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ABSTRACT

The clinical learning environment plays a critical role in developing the skills and competence of nursing and midwifery students. However, limitations within the clinical learning environment may impede students' ability to effectively translate theoretical knowledge into clinical practice. This study aimed to explore the perceptions and experiences of student nurses and midwives regarding their clinical learning in Papua New Guinea. A descriptive qualitative study was conducted using purposive sampling to recruit 18 nursing and midwifery students. Data was collected through individual, in-depth, semi-structured interviews and analyzed using thematic analysis. Four themes emerged from the interview data, influencing participants' perceptions and experiences regarding clinical learning: supportive learning environment, perceived bias and dismissive attitudes from clinical supervisors, inadequate supervision and unmet clinical learning outcomes, and constraints in clinical resources. Findings revealed that negative clinician attitudes, poor supervision, and limited resources hindered students' clinical learning. Strengthening collaboration between institutions and hospitals, along with improved resource support, is essential for better learning outcomes.

Keywords: Clinical learning, Nursing, Midwifery, Qualitative study, Papua New Guinea

INTRODUCTION

Clinical learning and practice constitute an indispensable component of nursing education, where students integrate cognitive, affective, and psychomotor skills to develop critical clinical competencies for practice [1]. Using the nursing competency scale, Meretoja et al. [2] described clinical competence as the ability of students to integrate knowledge, skills, attitudes, and values into nursing practices, which remain important for professional standards. Nursing and midwifery students must apply their theoretical

knowledge as they confront challenges that help build their courage and confidence in real-life clinical situations [3]. Clinical practice challenges and skill acquisition foster critical thinking, decision-making, and emotional resilience, enhancing adaptability and professional confidence for a seamless career transition [1].

The clinical learning environment comprises the dynamic factors within clinical settings where students apply theory, develop skills, and enhance problem-solving and reasoning abilities [4]. A typical clinical learning environment includes health professionals, nurse educators, and patients, which affects nursing students' careers either positively or negatively by impacting their performance [1]. Four distinct attributes of a clinical learning environment are the physical environment, interpersonal and psychosocial aspects, organizational culture, and clinical teaching components [5]. During clinical placements, the combination of practical skills, theoretical knowledge, and quality mentorship significantly bolsters nursing students' motivation, confidence, and commitment to the profession [4].

Given the significance of clinical learning, a growing body of evidence highlights a strong correlation between the quality of the learning environment and nursing students' satisfaction [6]. A supportive clinical learning environment, characterized by effective supervision, constructive feedback, and a collaborative culture, strengthens learners' coping capacities, enriches educational experiences, and fosters the development of skilled, resilient practitioners [1]. A study conducted in Spain reported that nursing students expressed high levels of satisfaction with their clinical learning environment and supervision at hospitals where they completed clinical placements, suggesting a positive relationship between these elements [7]. A strong sense of belonging during clinical placements can boost students' confidence and enhance their motivation to learn. As Mikkonen et al. [8] highlighted, clinical mentoring is crucial for the professional development of nursing students and can significantly increase their motivation to enter and remain in the profession.

Students may struggle to apply theoretical knowledge in practice when the clinical learning environment lacks sufficient support or fails to foster a positive atmosphere. Research has shown that negative experiences and poor learning environments, marked by negative attitudes from staff toward working with seniors, adversely impact students' learning [9]. Students' clinical learning can also be influenced by various interpersonal, sociocultural, instructional, environmental, emotional, and physical factors, including poor teaching materials, strained professional relationships,

inadequate supervision, limited clinical resources, and a hostile work environment [10].

Papua New Guinea (PNG) has one of the world's most geographically dispersed and culturally diverse populations. The country has a decentralized healthcare system based on primary healthcare principles [11]. Access to healthcare services is variable, as it is often affected by poor health infrastructure and limited transport access [11]. In addition, persistent health workforce shortages in PNG continue to be driven by chronic underinvestment, poor working conditions, and imbalances between workforce supply and demand [12,13]. There is considerable demand for a strengthened health workforce and equitable healthcare in the country, with existing disparities highlighting the urgent need for expanded health education and training.

Previous studies on nursing and midwifery education in PNG focused on the challenges new graduate midwives face and the broad aspects of nursing and midwifery education and regulation [14,15]. There are currently no published studies that specifically examine the perceptions and experiences of nursing or midwifery students in their clinical learning environments in PNG. Additionally, there is a lack of literature focused on nursing and midwifery clinical learning and practice in the country. Addressing this knowledge gap is crucial for enhancing the quality of nursing and midwifery education and improving clinical learning practices.

Therefore, this study aims to explore nursing and midwifery students' perceptions and experiences regarding their clinical learning practices.

METHODOLOGY:

Study design:

Informed by an interpretive philosophical paradigm, this study employed a phenomenological approach informed by Edmund Husserl [16]. Phenomenology offers a theoretical framework to scholars who seek an in-depth understanding of phenomena at the level of subjective reality. This method emphasizes interpreting personal experiences by providing phenomenological descriptions that reveal the meaning and significance of the phenomena as experienced by participants [17]. The phenomenological aspect also involves interpreting these descriptions based on the principle of understanding the experiences shared by individuals, rather than generalizing findings [17]. The phenomenological approach explored lived experiences, emphasized trust, transparency, and flexibility, which made it particularly well-suited for generating meaningful insights in nursing and midwifery education.

Sampling:

Purposive sampling was used to select 18 students from the Bachelor of Clinical Nursing programs at the School of Medicine and Health Sciences (SMHS), University of Papua New Guinea (UPNG). The students were coded for ease of reference. Three from Child Health (Participant number 1 to 3). Six from Midwifery (Participants number 4 to 9). Two from Mental Health (Participant numbers 10 to 11). Seven from Critical Care (Participant numbers 12 to 18). Purposive sampling is a type of non-probability sampling method that involves researchers selecting a specific group of individuals based on specific characteristics of interest relevant to the study's aim [18]. This approach was appropriate as it allowed for the collection of rich insights into the clinical learning experiences of nursing and midwifery students. Students from other health disciplines were excluded from this study.

Data Collection:

Following informed consent, the primary researchers used a semi-structured interview guide consisting of four main questions to guide the discussion: (1) What is your experience about the clinical setting (environment)? (2) What can you say about clinical supervision? (3). How about the resources that the setting has to enhance your clinical practice? and (4). What can you say about clinicians' or supervisors' attitudes/approaches toward your clinical placement or learning?

Participants were asked, *'Please, tell me about your clinical experiences at the hospital. Tell me more about the…'* Follow-up questions were posed based on their statements and responses. Additionally, probing questions were asked regarding the participants' responses and opinions *(e.g., "Would you elaborate more on this?" or "What did you mean by saying…?")* to obtain in-depth information.

The interviews provided participants with a platform to lead discussions and share their perceptions and experiences regarding clinical learning. In alignment with phenomenology [19], interviews fostered the development of conversational relationships with participants, allowing for a deeper exploration and reflection on the significance of their experiences. All interviews were recorded and transcribed verbatim after the interview sessions. Each interview lasted between 30 to 50 minutes. The interview process continued until data saturation was achieved. To ensure credibility, audio recordings and transcripts were consistently reviewed for alignment with data interpretation, identified codes, and emerging themes.

Data Analysis:

Using phenomenological data analysis techniques, recurring themes were identified,

leading to a 'thick description' of participants' experiences [19]. A thematic analysis was conducted using a six-step process to examine qualitative data, systematically identifying and organizing patterns of meaning into themes that provide deeper insights into participants' perspectives and experiences [20]. To develop familiarity with the data, transcripts were read systematically and with an open, reflective approach. Non-verbal cues, including pauses, laughter, vocalizations, and facial expressions, were excluded, and grammatical corrections were applied to enhance readability while preserving the original meaning of participants' narratives. Data were manually analyzed by organizing notes, codes, and categories in Microsoft Word, based on shared meanings. These were then examined for patterns, leading to the development of sub-themes and overarching themes. The themes were further refined and selected to accurately reflect participants' perceptions and experiences [20]. To enhance the credibility of the analysis, an independent reviewer, who was not involved in the study, examined the emergent themes for validation. Reporting adheres to the Standards for Reporting Qualitative Research Checklist [21].

Rigor:

This study used four criteria to establish rigor: credibility, transferability, dependability, and confirmability [22]. First, credibility was established based on several strategies throughout the study. During data collection, participants were actively engaged in interviews, followed by debriefing sessions to review the process. Four independent researchers were involved in the data analysis and coding of the themes. The researchers reviewed each theme to ensure that it accurately reflected the participants' narratives. Second, the transferability of the findings was ensured by providing a detailed description of the study context. Third, dependability was established through the dense description of the methodology used and the description of the data. All interview materials, transcriptions, findings, interpretations, and recommendations were kept accessible to the principal investigator and supervisor to allow for an audit trail; descriptions, codes, and themes were also confirmed. Finally, confirmability was enhanced by using verbatim quotations from participants' narratives and incorporating field notes, which helped minimize researcher-induced biases [22]. The data was shared among colleagues for peer review and analysis to ensure trustworthiness.

Ethical considerations:

Ethical approval for this study was obtained from the Research Ethics Committee of the SMHS, UPNG (02-07-2024). Students received information sheets and provided informed consent before participating in the study.

RESULTS

A total of 18 nursing and midwifery students (3 males and 15 females) participated in this study. Students were between the ages of 30 and 40 with more than five years of clinical experience in rural and urban healthcare facilities. Analysis of the interview data revealed four interrelated themes influencing participants' perceptions and experiences of clinical learning: (1) supportive learning environment, (2) perceived bias and dismissive attitudes from clinical supervisors, (3) inadequate supervision and unmet clinical learning outcomes, and (4) constraints in clinical resources.

Supportive learning environment:

Only a few students described the clinical environment as friendly and supportive, which facilitated the translation of theoretical knowledge into clinical competence. This supportive environment enabled students to apply theoretical concepts effectively in clinical practice, thereby enhancing their overall learning experience.

Two students (Participants No. 3 and 10) described their experiences:

> *"When I first arrived at my assigned clinical workplace, I realized it was a completely new environment. I was confused and anxious, not knowing where essential items like the emergency trolley were located…... But the staff were friendly and helpful… they showed me where medical or emergency equipment is kept... I could work confidently."*

> *"The staff has been very supportive. They guided us through their workplace orientation and called us in whenever they needed to demonstrate a procedure… they also allowed us to perform some procedures. This helped us build our confidence as students."*

Perceived bias and dismissive attitudes from clinical supervisors:

Some students reported minimal support and dismissive attitudes from the clinical staff, with perceived bias during supervision and assessment contributing to dissatisfaction and reduced learning opportunities. Students also highlighted poor clinician engagement, especially when supervision was required.

As participant No. 4 explained:

> *"Some staff members were friendly, but I noticed that*

> *others were selective in their assistance when it came to assessing students' clinical competencies. Also, some staff did not communicate well with us; they didn't greet us and responded to our questions in an unfriendly manner."*

Participant No. 5 echoed this concern, highlighting the impact on their learning:

> *"Sometimes, we were not greeted by the staff in the ward; instead, they just ignored us. I do not know why this has happened. Some would walk past us without acknowledging our presence there… it was difficult to work with them."*

Inadequate supervision and unmet learning outcomes:

Several students expressed dissatisfaction with the quality of clinical supervision, emphasizing its adverse impact on skill acquisition and competency development. In many instances, supervision during clinical placements was perceived as inadequate.

Participant No. 9 stated:

> *"We just do our clinical procedures on our own… There was no proper clinical supervision. Some nurses would tell us to do what we can with our procedures. After the procedure is completed, they sign the clinical logbooks. This is not good!"*

Some students reported being required to perform clinical tasks without direct supervision, with instructions to seek assistance only when necessary. This lack of consistent oversight made it difficult to connect theoretical knowledge with practical skills.

Participant No. 2 explained:

> *"There is no (clinical) supervision…the nurses just instructed us to perform clinical procedures independently. If you are confused or have an emergency, please call us for assistance. That was their advice to us…"*

Constraints in clinical resources:

Most of the students consistently highlighted difficulties in accessing and utilizing clinical resources during placements, coupled with concerns about inadequate infection control

practices. Limited access to essential equipment not only hindered learning but also compromised safe practice standards.

As participants No. 7 and No 8 explained:

> *"We do not have enough resources, including sterile equipment… suture trays and gloves, to do a vaginal examination, especially in the Labor ward. So, most of the time we ran out and had to use unsterile equipment to perform our clinical procedures."*

> *"We don't have enough delivery trays in the labor ward. We wash and reuse them… sometimes we only rinse them or use alcohol swabs. We don't always use sterile techniques to deliver babies."*

DISCUSSION

The study examined nursing and midwifery students' perceptions and experiences of clinical learning, highlighting both enabling and constraining factors. While this study revealed that a supportive clinical environment was associated with positive engagement and skill development, students also reported significant challenges, including limited opportunities for active participation, perceived bias and dismissive attitudes from clinicians, inadequate supervision, unmet learning objectives, and persistent resource constraints.

A supportive clinical environment promotes skill development, bridges theory and practice, and boosts student engagement and learning outcomes. In their study, Rodríguez-García et al. [7] argued that the clinical learning environment directly impacts clinical performance and learning, serving as a vital link between academic instruction and practical skill development. Evidence indicates that a supportive clinical environment, underpinned by a positive workplace culture, enables nursing and midwifery students to actively engage in clinical learning, strengthen their clinical skills and competencies, and cultivate meaningful interpersonal and professional relationships [23]. Similarly, nursing and midwifery students gain confidence and demonstrate a greater willingness to learn when the clinical environment is supportive, characterized by open communication, constructive feedback, trust, and mutual respect between clinicians and students [9]. A supportive clinical environment, effective training, and positive staff attitudes foster active participation, skill development, and deeper learning among nursing and midwifery students [1,24]. This study highlights how a supportive clinical learning environment

improves student engagement, knowledge acquisition, clinical skills, and confidence.

In contrast, the present study revealed that clinical nurses often demonstrated prejudice and negative attitudes toward nursing and midwifery students during supervision. According to Oshodi and Sookhoo [25], unethical attitudes and behaviors in healthcare can affect student learning, performance, satisfaction, and patient outcomes. Recent studies confirm that clinician biases and unsupportive attitudes toward clinical supervision can negatively affect students' clinical learning [26]. Negative attitudes from clinicians can hinder nursing and midwifery students' learning by creating an unsupportive environment that limits their ability to ask questions, practice skills, and build confidence [25]. Future research could investigate the barriers to student learning that stem from nurses' limited engagement and inadequate supervision in clinical settings.

Clinical supervisors are pivotal in cultivating students' clinical competence and confidence, thereby ensuring safe, patient-centered care. In this study, students identified inadequate supervision as the most critical determinant of their dissatisfaction with clinical learning, a finding that reflects recent studies on clinical learning [27]. One possible contributing factor to this issue is the limited competency of some clinical supervisors, compounded by a lack of authority to provide effective support to nursing students during their placements. It can be difficult for nurses to provide effective supervision while also managing their daily patient care responsibilities [28]. Another reason for inadequate clinical supervision could be the shortage of qualified supervisors and insufficient preceptorship training. This lack of oversight may stem from inadequate infrastructure and a lack of formal training, which can negatively impact students' learning and practice [27]. Clinical preceptorship plays a vital role in building students' confidence, competence, and professionalism, supporting their transition into nursing and midwifery practice [27,29].

The study demonstrated that equipment and resource limitations during clinical placements significantly impeded nursing and midwifery students' ability to translate theoretical knowledge into practice. The findings are in agreement with a similar study conducted in Tanzania [1]. Negative clinical experiences may contribute to the theory–practice gap, leading to reduced competence and confidence among nursing students upon graduation. Additionally, students in this study reported increased use of non-sterile techniques during clinical procedures, likely due to a lack of sterile equipment in clinical settings, as noted in a study from Malawi [30]. Limited clinical resources hinder effective participation in clinical practice, reducing the quality of learning experiences.

Adequate availability and accessibility of medical resources and sterile equipment in clinical settings can improve students' ability to engage effectively in clinical practice, which fosters self-motivation, confidence, and competency [31]. The study emphasized the demand for health institutions to provide adequate resources and build the capacity to improve students' learning in clinical settings.

Although the findings align with broader evidence on clinical learning, several limitations should be acknowledged. The study focused solely on students from one institution, which restricts the transferability of its insights to other programs. It also excluded clinicians' perspectives, leaving important supervision experiences and challenges unexplored. To build a more comprehensive understanding of how clinical learning environments shape outcomes, future research should involve multiple institutions and incorporate both student and clinician viewpoints.

Implications of future research and practice:

Future research should broaden its lens to include diverse institutional perspectives, integrate clinician input, and examine structural barriers, such as limited supervision capacity, heavy workloads, and resource constraints, that shape student learning in clinical settings. Collaborative efforts involving students, educators, and clinicians could help develop context-specific supervision models and resource strategies suitable to the country's nursing and midwifery context.

For practice, priority actions include reinforcing preceptorship training, formally recognizing supervision as part of clinicians' roles, cultivating respectful and inclusive workplace cultures, and ensuring adequate equipment and resources. Together, these measures can narrow the theory–practice gap and better prepare nursing and midwifery graduates to deliver safe, patient-centered care in PNG.

CONCLUSION

Clinical learning environment was generally supportive, with students' reporting positive learning experiences during their placements. However, several clinical and interpersonal challenges impeded the quality of students' learning experiences. Limited supervision and engagement from clinical staff, perceived bias in learning opportunities, and negative attitudes, including insufficient clinical resources, impacted students' ability to practice essential skills and apply theoretical knowledge. Strengthening collaboration between training institutions and hospitals is critical to advancing clinical preceptorship, improving the quality of supervision, and ensuring that educational curricula are more effectively aligned with the practical demands of clinical training. Furthermore, investing in capacity-building

initiatives and ensuring adequate resource allocation for clinical supervisors can significantly improve clinical learning outcomes.

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Competing Interest:

None.

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