



Exploring the Challenges Experienced by Nursing Students at a Selected Medical Science College during their First Clinical Training: A Qualitative Study

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ABSTRACT

Background: There remains a gap in research specifically on the challenges faced by nursing students in their clinical training in Saudi Arabia. **Purpose:** This study aimed to explore the challenges experienced by nursing students during their first training in various clinical areas.

Methods: This study employed a qualitative research design with a content analysis approach. Fourteen (14) nursing students from a medical science college in the eastern region of Saudi Arabia participated in the study. Data were collected through semi-structured interviews, including open-ended questions on the challenges related to patient care, hospital staff, clinical instructors, hospital environment, and clinical requirements. Qualitative analysis with an inductive approach was used for data analysis. **Results:** The study identified five main themes regarding the challenges nursing students face during their clinical training: barriers to effective care, lack of support for learning, ineffective clinical teaching skills, facilities' impact on learning, and challenges in managing workload.

Conclusion: Nursing colleges should adopt strategies focused on improving communication and time management skills among students. Programs for clinical instructors should be enhanced, emphasizing the ongoing evaluation and refinement of supervision and teaching methods. The development of preceptorship programs in collaboration with training hospitals could also optimize the use of resources and facilities.

Keywords: Challenges, Nursing students, Clinical Training, Saudi Arabia

Introduction

Clinical training is a crucial component of nursing education, playing a key role in the development of

professional competencies. As healthcare professionals, nurses are expected to deliver care with skill and confidence. Numerous studies

emphasize the importance of clinical training in cultivating these competencies. According to Nabolsi et al. (1), nursing education combines both theoretical knowledge and practical experience, enabling students to acquire the skills, knowledge, and attitudes necessary to provide high-quality care. This hands-on experience is considered a vital part of every nursing student's education, significantly impacting their future professional growth. Therefore, any deficiency in clinical training opportunities can negatively affect a student's ability to provide effective nursing care (2,3).

Many studies have highlighted challenges related to both theoretical education and clinical practice, which significantly affect nursing students' learning experiences in the clinical setting. Akyüz & Ergöl reported that 49.8% of nursing students encountered difficulties during clinical practice, with contributing factors including issues with nursing staff (37.5%), the hospital environment (27.0%), and theoretical education (13.5%). Notably, 46.6% of students believed that these challenges could be partially addressed (4). Commonly identified obstacles in clinical learning include the insufficient qualifications of nursing instructors, a lack of support in the learning environment (5), ineffective communication, inadequate preparation (6), unfavorable social norms, poor organizational climate, and limited resources (7).

Nursing education in Saudi Arabia faces many of the same challenges observed globally, with clinical evaluation being identified as the most common hurdle. Significant correlations have been found between factors such as age and evaluation outcomes, academic level and competency development, and grade point average (GPA) and learning outcomes (8). Additionally, students often report challenges such as a lack of support, distrust, inappropriate behavior, and the absence of a structured preceptorship program (9).

Understanding these challenges is crucial, as addressing them can help overcome barriers to developing competent and confident nurses. Despite

this, there remains a gap in research specifically focused on the challenges faced by nursing students in Saudi Arabia, particularly those encountering clinical practice for the first time across various settings. To better support students' clinical education and professional growth, further investigation into these challenges is necessary.

This study aimed to explore the challenges experienced by nursing students during their first training in various clinical areas.

Materials and Methods

Research design

This study employed a qualitative research design with a content analysis approach.

Setting and samples

Fourteen (14) nursing students from a medical science college in the eastern region of Saudi Arabia participated in the study. Participants were selected through purposive sampling, a method chosen to ensure a diverse range of perspectives. While there is no fixed rule for sample size in qualitative research, studies have suggested that a sample of 12 to 15 participants is often sufficient to reach saturation, particularly in relatively homogeneous populations (10). To capture a broad spectrum of experiences and views, maximum variation sampling was used.

The inclusion criteria for participants were as follows: nursing students (both male and female) enrolled in Level 4 to 7 courses, such as NURS 202, NURS 300, NURS 301, NURS 302, NURS 303, NURS 400, and NURS 401, who were currently undergoing initial clinical training in areas such as medical, surgical, obstetrics, pediatrics, psychiatry, and critical care units. Participants were required to have varied academic performance (high, moderate, or low GPA) and be willing to attend multiple interview sessions. Students from Levels 1, 2, and 3, those only taking theory courses, and those who had failed practical courses were excluded from the study.

Measurement and data collection

Data were collected through semi-structured interviews, which included open-ended questions focused on the challenges nursing students face related to patient care, hospital staff, clinical instructors, the hospital environment, and clinical requirements. Follow-up questions were used to explore responses in greater detail and deepen the interviews. The interview questions were content-validated by subject matter experts.

Interviews were conducted individually, face-to-face, in Arabic, with each session lasting 15 to 30 minutes. The number of interview sessions was determined by data saturation. The research followed a structured procedure: first, the researchers organized a meeting with the students from each year level. During the initial meeting, students were grouped by gender (male or female) and GPA. In a subsequent meeting, the study's purpose, ethical considerations, and procedures were explained, and participants provided informed consent.

To ensure consistency and quality in data collection, a training session was held for the interviewers. Two interviewers were assigned to each year level to cross-check the data. The interview schedule was developed, and sessions continued until data saturation was reached. To ensure comprehensive representation, two additional participants were recruited from the original sample of 12 for Level 6, NURS 303 (OB-Gyne), as male students were unable to provide in-depth insights into their clinical training. The study was conducted from August 2023 to May 2024.

Data analysis

Qualitative data analysis with an inductive approach was used for data analysis. Through the recommendations of Morse and Field (11) in analyzing qualitative data, the following were conducted:

1. Immediately after the interview, the interviews were hand-written in a verbatim manner, word by word.
2. The interview transcripts were reread several

times.

3. Each interview was analyzed before the next interview session. Meaningful units were extracted. Line by line, the interviews were coded.
4. Codes with similar meanings (e.g., treatment refusal, fear of harm) were grouped into subsets. Then, subsets were placed inside a narrow subset based on similarity and relevance.
5. The analysis process was completed with determination and clarification of themes.

To ensure the trustworthiness of the data, the study focused on evaluating credibility, dependability, and transferability. For credibility and dependability, several procedures were implemented: the interviews were independently coded by the researchers and then compared for consistency through peer checking. Additionally, member checking was employed, where participants were provided with the extracted codes and themes to confirm their accuracy. To assess transferability, an external member-checking process was used, where two nursing students with similar experiences reviewed the findings to determine their relevance to other contexts.

Ethical considerations

Ethical approval was obtained from the Institutional Review Board (IRB) of Mohammed Al-Mana College for Medical Sciences (reference number SR/RP/133, dated December 20, 2023). All participants provided informed consent, and interview recordings were securely stored on OneDrive, encrypted with a password to protect confidentiality. While the Principal Investigator (PI) had exclusive access to the data, certain information was shared with peer reviewers, member checkers, and external validators to verify the trustworthiness of the findings. Personal identifying information was removed before the data was shared with other researchers, ensuring the anonymity, privacy, and confidentiality of participants throughout the process.

Results

After analyzing the interviews with the participants and checking regarding the challenges experienced by nursing students during their first clinical training in terms of patient care, hospital staff, clinical instructors, the hospital environment, and clinical requirements, five main themes emerged: barriers to effective care, lack of support for learning, ineffective clinical teaching skills, facilities impact learning, and challenges in managing workload.

Barriers to Effective Care

This main category consisted of three subcategories of patients' resistance to care, struggles in building trust, and limitations of clinical assessment skills.

Patients' Resistance to Care. Students faced various challenges in providing nursing care during their clinical training. Some expressed that patients and their families were reluctant to accept care from nursing students, citing concerns about the students' lack of competence in handling complex patient cases. As one student shared:

.....Some parents refuse that I perform an assessment and examination because of the fear that we may harm their child.....

Other students reported facing difficulties in completing their requirements due to patients' refusals to receive care. Additionally, they expressed feeling that patients lacked trust in them, often believing that they might cause harm rather than provide effective care.

Struggles in Building Trust. Students identified their struggles in building rapport and trust with their patients. Their experiences were attributed to communication barriers leading to challenges in providing effective care. This issue was particularly prevalent among students who were assigned to non-Saudi patients, as many of these patients were unable to communicate in Arabic or English. The students noted that this language barrier made it difficult for them to accurately assess patients' priority needs, leading to misdiagnoses and the implementation of

ineffective nursing care plans. One of the students participating in the study mentioned the following:

.....I struggle with foreign patients who can't speak Arabic or English, and communicating with elderly patients is quite challenging.

Students noted difficulties in communicating with older patients, citing a lack of communication skills when interacting with this age group. They reported not receiving sufficient training on how to approach elderly patients and, as a result, often struggled to engage with them effectively or respond to their needs appropriately.

Limitations of Clinical Assessment Skills. This subcategory was a key focus for many students, who discussed it at length, highlighting their limited assessment skills and techniques. They explained that, more often than not, they are only able to perform basic inspection during physical examinations, but cannot use other essential techniques such as percussion and auscultation.

A level 5 student exclaimed:

...I have difficulty distinguishing heart sounds during auscultation...

While one level 6 student highlighted:

.... Sometimes we do not know how to approach patients after surgery who are in pain. I need to know what to do before I enter the patient's room to avoid any embarrassment...

Lack of Support for Learning

The main category focused on the hospital staff consisted of subcategories as unwilling to engage in learning and being too busy.

Unwilling to Engage in Learning. Students reported that they feel the medical staff do not take responsibility for their learning. Many staff nurses often perceive teaching as an additional, unacknowledged task, and as a result, may feel overwhelmed by their workload. This dynamic leads to students experiencing frustration when seeking guidance from staff members. The lack of accountability from the nursing staff creates

significant barriers to students' development, hindering their ability to master essential nursing procedures. A student shared:

.....Some hospital employees do not accept our presence in their department; they are uncooperative and do not want us to interfere with their work. I have difficulty dealing with the staff; they do not want me to assist the patient. Some are even upset when I use the computer to see patients' medical records.....

Nursing students, particularly those in level 4, expressed a lack of confidence when handling patients for the first time. They identified the need for more support from staff to ease their anxiety and reduce the likelihood of making mistakes. However, many students find the experience stressful, as they perceive staff as being impatient with them. This lack of support and empathy from the staff contributes to their low self-esteem and further undermines their confidence in providing care. Students in higher years feel that the staff contribute to their poor performance and lack of progress in learning. They have expressed concerns that staff provide insufficient educational guidance and limit their clinical opportunities.

Being Too Busy. According to the majority of students, hospital staff frequently use being 'too busy' as an excuse when students attempt to initiate their learning. As one Level 7 student expressed:

.... When we ask questions, they say they're always busy....

Students also report hearing staff say, *...No need for questions....* which adds to their frustration. They often feel disheartened when they are denied the opportunity to accompany staff into patients' rooms or when they are not offered assistance in their learning experiences.

Ineffective Clinical Teaching Skills

The third main category related to clinical instructors highlighted subcategories such as a lack of

constructive feedback and inadequate instructor support.

Lack of Constructive Feedback. Students reported that during their clinical training, they heavily relied on their instructors as the primary source of knowledge and skill development. They expected their instructors to provide the necessary guidance and support to facilitate their learning. However, several students expressed frustration when they were given numerous tasks and requirements without clear instructions or adequate direction. Additionally, many students felt that the feedback they received was insufficient, leaving them uncertain about their strengths and areas for improvement. Some of the key concerns voiced by students included:

.... After I completed all assignments and forms requested, they do not give good or bad comments, so I can understand and learn...

.... It annoys me when my instructor says, I explained this matter to you from the beginning, so I will not accept any more questions....

.... I have some difficulties with submitting the patient's forms....

Students expressed that, when performing nursing procedures, they often feel uncertain about the correctness and safety of their actions due to a lack of guidance. This uncertainty leads to hesitation and self-doubt, as they are unsure whether they are performing the steps correctly. Several students shared that this lack of confidence in their practice often impedes their ability to make sound clinical decisions. As a result, the clinical environment becomes more stressful and challenging, further hindering their learning and development.

Inadequate Instructor Support. In this subcategory, students reported that the lack of support from instructors contributes to increased challenges in the clinical setting. Difficulties arise when they are asked to perform procedures using methods that differ from what they learned in the college laboratory. In particular, students noted

discrepancies between the equipment and technology used in the lab versus what is available in the hospital, which often leaves them feeling confused and overwhelmed. A student mentioned:

.....The training in the college is different than the training in the hospital...

It is during these moments, when students face such dilemmas in their training, that they need instructor support the most. While some instructors are helpful, the lack of consistent guidance makes these situations particularly challenging for students.

Facilities Impact Learning

The hospital environment was identified by students as a key factor that challenges their training. This main category includes two subcategories, both highlighting how issues with clinical equipment cause delays and hinder the learning process.

Causes Delays. Students reported that the shortage of equipment limits their opportunities to practice clinical techniques and develop proficiency with various medical instruments. They expressed the following concerns:

.....Vital signs devices are not enough when I want to examine the patients. Also, the computers are not available if I want to gather information about my patient....

.....Sometimes the computer hangs, or other employees use the devices with us....

.....When I came to do a hearing test, I did not find any equipment....

.....Sometimes, due to a lack of equipment, it wastes my time....

Hinders Learning. In addition to the above claims of the students, some students from the lower level experienced:

.....When I take the blood pressure of my patient, the BP equipment is malfunctioning. I cannot recognize the sound, then when asked by the

instructor about the reading, I was not able to answer....

.....I cannot hear the sounds when I take the blood pressure of my patient. One of my classmates says that the device is broken....

Nursing students expressed concerns about malfunctioning and outdated equipment. They reported encountering broken or poorly maintained devices during their training, which impacted their ability to effectively perform clinical tasks.

Challenges in Managing Workload

The last main category, which covered clinical requirements, revealed two subcategories as poor time management and competing demands.

Poor Time Management. Students reported struggling with poor time management due to the numerous requirements for each course they are enrolled in. They expressed concerns about the limited time allocated to complete clinical tasks each week, which led to difficulties in managing their workload. This, in turn, resulted in reduced concentration, increased pressure, and heightened anxiety. A student from Level 6 shared:

.....I have two subjects with long credit hours, both of which require concentration. There is bedside training for each subject weekly, and each subject has different requirements that need much understanding. It was difficult for me to manage my time.....

Competing Demands. In connection with the subcategory discussed above, students also attributed their poor time management to the challenge of balancing the competing demands of multiple courses they are taking simultaneously. As one student explained:

.....I think I cannot perform well because I cannot organize myself, and there are many demands to accomplish....

Students described the clinical requirements as overwhelming, leaving them unsure of where to begin or which tasks to prioritize. This sense of uncertainty contributes to their poor performance and hinders their ability to effectively learn during clinical training.

Discussion

Clinical training plays a vital role in nursing students' professional competence. The study revealed that nursing students faced a range of challenges during their clinical training. Their ability to acquire the knowledge and skills needed to become competent practicing nurses was significantly influenced by factors related to their experiences in patient care, support from hospital staff, the competence of clinical instructors, the adequacy of the hospital environment, and the appropriateness of clinical requirements.

Barriers in providing effective care are commonly experienced by nursing students during their clinical training. The results of this study highlight several significant challenges, including patient rejection, difficulty building trust, and limitations in performing physical assessments. One major barrier identified was patient rejection, where patients perceived nursing students as lacking the necessary knowledge and skills to provide care. Numerous studies have shown that patients often hold low perceptions of trainees and interns, leading to their reluctance to allow students to participate in their care or administer treatments. Panda et al. (12) asserted that the attitudes of significant others towards the students had a major influence on their clinical learning. Hashemiparast et al. (13) found that patients often distrust the clinical competence of students, with many expressing resistance to students performing clinical duties and hesitance to share private information or seek help from them.

Language barriers exacerbate this issue, further hindering students' ability to build trust during patient interactions. Brennan et al. (14) emphasized the importance of trust between patients and

healthcare providers, noting that trust plays a crucial role in influencing therapeutic outcomes. van den Berk-Clark & McGuire (15) also found that patients with higher levels of trust in healthcare providers' technical competence are more likely to accept recommendations and adhere to treatment plans, leading to greater satisfaction with care.

Moreover, nursing students reported feeling inadequately prepared for clinical tasks, particularly in performing physical assessments. Aboshaiqah et al. (8) noted that, despite theoretical and practical training before clinical exposure, Saudi nursing students often felt unprepared for real-world clinical situations. These barriers limit nursing students' opportunities to develop essential skills and knowledge during their clinical training. In the worst-case scenario, such challenges can lead to feelings of incompetence, fear of making mistakes, and reluctance to engage in clinical activities. Rajeswaran (16) suggested that such experiences may increase students' anxiety, further discouraging their participation in clinical work. Additionally, addressing these challenges poses a significant task for clinical instructors, who must bridge the gap between students' development and patient expectations. The findings of this study can inform the development of clinical training plans and activities aimed at enhancing students' competencies in providing effective care.

Furthermore, students reported that the lack of support from hospital staff significantly hindered their clinical training. Many students expressed frustration, noting that staff nurses, as training preceptors, were often unwilling to engage them in learning activities, citing being "too busy" as an excuse to avoid involving them in patient care. This lack of interaction limited students' opportunities to develop essential nursing skills, ultimately leading to a decline in their confidence and self-esteem.

Several studies have highlighted the critical importance of staff nurses' support for students' learning in the clinical environment. (17-18, 8, 19-

20) For example, Kirabira (19) observed that nursing students' respect for registered nurses as practitioners was significantly associated with their involvement in clinical teaching. Those who were not actively engaged in teaching and supervision were viewed negatively by the students. L. Jamshidi (21) further emphasized that the attitude of nurses towards students is a major contributing factor, noting that a lack of respect for students during clinical placements was common. (22-23) Demeaning behavior from staff nurses can demotivate students, diminishing their self-confidence and job satisfaction, and potentially leading to pessimism about the profession. (24) However, staff nurses also reported facing challenges in finding adequate time to supervise students due to the demands of patient care. They emphasized the need to balance patient responsibilities with student supervision, with both faculty and healthcare institutions recognizing the importance of their supervisory role. (25-26) Therefore, efforts should be made to strengthen the collaboration between nursing colleges and training facilities.

On the other hand, evidence suggests that clinical instructors play a pivotal role in achieving successful clinical outcomes. (27-28) Bagheri and Bazghaleh (29) argue that one of the key prerequisites for effective clinical education is having competent instructors within the clinical field. Alongside staff nurses, clinical instructors are considered essential in guiding students' learning during clinical placements. The characteristics of clinical instructors, including their teaching ability, behavior, and professional demeanor, significantly influence students' learning. (30) Their active involvement is crucial for the development of nursing competence and is widely recognized as vital for achieving the outcomes of nursing programs.

However, nursing students in the current study have expressed concerns regarding the effectiveness of their clinical instructors. Specifically, students reported that their instructors often fail to provide constructive feedback and adequate support, which

hinders their development as competent practitioners. This lack of guidance leads to uncertainty about their abilities and feelings of confusion. Constructive feedback is essential for boosting students' confidence, motivation, and self-esteem, and it plays a key role in enhancing clinical practice. Without it, students struggle to develop the necessary skills and competence in nursing (31).

Previous research has identified inadequate feedback from clinical instructors (21) and preceptors' lack of feedback (32) as significant barriers to effective learning. Miligi et al. (33) stated that a high level of stress was experienced by nursing students during clinical evaluations, claiming that instructors tend to overrate and underrate their clinical requirements without giving justifications or comments. In addition, students have reported feeling unsupported by their instructors, particularly in situations of clinical dilemmas. For example, when they encounter discrepancies between the nursing procedures learned in the classroom and those practiced in real clinical settings, students often feel conflicted. As noted by Agu (34) and Rajeswaran (16), students can become torn between the "ideal procedures" taught by their instructors and the practices they observe in the clinical environment. This discrepancy can prevent them from effectively applying theoretical knowledge to real-world situations. These are precisely the moments when students need the guidance of experienced and knowledgeable instructors.

The current study also emphasizes the significant impact of facilities on nursing students' learning experiences. Lack of resources to facilitate need-based learning was among the key challenges in the clinical learning experiences. (12) Among the issues identified were malfunctioning and poorly maintained equipment, which not only caused delays in performing clinical tasks but also hindered students' ability to learn effectively. Hashemiparast et al. (13) highlighted that the lack of adequate facilities and equipment deprived students of

essential learning opportunities. Similarly, Aragaw (18) pointed out that the availability of necessary equipment in the clinical setting significantly influences nursing students' attitudes towards their clinical work.

Lastly, the findings of the current study suggest that nursing students encountered challenges in managing their clinical workloads, largely due to poor time management and competing demands. Students expressed concerns about the overwhelming nature of their clinical responsibilities, which led to increased anxiety and difficulty in prioritizing tasks. Most of the literature describing these challenges was conducted in Saudi Arabia. These studies, Labrague et al. (35), Alsaqri (36), and Amen Mohammed Ahmed (37) highlighted the stress and anxiety experienced by nursing students during their clinical training due to demanding workloads. Specifically, Ahmed & Mohammed (38) identified assignments and the quality of work in the clinical setting as significant sources of stress, while Al Mutair (39) emphasized the impact of time pressure on students' well-being.

Conclusion

The study identified the following main themes regarding the challenges nursing students face during their clinical training: (1) barriers to effective care, (2) lack of learning support, (3) ineffective clinical teaching skills, (4) facilities' impact on learning, and (5) challenges in managing workload. To address these challenges, nursing colleges should adopt strategies that focus on improving communication and time management skills among students. Programs related to clinical instructors should be enhanced, emphasizing the ongoing evaluation and refinement of supervision and teaching methods. Additionally, the development of preceptorship programs in collaboration with training hospitals could optimize the use of resources and facilities.

This study was conducted at a single medical college, limiting the findings to this institution. Future research could address these limitations by

examining a broader geographic area and exploring additional factors, such as the psychological, social, and cultural contexts that may influence nursing students' experiences.

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Author contribution

Conceptualization, M.C.B., S.D.C.; Methodology, M.C.B., E.M.G.H.; Project administration, M.C.B., E.M.G.H., S.D.C.; Supervision, M.C.B., S.D.C., Writing of Original Draft, M.C.B., S.D.C. All authors have read and agreed to the published version of the manuscript.

Conflict of interest

The authors have no conflict of interest to declare.

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