or the college but it put us under pressure</i>
B	<b>Challenges form faculty focus group interview</b>	Quotes from facultie focus group interview
1	Cultural Challenges	<i>Since I’m not Saudi faculty I face some struggles with the Saudi students due to their poor English language and also the educational methods are different from my country</i>
2	Educational Challenges	<i>I think the difference in language and education system for non-Saudi faculty is a real challenge specially when there is no cooperation between the Saudi and none Saudi faculties.</i>
3	Organizational Challenges	<i>One of the challenges in hospital training is the application for scoop of practice for nursing students and the lack of nursing authority to support the students/ also Lack of acknowledgement so some time it is frustrating to find that the Saudi nurses are the one who is making problem for the Saudi students and it is really frustrating</i>
4	Work Challenges	<i>Unfortunately for the Saudi students we teach them about the important of team work but when it comes to reality at hospital it is not there</i>
C	<b>Strategies to promote positive learning environment in Saudi</b>	faculties responses to students suggestions

	Arabia based on students interview suggestions	
1	Increase the awareness about Clinical Nursing Challenges	The faculties show understanding to the students' clinical challenges and willing to provide support to the students to facilitate their clinical training experiences and understand the cultural differences between the students, faculties and clinical preceptors
2	Relationship with Students	The faculties were willing to improve their relationship with Students by understanding their struggles at clinical and communicate effectively to support the students
3	Increase the awareness about Role of Clinical Nurse Preceptor	The faculties shows understanding to the students clinical challenges and willing to provide support to the students by increasing the awareness about role of clinical nurse preceptor and provide workshops to the nurses to enhance their preceptor role to be able to help the students, and follow up the students and communicate effectively with the clinical preceptor to solve any problem and to provide support to the student at the clinical site and identify any issues that can affect the clinical training.
4	Increase the awareness about Knowledge and Clinical Competence	The faculties were willing to enhance their clinical training by attending with the students during their clinical training and hands on bedside practice since the clinical preceptors are busy to training the students in clinical site the faculties will attend the clinical area with the students and help them to do the competencies under supervision for patient safety and student safety as well
5	Enhance the nursing student's confidence	The faculties show understanding to the students' clinical challenges and willing to provide support to the students by providing more simulation sessions before the students went to the hospital to be familiar with the cases and practice to enhance their critical thinking abilities and enhance their problem solving skills before they go to the real clinical site which will increase their confidence at the clinical site when they are dealing with real patients and maintain patients' safety.
6	Implications for Nursing Practice	The faculties shows understanding to the students clinical challenges and willing to provide support to the students by doing clinical debriefing by the end of each clinical day to give the students chance to reflects on their trainings and understand their perspectives and the understand the preceptor perspectives and find ways to improve their clinical skills and put what they learned in theory in clinical practice

Table 1 shows the relevant representative quotes for each of the thematic categories provided by nursing students during the questionnaire. These results demonstrated that nursing students faced different kinds of challenges ranging from lack of regular support while they perform their clinical duties to not even allow performing any important clinical procedure to exposure to behavior that could lead to emotional distress among nursing students.



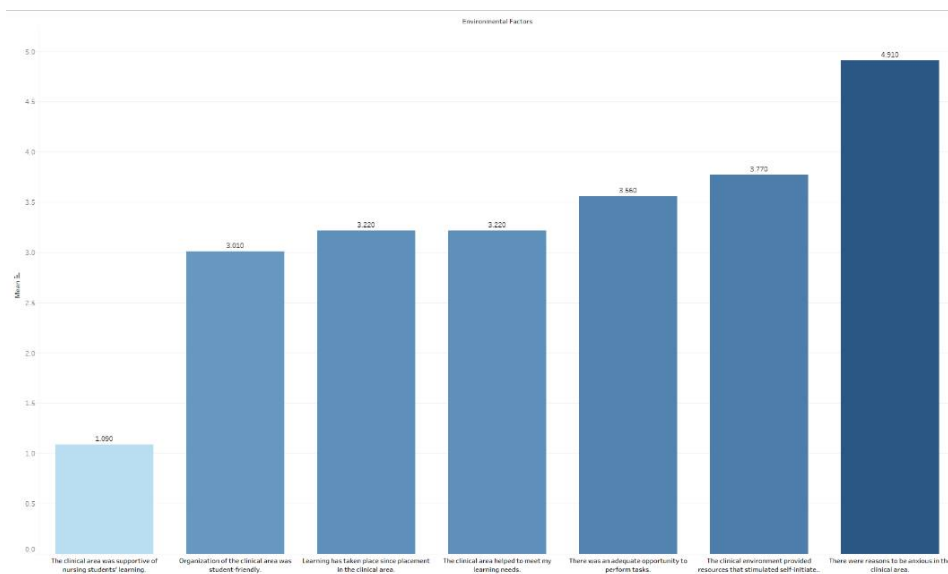
Figure 1. Themes emerged from the semi-structured interview.

Quantitative analysis

Quantitative analysis also identified factors that influence the clinical learning environment of nursing students in Jeddah. As per the quantitative survey, the main factors were environmental factors, student factors, interpersonal factors, and teaching-learning factors. Table 2 and Figure 2 show the results of the quantitative survey. Although the nursing students revealed that they received support from the current clinical setup in terms of learning requirements and having opportunities to complete their clinical activities and access zones that encouraged self-initiated learning, the students also expressed their concern related to the learning environment in the clinical setting in Jeddah.

**Table 2. Results of quantitative analysis**

<i>Environmental Factors</i>	<i>Mean</i>	<i>Remarks</i>
<i>Organization of the clinical area was student-friendly.</i>	3.01	Agree
<i>The clinical area helped to meet my learning needs.</i>	3.22	Agree
<i>The clinical area was supportive of nursing students' learning.</i>	1.09	Agree
<i>There was an adequate opportunity to perform tasks.</i>	3.56	Agree
<i>The clinical environment provided resources that stimulated self-initiated learning.</i>	3.77	Agree
<i>There were reasons to be anxious in the clinical area.</i>	4.91	Agree
<i>Learning has taken place since placement in the clinical area.</i>	3.22	Agree
<i>Mean</i>		Agree
<i>STUDENT FACTORS</i>	<i>Mean</i>	<i>Remarks</i>
<i>I learn best when I observe.</i>	3.84	Agree
<i>I learn best when I do return demonstration.</i>	4.32	Agree
<i>The clinical experience had a positive impact on me professional growth.</i>	3.16	Agree
<i>Positive interpersonal relationship between students and staff of the clinical unit was evident.</i>	1.6	Agree
<i>Mean</i>		Agree
<i>INTERPERSONAL FACTORS</i>	<i>Mean</i>	<i>Remarks</i>
<i>The relationship between clinical staff and nursing students influenced the learning experience.</i>	1.3	Agree
<i>There were enough opportunities for me to participate in ward/clinic activities.</i>	3.21	Agree
<i>The interpersonal relationship with preceptors/mentors influenced my learning.</i>	1.47	Agree
<i>The preceptor/mentor played a significant role in my learning experience.</i>	1.51	Agree
<i>Mean</i>		Agree
<i>TEACHING-LEARNING FACTORS</i>	<i>Mean</i>	<i>Remarks</i>
<i>The teaching methods used were helpful</i>	3.6	Agree
<i>I learn best when I listen to lectures</i>	3.8	Agree
<i>My opinion of the clinical area has changed positively since placement.</i>	4.1	Agree
<i>Integration of theory into practice has taken place.</i>	2.29	Agree
<i>Mean</i>		Agree



**Figure 2. Environmental challenges faced by nursing students.**

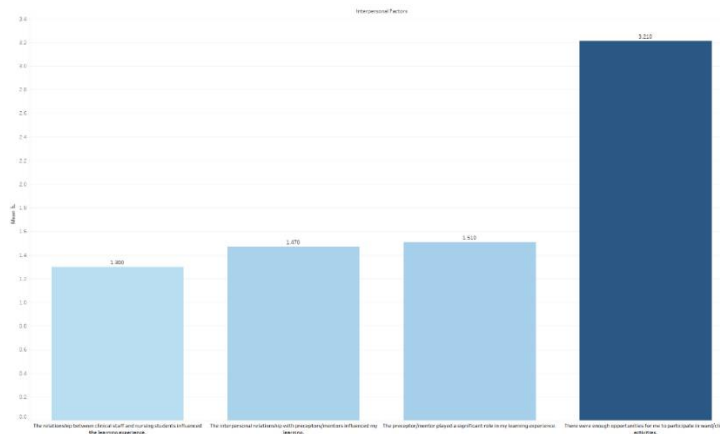


Figure 3. Interpersonal challenges faced by nursing students.

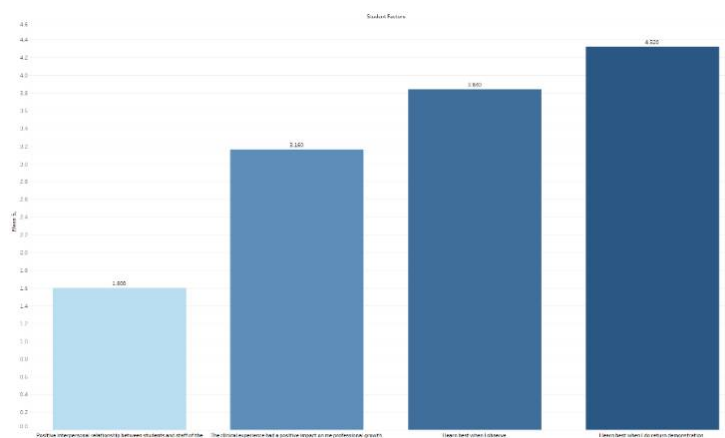


Figure 4. Students factors challenges faced by nursing students.

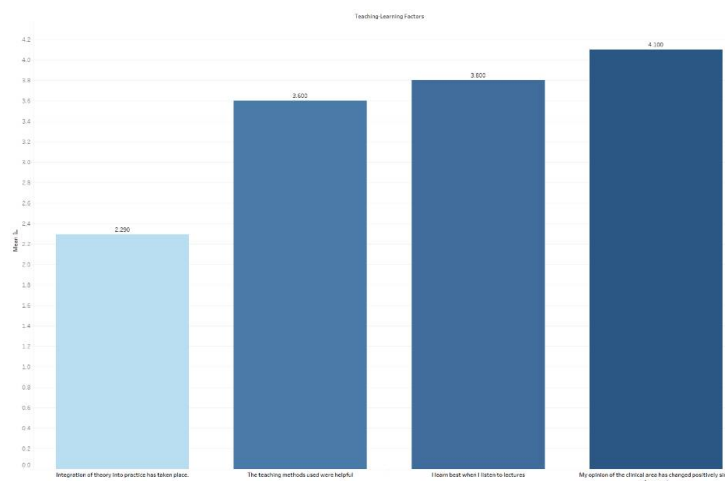


Figure 5. Teaching Learning challenges faced by nursing students.

Most of the students had the opinion that they learn better while observing and performing return demonstrations in the clinical setup. They also expressed the view that these clinical exposures benefitted them in terms of their professional development. Furthermore, in terms of interpersonal factors, the majority of nursing students responded that there are sufficient available possibilities to engage in hospital wards or clinical activities and the clinical experience had a positive impact on their professional development. The nursing students also revealed that the role of mentor or preceptor was crucial for learning in the clinical environment. Regarding teaching-learning factors, the majority of students suggested that traditional lectures were the most effective way of learning, and the teaching strategies

used were effective. Students also expressed views that there is a link between theory and practice; however, the number of students expressing this view was less compared with that in response to other questions in the teaching-learning factor category. From the questionnaire, it has also emerged that nursing student considers the following points as the key factors that contribute to the clinical learning environment; the main factors are clinical setting support, healthy interpersonal interactions, efficient teaching techniques, and a solid preceptor/mentor relationship.

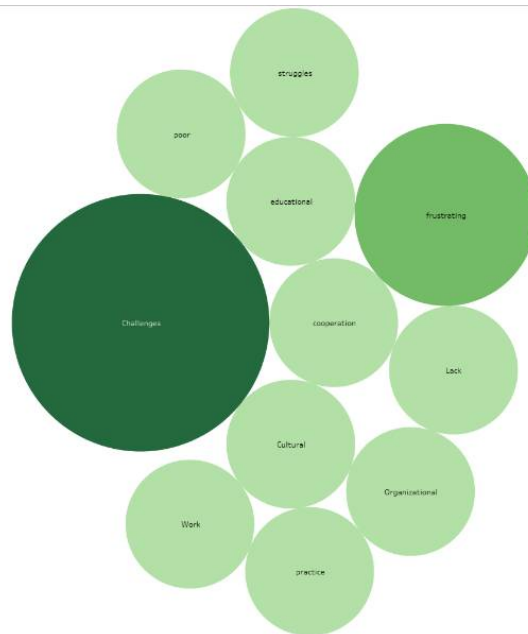
The environmental factors did not stand during the thematic analysis for the interviews. However, the results from the quantitative analysis suggested that the clinical area was not supportive of the nursing students' learning. On the other hand, the interviews and qualitative analysis revealed that the nursing students did not have good interpersonal relationships with their preceptors, negatively affecting their learning experiences. As evident from the interviews, the nursing students were under undue pressure, experienced a lack of trust, and also reported ineffective communication.

A recurring subject during the interview was that the students did not think they were being impacted with the required knowledge or practical skills under the supervision of their preceptor. This correlates with the mean result from the quantitative analysis that showed that there was a deficiency in the integration of theory into practice.

#### Faculty Members Perceptions

##### Qualitative analysis

Thematic analysis of responses provided by eight nursing faculty members allowed the grouping of the responses into four different categories.



**Figure 6.** Themes emerged from the semi-structured interview carried out from faculty members.

##### Cultural challenges

In Saudi Arabia, conventionally, men are considered breadwinners, whereas women play a role in which they are expected to prioritize home management activities. This factor could significantly affect the cultural challenges faced by Saudi women while pursuing a nursing career. One of the responder faculty who was interviewed in stage 2 qualitative analysis stated that.

*"Since I'm not Saudi faculty I face some struggles with the Saudi students due to their poor English language and also the educational methods are different from my country."*

This statement reflects upon the cultural barriers that exist between students and faculty members due to language-related gaps. In particular, this problem shows the possibility of communication gaps with Saudi students, due to the weak English proficiency of Saudi students.

##### Educational challenges

Clinical settings often have high-pressure situations; these situations may cause difficulties and can impact students' emotional responses. The rigors of the clinical setting may cause students to feel nervous, agitated, or overburdened, which might impair their capacity to learn and perform. A student stated that *"The preceptor at the clinic always put us under pressure and threatened us if we did something*



wrong she will report us to our college this is why we don't want to have any problem with the clinic or the college but it put us under pressure." This statement suggested that the student experienced pressure to not make any mistakes while learning to work in the clinical setup. However, this statement is also reflective of the fact that preceptors often demand the highest performance from students to maintain a high standard of clinical care. Nonetheless, it is also critical for preceptors to provide a safe learning environment where students may make errors and grow from them without fear of repercussions.

To overcome these issues, an open discussion can be conducted so that students can provide genuine and honest feedback regarding the preceptor. Such open discussion will help to identify issues and generate suggestions for better learning performance. For students, it is also crucial to ask their institution for assistance; this could involve a talk with lecturers or, if required, seeking therapeutic help.

Organizational challenges (nursing authority/lack of acknowledgment)

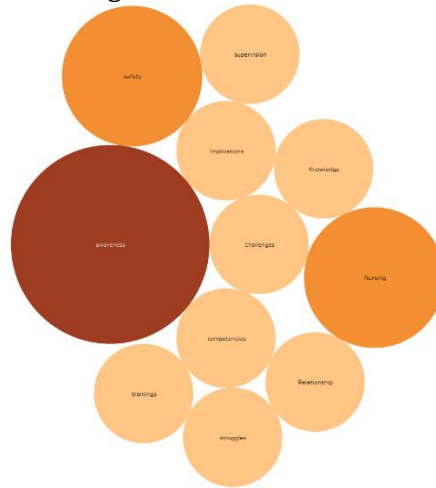
A healthcare setting has several stakeholders; furthermore, a clinical setup is also associated with several guidelines, such as institutional regulations, legal restrictions, or nursing authority decisions. Hence, instead of these factors, nursing students may have their practice scope restricted. In this study, one of the responses was "One of the challenges in hospital training is the application for a scope of practice for nursing students and the lack of nursing authority to support the students/also lack of acknowledgment so sometimes it is frustrating to find that the Saudi nurses are the one who is making problem for the Saudi students and it is frustrating". According to this statement, clinical supervisors or coworkers may not always provide appropriate assistance to nursing students. This can lead to students feeling frustrated and power-less, especially if they believe that their efforts are not being noticed or appreciated.

Work challenges (poor working environment/language barriers)

Often nursing students experience disconnect between lessons learned in classrooms and situations in real-world clinical space. The ability of team members to trust one another or communicate successfully may also be hampered by interpersonal or cultural obstacles. "Unfortunately for the Saudi students we teach them about the important of teamwork but when it comes to reality at hospital it is not there".

This statement reinstates the reality of missing cooperation and collaboration. In order to do this, healthcare personnel may need to get instruction and training in effective communication, conflict resolution, and cooperative problem-solving.

Strategies to Promote Positive learning environment.



**Figure 7 .** Strategies to Promote learning environment in Saudi Arabia based on students interview suggestions.

Increase awareness about clinical nursing challenges.

*"The faculties show understanding to the students' clinical challenges and willing to provide support to the students to facilitate their clinical training experiences and understand the cultural differences between the students, faculties and clinical preceptors"*

Relationship with students

*"The faculties were willing to improve their relationship with Students by understanding their struggles at clinical and communicate effectively to support the students"*

Increase the awareness about role of clinical nurse Preceptor

*The faculties shows understanding to the students clinical challenges and willing to provide support to the students by increasing the awareness about role of clinical nurse preceptor and provide workshops to the nurses to enhance their preceptor role to be able to help the students, and follow up the students and*

*communicate effectively with the clinical preceptor to solve any problem and to provide support to the student at the clinical site and identify any issues that can affect the clinical training.*

Increase the awareness about knowledge and clinical competence

*The faculties were willing to enhance their clinical training by attending with the students during their clinical training and hands on bedside practice since the clinical preceptors are busy to training the students in clinical site the faculties will attend the clinical area with the students and help them to do the competencies under supervision for patient safety and student safety as well*

Enhance the nursing students confidence.

*The faculties show understanding to the students' clinical challenges and willing to provide support to the students by providing more simulation sessions before the students went to the hospital to be familiar with the cases and practice to enhance their critical thinking abilities and enhance their problem solving skills before they go to the real clinical site which will increase their confidence at the clinical site when they are dealing with real patients and maintain patients' safety.*

Implications for nursing practice

*The faculties show understanding to the students clinical challenges and willing to provide support to the students by doing clinical debriefing by the end of each clinical day to give the students chance to reflect on their trainings and understand their perspectives and the understand the preceptor perspectives and find ways to improve their clinical skills and put what they learned in theory in clinical practice*

The study clarified the pressure experienced by nursing students and how this rigor could affect learning. The faculties recognized the existing challenges with nursing education and identified with the plights of nursing students regarding their clinical learning environment. It became particularly obvious that sociocultural factors play a huge role in the relationship between staff and nursing students. Faculties agreeing with the need to increase awareness about the role of clinical nurse preceptors might suggest recognizing the room for improvement.

The development of a welcoming learning environment that enables nursing students to observe and indulge in multidisciplinary teams is equally crucial. This may assist to close the knowledge gap between the classroom and the real-world situations and provide students practical experience of collaborating with other healthcare professionals. The use of mixed methodology to execute this research has been specifically beneficial. It was mainly instrumental in outlining the challenges being investigated. In particular, the findings from the quantitative analysis indicated low responses which were consistent with the findings derived through qualitative analysis. The blend of the two methodologies were crucial in achieving the research objectives while offering more understanding about the phenomenon being examined.

This study had several limitations. First, the study was conducted only in one city of Saudi Arabia; more studies in different cities of Saudi Arabia are required. Second, all participating students were female. Further studies with both men and women participants will be useful. Third, this study only students' and faculty perspectives; it will be interesting to also obtain the perspective of clinical preceptors in future studies.

## **DISCUSSION**

This present study has investigated the experiences and perceptions of nursing students within their clinical learning environment. The key findings from the study indicated that though they were supported by the present clinical setup in the context of their learning needs, and also had ample opportunities to finish their clinical activities and access zones which motivated learning that was self-initiated. The students were also concerned about their learning environment in a clinical setting in Jeddah. This implied that students experienced were privy to a positive clinical learning environment. Similar findings were reported through the study (3). Their findings indicated that most of the students had positive perceptions of their clinical learning environment. Most students, however, did not believe the clinical area was supportive of their learning.

As far as teaching-learning factors were concerned, a large number of students were in favour of the conventional method of learning and it was also found that effective teaching strategies were used. At the same time, another set of respondents were of the opinion that there were issues in communication, improper behavior on the part of the teaching staff, improper treatment, inadequate knowledge and poor practical skills. These findings derived quantitatively were at par with qualitative findings wherein faculty members opined that they faced challenges due to cultural factors that hampered their delivery of teaching such as language related aspects "*Since I'm not Saudi faculty I face some struggles with the Saudi students due to their poor English language and also the educational methods are different from my country.*" This finding was in tandem with the study conducted by (12). Similarly, another respondent was

of the view that nursing environments were stressful which could impact the emotional responses of students *"The preceptor at the clinic always put us under pressure and threatened us if we did something wrong she will report us to our college this is why we don't want to have any problem with the clinic or the college but it put us under pressure."* Similar findings were reported through the study by (13). The teaching faculty also indicated a disconnect between theoretical knowledge and practical application *"Unfortunately for Saudi students, we teach them about the important of teamwork but when it comes to reality at hospital it is not there."* This finding was in tandem with the study conducted by (14,15). Another challenge that was indicated by faculty respondents referred to lack of support from coworkers to nursing students *"One of the challenges in hospital training is the application for a scope of practice for nursing students and the lack of nursing authority to support the students/also lack of acknowledgment so sometimes it is frustrating to find that the Saudi nurses are the one who is making problem for the Saudi students and it is frustrating"*. In the absence of due and timely support from coworkers, nursing students might not be able to gain valuable inputs or execute their responsibilities in an effective manner(16). The findings from the qualitative analysis highlighted lack of support, ineffective communication, improper treatment and behaviour, inadequate knowledge, deficient practical skills, need for preceptorship and emotional stress/distrust as significant concerns of nursing students in Jeddah. This was in tandem with the findings of a qualitative study in Iran by Nahid et al. (2016). The students reported improper treatment, inadequate knowledge, deficient practical skills, insufficient communication skills, and emotional stress, among other challenges highlighted by the students. Interpersonal relationship between staff and student was a recurring challenge throughout the study. Baltimore, Sharif, and Masoumi conducted studies that revealed the detrimental impact of conflicts and mistreatment between staff and students on the clinical teaching process. On the other hand, Hanifi and his team discovered that effective communication with students can enhance their motivation. Other similar studies reported discrimination between nursing students and students of other healthcare professions which stressed many students out (17, 18). This, however, did not feature in this study. A reasonable explanation could be that this study did not actively tease out this concern from the subjects or it is not a significant concern among the students in this part of the world. Jafarian-Amiri et al. (2020) noted that male nursing students were disproportionately affected by the challenges of nursing education as it is a female-dominated field. This could have been the picture in Jeddah too. However, further analysis of these results will be required to make such a comparison. Faculties in Jeddah noted cultural challenges during the focus group interview. While with the faculty, the cultural challenge was in the light of proper communication, Jafarian-Amiri et al. (2020) suggests the need to enhance cultural diversity in nursing education. Diversity will stimulate nursing educators to improve student learning (20).

## CONCLUSION

The clinical learning environment is a critical component of nursing education, providing students with opportunities to apply theoretical knowledge and develop practical skills under the guidance of clinical instructors. In Jeddah, Saudi Arabia, there has been little research conducted on the experiences and perceptions of nursing students in their clinical learning environment. Therefore, this study aimed to explore the experiences and perceptions of nursing students in Jeddah towards their clinical learning environment. By understanding these challenges, this study hoped to contribute to the improvement of nursing education in Jeddah and provide insights that could potentially be useful for nursing education globally.

This study has clearly identified some of the pressing concerns of nursing students in Jeddah utilizing qualitative and quantitative methods. The faculties further gave strength to this study by providing a more wholistic view of the challenges of nursing education in Jeddah and how to solve them.

A number of difficulties has been identified in the clinical learning environment of nursing students in Jeddah, Saudi Arabia. These difficulties include a lack of assistance from clinical teachers, cultural obstacles, poor clinical supervision, and insufficient opportunity for hands-on practice. These difficulties may have a substantial influence on the competence of aspiring nurses as well as nursing education quality. Effective strategies must be put into place in order to address these issues, including providing language assistance, bolstering hands-on learning opportunities, improving clinical supervision, offering nursing students ongoing support and guidance, and encouraging cultural competence by many clinical instructors. By addressing these issues, nursing students can get top-notch instruction and training, which will eventually help Saudi Arabia's healthcare system. The difficulties that Jeddah, Saudi Arabia, nursing students encounter may be divided into various groups.

First off, for students who have never been skilled in the language of teaching, which is often English, language hurdles may be a major problem. Students who find it difficult to express themselves well in English may have trouble following directions from their teachers, interacting with patients, or producing reports. In order to assist nursing students, overcome language hurdles, language support services such as courses, tutors, or translation services may be useful. Second, poor clinical supervision may potentially provide serious difficulties for nursing students. The opportunity for students to acquire and develop crucial clinical abilities might be restricted by clinical teachers who are not readily accessible or who do not give enough direction and feedback. To overcome this difficulty, clinical teachers should get training on how to give efficient clinical supervision, which includes giving helpful criticism and providing chances for students to practice and improve their abilities. Lastly, Jeddah, Saudi Arabia's nursing students may find it difficult to overcome cultural hurdles. Students who are unfamiliar with the local customs and cultural norms may find it difficult to interact with patients or fail to grasp the cultural significance of certain health conditions. Nursing schools can promote cultural competency throughout clinical instructors and students to address this issue, including by offering cultural awareness training and supporting cross-cultural interaction initiatives. By resolving these issues, Jeddah's nursing students may obtain top-notch instruction and training that will eventually help Saudi Arabia's healthcare system advance. To guarantee that nursing students receive the instruction and instruction they require to become capable and compassionate healthcare professionals, it is critical to give top priority to effective strategies like providing language support, enhancing hands-on learning opportunities, improving clinical supervision, offering ongoing guidance and assistance to nursing students, and encouraging cultural competence among clinical instructors.

## REFERENCES

1. Najjar H Al, Rawas H. (2018). Factors Affecting the Clinical Practice of Nursing Interns at Tertiary Hospital Jeddah in Saudi Arabia. *Int J Stud Nurs*. 2018 Jul 30;3(3):45.
2. Rawas H, Yasmeen N. (2019). Perception of nursing students about their educational environment in College of Nursing at King Saud Bin Abdulaziz University for Health Sciences, Saudi Arabia. *Med Teach*. 2;41(11):1307-14.
3. Alammar K, Ahmad M, Almutairi S, Salem O. (2020). Nursing Students' Perception of the Clinical Learning Environment. *Open Nurs J*.19;14(1):174-9.
4. Algahtani H, Shirah B, Bukhari H, Alkhamisi H, Ibrahim B, Subahi A, et al. (2021). Perceptions and attitudes of different healthcare professionals and students toward interprofessional education in Saudi Arabia: a cross-sectional survey. *J Interprof Care*. 4;35(3):476-81.
5. Al Mutair A. (2015). Clinical Nursing Teaching in Saudi Arabia Challenges and Suggested Solutions. *J Nurs Care*. 2015;s1.
6. Abou Hashish EA, Baatiah NY, Bashaweeh AH, Kattan AM.(2022). The online learning experience and reported headaches associated with screen exposure time among Saudi health sciences students during the COVID-19 pandemic. *BMC Med Educ*. 1;22(1):226.
7. Linjawi Al, Alfadda LS.(2018). Student ; perception, attitudes, and readiness toward online learning in dental education in Saudi Arabia: a cohort study. *Adv Med Educ Pract*. ;Volume 9:855-63.
8. Abdulrahman K Bin, Harden R, Patrício M. Medical education in Saudi Arabia: An exciting journey. *Med Teach*. 2012 Apr 12;34(sup1):S4-5.
9. Al-Amoudi SM, Al-Harbi AA, Al-Sayegh NY, Eldeek BS, Kafy SM, Al-Ahwal MS, et al. Health rights knowledge among medical school students at King Abdulaziz University, Jeddah, Saudi Arabia. *PLoS One*. 2017 May 1;12(5):e0176714.
10. Vijayan M, Alaskar A, Mesfer A, Shamrani A, Ramadan Yousif M, Zechariah Jebakumar A, et al. Nurse Interns' Satisfaction with the Clinical Learning Environment: A Retrospective Cross Sectional Study . *Ann Rom Soc Cell Biol*. 2022 Jan;813-25.
11. Felemban E. (2016). Female Saudi Nursing Students' Experiences of their Clinical Learning Environment: A mixed methods study . Monash university.
12. Lawal J, Weaver S, Bryan V, Lindo JL. (2015). Factors that influence the clinical learning experience of nursing students at a Caribbean school of nursing. *J Nurs Educ Pract*. 10;6(4).
13. Lavina R, Deepa P, Abin K, Shwetha R, Priya MN. (2021). Anxiety Among the Nursing Students During the Initial Clinical Experience. *Int J Curr Res Rev*. 13(14):161-5.
14. Kahlke RM, McConnell MM, Wisener KM, Eva KW. (2020). The disconnect between knowing and doing in health professions education and practice. *Adv Heal Sci Educ*. ;25(1):227-40.
15. BUARQOUB IA. (2019). Language barriers to effective communication. *Utopía y Prax Latinoam*. 24(6). 90-98
16. Golz C, Oulevey Bachmann A, Defilippis TS, Kobleder A, Peter KA, Schaffert R, et al. (2022). Preparing students to deal with the consequences of the workforce shortage among health professionals: a qualitative approach. *BMC Med Educ*. ;22(1):756.
17. Nahid Jamshidi, Zahra Molazem, Farkhondeh Sharif, Camellia Torabizadeh, Majid Najafi Kalyani, (2016). "The Challenges of Nursing Students in the Clinical Learning Environment: A Qualitative Study", *The Scientific World Journal*, vol. 2016, Article ID 1846178, 7. <https://doi.org/10.1155/2016/1846178>

18. Z. Mohebbi, M. Rambod, F. Hashemi, H. Mohammadi, G. Setoudeh, and D. S. Najafi, (2012). "View point of the nursing students on challenges in clinical training, Shiraz, Iran," *Hormozgan Medical Journal*, vol. 16, 5, 415-421, 2012.
19. Jafarian-Amiri, S. R., Zabihi, A., & Qalehsari, M. Q. (2020). The challenges of supporting nursing students in clinical education. *Journal of education and health promotion*, 9, 216. [https://doi.org/10.4103/jehp.jehp\\_13\\_20](https://doi.org/10.4103/jehp.jehp_13_20)
20. Lightfoot LA, Quintana DM. Embracing diversity in nursing to improve healthcare. *Insight into*. 2017.
21. F. Sharif and S. Masoumi, (2005). "A qualitative study of nursing student experiences of clinical practice," *BMC Nursing*, vol. 4, no. 1, 89-94.
22. Baltimore JJ. (2004). The hospital clinical preceptor: Essential preparation for success. *The Journal of Continuing Education in Nursing*. 1;35(3):133-40.

**Copyright:** © 2023 Author. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.