# REVIEW ARTICLE

# A Review of the Experience of Clinical Attachment among Undergraduate Nursing Students and Clinical Instructors.

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### Abstract

Introduction: Clinical attachments benefit nursing students but present with challenges. This 2018-2023 review looks at the experience of instructors and students with clinical attachments to identify areas for development. Aims: This literature review aims to look for literature related to the experience of nursing students and clinical instructors during clinical attachment as well as how the ratio of student-to-clinical instructor affects both parties. Methods: The studies included in this study were identified through two databases: Google Scholar and ScienceDirect with keywords such as "experience", "clinical attachment", "clinical instructors", "challenges", "effect", "inadequate", "insufficient", "ratio", and "nursing students". The published studies from 2018 onwards were included. Results: A total of 14 articles were analysed in this review after screening over 2639 articles available online. It was found that students were tasked with workload, unclear goals, and negative staff interactions. Instructors struggle to balance student needs, self-care, and workload. High student-to-teacher ratios affect both groups. Conclusion: Understanding these experiences improves clinical learning and prepares future nurses for practice.

**Keywords**: Clinical instructor, experience of clinical attachment, nursing students, review.

#### Introduction

Clinical placements, which serve fundamental aspect of nursing education, provide a platform for the application of theoretical knowledge in the context of actual patient care. These attachments offer invaluable opportunities for students to refine their skills, cultivate professionalism, and enhance their confidence as aspiring healthcare providers. However. guaranteeing high-quality clinical experiences requires going beyond superficial observations and exploring the first-hand experiences of the individuals directly engaged in the process: the students and the clinical instructors.

This review seeks to accomplish this objective by examining the existing body of literature on clinical attachment experiences within the past five years (2018-2023). Through the synthesis of important discoveries, we aim to provide insight into the positive experiences, difficulties, and areas for enhancement in this essential component of nursing education.

Multiple recent studies emphasise the crucial significance of clinical learning environments in moulding student growth. The study conducted by Wan Mamat et al. (2023) highlights the difficulties encountered by nursing students in Malaysia, such as heavy workload, unfavourable staff attitudes, and ambiguity in learning goals[1]. From the instructor's point of view, research investigates the intricacies of their role in overseeing and directing students. Dağ et al. (2019) identified challenges such as effectively managing workload, balancing the diverse learning needs of students, and ensuring self-care to prevent burnout[2]. The study conducted by Nuryani et al. (2022) underscores the importance of efficient communication and collaboration between educators and learners to enhance the supervisory connection[3].

In addition to personal obstacles, the study conducted by Altundal et al. (2022) highlights the influence of student-to-instructor ratios on the calibre of clinical encounters[4]. Instructors face difficulties in meeting student expectations and delivering personalised feedback when dealing

with high ratios, which may impede the development of skills and confidence.

This review examines various relevant studies to gain insight into the common and unique experiences of nursing students and clinical instructors. Our goal is to enhance the clinical learning environment for future nurses by identifying their strengths, weaknesses, and areas for improvement. This will help them better prepare for the challenges of real-world healthcare practice.

# Research objectives

Therefore, in this literature review, the authors aimed to review the available studies that demonstrated the experience of nursing students and clinical instructors during clinical attachment as well as how the ratio of student-to-clinical instructor affects both parties.

## Methodology

In the literature review search process, two databases were used: ScienceDirect and Google Scholar. The authors curated pertinent research published within the last five years (2018-2023) for inclusion in this study, guided by key terms such as "experience", "clinical attachment", "clinical instructors", "challenges", "effect", "inadequate", "insufficient", "ratio", and "nursing students".

Initially, 2639 articles surfaced based on the keywords mentioned above. Subsequently, 2146 were excluded due to duplication, or because they fell under exclusion criteria, such as not being published within the last 5 years, or not aligning within the field of study. An additional 22 were also excluded as it is not an academic journal. On the final note, 14 articles were included and analysed in this review. The process of reviewing the literature was conducted systematically through the application of the PRISMA flow diagram, as depicted in figure 1. The full texts of all articles considered for inclusion were acquired and thoroughly examined independently.

#### **Results**

# The experiences of clinical instructors in managing students during clinical placement

From 14 studies, eight (8) studies state the experience of clinical instructors in managing students during clinical placement. These studies were conducted in Turkey, Indonesia, Iran, Egypt, and the United States. The integration of clinical placement is imperative for nursing students, as it furnishes them with pragmatic encounters and the opportunity to familiarise themselves with authentic clinical environments, which is indispensable for their instruction as healthcare practitioners. The efficacy of clinical education largely hinges on the pivotal role of clinical mentors, who offer guidance and oversight to students during their placement. This specific subtopic endeavours to scrutinise and appraise the difficulties confronted by clinical mentors in effectively overseeing students throughout their clinical placements.

The management of nursing students by clinical instructors during clinical supervision is a multifaceted and intricate experience, involving both gratifying and demanding elements. Clinical instructors have documented different encounters during clinical guidance, encompassing obstacles linked to the scarcity of resources from both the tertiary educational establishment and the clinical milieu. which influenced their guidance experience. Moreover, it is recommended to establish a welcoming clinical learning environment by fostering efficient communication among the stakeholders to enhance the clinical guidance experience [5]. The experiences of clinical instructors during clinical supervision encompass the task of instructing students in the practical application of theoretical knowledge, adjusting their responsibilities to cater to the specific needs of students, and valuing the chance to gain knowledge from students. Ensuring effective clinical learning environments necessitates providing support and resources to clinical supervisors [6].

Numerous predicaments arise when it comes to managing students. The predicaments that impact clinical supervision in nursing education, as identified by Amin et al. (2022), encompass nonconstructive learning environments characterised by student overcrowding, limited apparatus, adverse attitudes in the clinical milieu, physicianoriented education, and the inefficiency of the education-treatment system. Clinical mentors encounter difficulties in addressing limitations within the clinical milieu, which might culminate in the exclusion of formal clinical education. A comprehensive scrutiny of the actual experiences of nursing mentors revealed that the successful accomplishment of nursing education objectives necessitates the presence of proficient mentors capable of overseeing students in clinical educational environments. Nevertheless, if the mentors are predominantly focused on rectifying the limitations in the clinical context, they will not reap any noteworthy advantages other than marginalising formal clinical teaching [7]. According to the investigation by Amin et al. (2022), participants frequently observed nurses and supervisors concealing apparatus to hinder its utilisation, which had a detrimental effect on the work milieu. Clinical instructors face challenges in managing their clinical workload while overseeing nursing students. Establishing effective communication and collaboration with students, considering their unique learning requirements, can prove to be challenging. The scarcity of resources and time constraints present significant hurdles in providing comprehensive supervision and feedback. The presence of conflicts and divergent expectations between students and instructors gives rise to obstacles in the supervisory relationship. Addressing the diverse learning backgrounds and experiences of pupils poses a complexity. Keeping up with healthcare innovations and integrating evidencebased procedures into supervision presents a demanding task. Supervising in various healthcare environments poses challenges. Ensuring adherence to professional boundaries and ethical considerations presents a formidable

challenge [2]. Striking a balance between workload and practising self-care to avoid burnout presents a formidable challenge for educators [2]. Nurse educators encounter challenges in effectively balancing their clinical responsibilities with supervising nursing students. Nursing educators frequently face obstacles when it comes to effectively communicating and collaborating with nursing students. This is due to the need to consider the distinct learning needs and preferences of these students. Additionally, they may encounter difficulties in providing comprehensive supervision and feedback to nursing students due to limited time and resources. Conflicts or differences in expectations between nursing students and clinical instructors can create challenges in the supervisory relationship, leading to difficulty in maintaining professional boundaries and adhering to ethical norms [3,8,9]. Nurse educators face challenges in adapting to the varied learning backgrounds and experiences of nursing students. Furthermore, nurse educators may encounter challenges in staying updated with healthcare advancements and incorporating evidence-based practices into clinical supervision. Moreover, they may face additional complexities while delivering supervision in diverse clinical and scenarios. settings Nurse educators frequently face challenges efficiently in managing their workload and practising self-care to mitigate burnout and sustain their effectiveness [3,8,9].

In research conducted by Ahmari Tehran et al. (2021), the emerging field of ineffective educational training emphasised several concerns, one of which was the lack of a student numerical scheme. A participant conveyed that collaborating with a significant multitude of learners and coordinating internships for the entire week will inevitably lead to exhaustion for both educators and students, consequently diminishing the standards of education. Clinical instructors face difficulties in fulfilling the distinctive needs and obligations of learners as certain individuals expect diverse assignments

and responsibilities rather than repetitive and prolonged workshops [10].

# The impact of the student-to-clinical instructor ratios on clinical teaching experiences

From 14 studies, seven (7) studies state the impact of the students-to-clinical instructors ratios on clinical teaching experiences. These studies were conducted in Turkey, Iraq, Iran, Malaysia, Philippines, and Oman. The quality of clinical experiences teaching holds significant importance in the preparation of future healthcare professionals. Nevertheless, a notable challenge in healthcare education is the considerable student-to-clinical instructor ratio. This ratio can have adverse effects on both students and clinical instructors in terms of their ability to provide effective supervision.

In a study conducted in Iraq by Attia and Ibrahim (2023), it was highlighted that inadequate clinical instructors may encounter difficulties in effectively guiding and mentoring students in clinical settings, thereby impacting the quality of nursing education. These instructors may struggle to offer constructive feedback to students, thereby learning impeding their and development. The insufficiency of clinical instructors due to the high number of students can hinder the development of competencies and skills among nursing students as they may not receive effective guidance and evaluation based on competency indicators [12]. This issue can create challenges in assessing the level of student competencies, and clinical instructors may be unable to provide the necessary support and mentorship to nursing students, thereby affecting experience their learning and overall preparedness for clinical practice. Ultimately, inadequate clinical instructors can have a detrimental effect on students' competencies, evaluation processes, and overall learning experience in clinical settings [12]. A study conducted in Turkey by Altundal et al. (2022) revealed that nursing students have certain expectations from instructors in clinical practice,

such as the provision of explanations using appropriate examples and adopting a fair approach[4]. However, due to the increasing issue of an imbalanced ratio, clinical instructors find it challenging to meet these expectations as they have other wards and students to attend to, with limited time available for each ward visit. When clinical instructors are overwhelmed by the imbalance between students and themselves, the effectiveness of clinical teaching and learning experiences for nursing students may decline. Clinical instructors play a crucial role in supervising students' clinical activities and empowering them to acquire clinical competency and skills [13]. Insufficient clinical instructors may lead to a higher student-to-clinical instructor ratio, which in turn limits individualised attention and feedback for students. Due to a scarcity of clinical instructors and their limited availability and accessibility, the potential for timely feedback and constructive evaluation processes may be impeded. Moreover, the insufficiency of clinical instructors may also have an adverse impact on their role, thereby potentially affecting both student learning and patient safety [13]. According to a study conducted by Padagas (2020), the constraints of time and resources may hinder clinical instructors from offering adequate supervision and guidance to nursing students, consequently hindering the students' learning experience. This issue is often observed when clinical instructors are unable to attend to all the students in a single ward and are required to oversee multiple wards. Additionally, a dearth of support and guidance from clinical instructors can result in a decrease in students' confidence and competence [15]. Inadequate supervision and monitoring by clinical instructors can act as a deterrent to effective clinical education [10]. This can be attributed to the high student-to-clinical instructor ratio, which necessitates catering to a large number of students within the limited presence of clinical instructors.

### **Discussion**

This study scrutinised the experiences of nursing students and clinical instructors during their clinical placements. Through an extensive exploration of relevant literature and the synthesis of significant discoveries, it has provided illumination on a range of obstacles and prospects for augmenting this pivotal facet of nursing education.

Clinical instructors encounter a multitude of difficulties in their supervisory position, encompassing the need to address constraints within the clinical environment, effectively manage their workload, and navigate conflicts and divergent expectations between students and instructors. These challenges can impede the provision of comprehensive guidance and feedback to students, thereby influencing their learning experience and level of preparedness for clinical practice. Furthermore, the scarcity of resources, time limitations, and the necessity to strike a balance between clinical responsibilities and self-care present formidable obstacles for clinical educators. To add on, a study from Ugwu et al. (2023) stated some students experiencing mixed experiences during clinical attachment: negative and positive feelings, with some voicing out regarding poor clinical supervision and lack of equipment[16]. Boman et al. (2022) says that nursing students encountered a state of perplexity regarding their sense of self and resorted to employing distinct tactics to manage insufficiencies within their educational surroundings[17]. The introduction of internship program for nursing students in their final year was discovered to improve clinical aptitude, boost self-assurance, and equip students for enhanced professional proficiency [18].

A deficiency in clinical educators could significantly impede the educational experience of nursing learners. The reduced availability of educators may lead to insufficient personalised attention for students, thereby affecting their skill enhancement and academic advancement. Furthermore, prompt feedback and evaluations

might be postponed, resulting in a stressful educational setting [19]. The nonexistence of clinical educators could also restrict student independence, thereby jeopardising their capacity to cultivate crucial competencies.

insufficiency of clinical The instructors exacerbates the obstacles encountered by nursing students, such as emotional turmoil, susceptibility, challenges in translating theoretical knowledge into practical application. In the absence of seasoned mentors, students might encounter difficulties with ambiguity, seclusion, and navigating intricate clinical scenarios [20, 21, 22]. Additionally, the absence of instructors could escalate emotional reactions like apprehension and unease, thus impeding students' coping mechanisms with the exigencies of clinical placements. Effective guidance by experienced nurses, pivotal for fostering student assurance, is compromised in such circumstances [22].

Moreover, a deficit in clinical instructors may fuel negative learning atmospheres, heightened moral distress, and jeopardise students' professional ethos [23]. Without ample assistance, students might grapple with exasperation, remorse, and a weakened sense of direction. These adversities underscore the critical necessity for supplementary resources and assistance to ensure the welfare and triumphant progress of nursing students.

The discussion in the paper also addresses the crucial factor of how the student-to-clinical instructor ratios impact the experiences of clinical teaching. When clinical instructors are not enough, there might be an uneven distribution of students and instructors, leading to a shortage of personalised attention and feedback for the students. This imbalance has the potential to impede the development of nursing students' competencies and skills, as well as hinder the timely provision of feedback and constructive evaluation processes. Ultimately, this circumstance may jeopardise the calibre of clinical education and the welfare of patients.

Several studies referenced in the discourse emphasise the adverse consequences of elevated student-to-clinical instructor ratios within the realm of nursing education. Matters such as fatigue experienced by both instructors and students, difficulties in meeting the expectations of students, and insufficient supervision resulting in diminished self-assurance and proficiency among students are discussed [4, 10, 11, 12, 13, 14, 15]. Additionally, the limitations imposed by time and resources worsen the obstacles encountered by clinical instructors in delivering efficient supervision and guidance to nursing students.

### **Conclusion**

Clinical instructors play a pivotal role in shaping the prospective nurses of tomorrow. However, their experiences shed light on a multitude of difficulties pertaining to the management of students. These difficulties however are not restricted to requirements in assets, enormous student-to-clinical instructor proportions, and changing instructive necessities. Both instructors and students are affected by these obstacles, impeding the effectiveness of supervision, feedback, and ultimately, the outcomes of learning.

The field of nursing education is confronted with notable challenges resulting from a critical deficit in clinical educators. The scarcity of proficient faculty members hinders students' development essential clinical competencies, timely feedback reception, and the fostering of indispensable professional Consequently, this scarcity yields detrimental impacts on student welfare, moral advancement, and overall academic accomplishment. To address these challenges, it is imperative to make significant investments in augmenting the pool of clinical educators and furnishing them with necessary resources. Moreover, it is essential to explore innovative approaches, such as peer mentoring and simulation-based teaching, to support student understanding and alleviate the

consequences of faculty deficiencies. By giving precedence to establishing a robust framework for clinical education, nursing programs can elevate the preparedness of prospective nurses to adeptly navigate the intricate demands of the healthcare environment.

Numerous avenues exist to enhance the experiences of clinical attachments. Optimising allocation of resources. fostering collaboration between educational institutions and clinical sites, and exploring alternative teaching methodologies such as simulation laboratories could help alleviate the burden on instructors. It is essential to tackle the issue of uneven student-to-instructor ratios to offer customised attention and feedback. Moreover, mentorship programs and workshops could equip instructors with the essential skills to manage various learning styles and integrate evidencebased practices.

By acknowledging these challenges and actively seeking out solutions, all parties involved can cultivate a supportive and enriching environment for clinical learning, benefiting both students and instructors. Consequently, this will ensure that future nurses graduate with the confidence, competence, and critical thinking abilities essential for thriving in the realm of healthcare.

### **Conflict of interest**

The author declared there is no conflict of interest in this study.

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# **Ethical approval**

Ethical approval for this study has been obtained from IREC (IIUM Research Ethics Committee).

### **Authors contributions**

In this study, Muhammad Afiq Ikhmal and Nursyafiah Yasmin were responsible for reviewing the related paper. Muhammad Afiq Ikhmal, Nur Ain, and Noor Maizatul Akma designed the methodology, and Muhammad Afiq Ikhmal wrote the manuscript. Nur Ain was responsible for counter checking and reviewing the related academic paper utilised, the methodology implemented and proofread the manuscript.

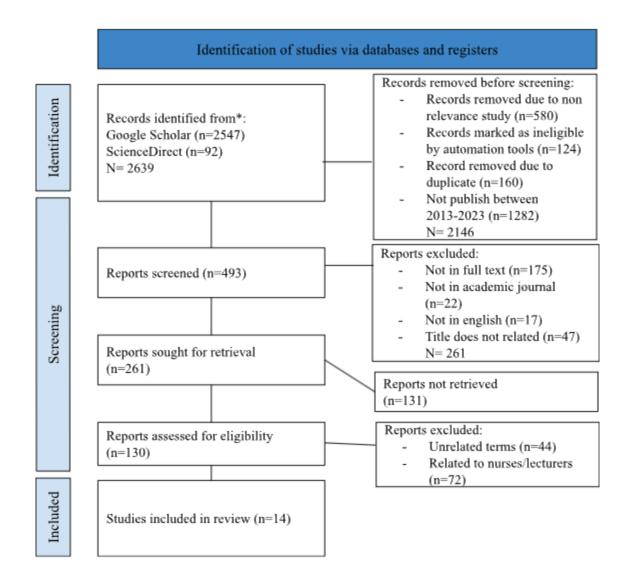


Figure 1. PRISMA flowchart on the experience of clinical attachment

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