

# Navigating Clinical Practice: A Qualitative Exploration of Nursing Students' Experiences and Challenges

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## Original Article

### ARTICLE INFORMATION

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### ABSTRACT

**Background:** Clinical practice is a crucial component of nursing education, linking theoretical knowledge with real-world application. Nursing students encounter various challenges during this transition, which can significantly impact their professional growth. Common barriers include inadequate clinical supervision, lack of resources, and a disconnect between classroom instruction and clinical experience.

**Objective:** This study aims to explore the experiences and challenges nursing students face during clinical practice, focusing on their adjustment to clinical settings, the influence of clinical supervision, and the relationship between theoretical knowledge and practical application.

**Methods:** A descriptive qualitative research design was used, involving 25-30 second, third, and fourth-year nursing students from Benazir College of Nursing, Female College of Nursing, and Male College of Nursing in Larkana, Pakistan. Data collection occurred over four months through semi-structured focus groups and interviews. Thematic analysis was conducted to identify patterns and themes in the students' experiences, supported by NVivo software for data organization.

**Results:** The analysis revealed four major themes: approaches to patient interaction, challenges in the clinical environment, the necessity for effective clinical supervision, and the significant gap between theoretical knowledge and its practical application. Out of 30 participants, 80% reported inadequate supervision, while 70% faced resource constraints, hindering their ability to gain hands-on experience and develop professional confidence.

**Conclusion:** The findings highlight significant gaps in clinical education that negatively affect nursing students' learning experiences. To improve student confidence and competence, it recommends appointing dedicated clinical instructors, improving resource allocation, and creating a supportive learning environment that integrates theoretical and practical training. Addressing these issues is crucial for bridging the gap between academic knowledge and clinical practice, thereby enhancing the quality of nursing education. The study also calls for policy reforms in nursing education programs to address these inadequacies. Appointing dedicated instructors, ensuring adequate resource allocation, and incorporating structured reflection sessions can strengthen the connection between theoretical knowledge and practical application.

### Introduction:

Clinical practice is a vital aspect of nursing education, serving as the bridge between theoretical knowledge and real-world application. However, nursing students frequently encounter various challenges when transitioning from classroom learning to clinical settings. These challenges can significantly influence their academic and professional development. Barriers such as inadequate clinical supervision, insufficient resources, inappropriate clinical rotation and difficulties in applying theoretical knowledge in practice often hinder students' ability to gain essential skills and confidence. Students need a clinical learning environment and atmosphere that is supported, respected and encouraged, which is essential

for the mastery of clinical practice skills (Zhang et al., 2022).

In Larkana, Sindh, nursing education has not been extensively studied, particularly in terms of the students' clinical experiences. This gap is concerning because effective clinical training is crucial for preparing competent nursing professionals. While international studies have identified common obstacles faced by nursing students, little research has been conducted within the Pakistani context, especially in Larkana. This lack of local studies may result in missed opportunities to address region-specific challenges and enhance nursing education.

Nursing students, particularly new ones, will face more obstacles when confronted with complex cases in a real

clinical setting (Mamat et al., 2023). Additionally, Inadequate clinical evaluation, inappropriate clinical rotation, organizational flaws, an unsupportive learning environment, insufficient clinical supervision, and difficulties in transferring theoretical knowledge into clinical practice are all viewed as barriers to clinical learning (Panda et al., 2021). For this reason, a supervisor's modeling of student support can be crucial to learning (Cant, Ryan, Hughes, Luders, & Cooper, 2021). Therefore, the concerned colleges' and universities' nursing education departments need to be aware that they have a responsibility to assign clinical instructor and to prepare their students for clinical settings (Amin & Bhat, 2022). Examining nursing students' resilience within the framework of clinical practice offers insightful information to those looking to create plans to encourage and strengthen resilience in this particular area of nursing education (Aryuwat, Holmgren, Asp, Radabutr, & Lövenmark, 2024).

Given these identified challenges, this study seeks to explore the unique experiences and obstacles faced by nursing students in Larkana during their clinical practice. By investigating their adjustment to clinical settings, the role of clinical supervision, and the disconnect between theoretical learning and practical application, this research aims to inform improvements in nursing education programs in Larkana.

#### METHODOLOGY:

A descriptive qualitative research design examined the experiences of nursing students in clinical practice over four months (September 18–December 18, 2024). The sample included 25–30 second-, third-, and fourth-year BSN Generic students. A sample size of 30 was deemed sufficient based on qualitative research guidelines, which emphasize smaller samples for in-depth exploration. Creswell and Poth (2022) suggest that 20–30 participants typically yield rich, descriptive data and achieve thematic saturation. A purposive sampling technique targeted students from Benazir College of Nursing, Female College of Nursing, and Male College of Nursing in Larkana, ensuring relevant insights into local challenges. An interview guide was developed based on literature review, with focus group questions designed to explore students' experiences across different academic years. Data saturation was achieved within six interviews, semi-structured focus groups each consist of 5 participants, with sessions lasting of 25 to 30 mints. Researchers transcribed interviews verbatim and used deductive and inductive coding to identify patterns. Open coding was conducted independently before collaborative discussions refined potential themes. Multiple researchers participated to minimize bias. Themes were evaluated for coherence and relevance, with cross-checking and peer review enhancing credibility. Member checking ensured accuracy, and finalized themes were illustrated with descriptive narratives, incorporating direct participant quotes. The methodology used reflexivity, triangulation, participant verification, and peer debriefing to control subjectivity, mitigate personal biases, ensure balanced interpretations, incorporate participant feedback, and identify biases and blind spots. NVivo software was used for efficient data organization and analysis.

#### RESULTS

##### Thematic Analysis:

Throughout the period of data collection, thirty (30) participants (Six FDGs) agreed to participate in this study. Four themes were identified related to the Experiences of nursing students during clinical placement:

#### Theme 1: Approaches to Patient Interaction

##### Initial Patient Engagement

The participant reflected a common challenge in nursing education—initial anxiety and lack of structured communication skills during patient interactions. Many students struggle with confidence due to limited real-world experience and insufficient clinical preparation. This highlights the need for more structured pre-clinical training, including simulated patient interactions, to help students develop systematic history-taking skills and reduce hesitation in real clinical settings:

*"I was hesitant on my first interaction with the patient... I asked questions randomly without any specific order."* (FDG2\_S2)

The participant discussed the challenge of balancing theoretical knowledge with patient interactions, emphasizing the need for nursing students to integrate clinical guidelines with patient-centered communication through experience and mentorship:

*"We introduce ourselves with the patient and follow our clinical objectives to collect data."* (FDG3\_S2)

The participant emphasized the practical challenges students face when gathering patient history, emphasized the importance of critical thinking and adaptability in clinical training to ensure students navigate patient conditions while maintaining ethical standards:

*"If the patient is conscious, we collect data directly from them; if unconscious, we ask the attendant."* (FDG3\_S6).

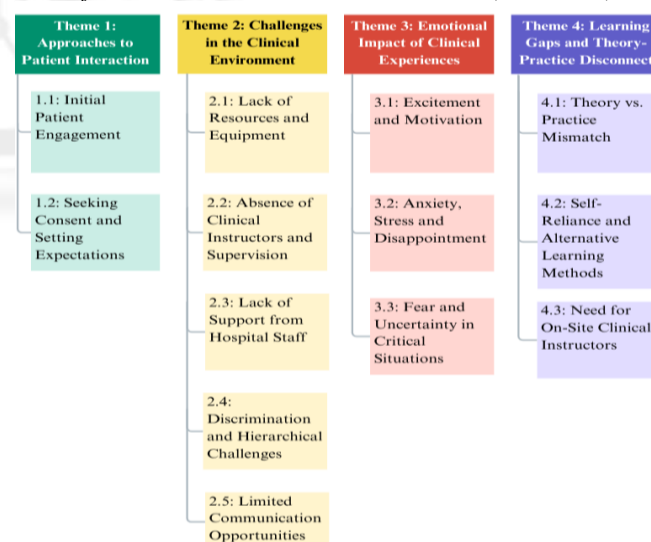


Figure.1 Diagrammatic presentation of themes and categories

##### Seeking Consent and Setting Expectations

Participant highlighted the importance of professional identity in nursing education. Students must balance their learning needs with ethical considerations, ensuring that patients are aware of their role and purpose. It reflects the challenge of gaining patient trust while developing clinical competence:

*"I introduce myself as a nursing student and tell the patient that I will be taking their history and performing a physical examination."* (FDG6\_S2)

The participant highlighted the ethical and legal aspects of patient care, emphasizing the importance of obtaining informed consent in nursing education and navigating patient interactions professionally:

*"First, I introduce myself, explain my role, and ask for their consent to take a history."* (FDG4\_S4)

The participant emphasized the importance of a patient-centered approach in nursing education, requiring students to develop communication techniques that respect patient autonomy and comfort:

*"I ask if the patient is willing to talk or give history and then start with questions based on the patient's condition."* (FDG5\_S3)

## Theme 2: Challenges in the Clinical Environment

### Lack of Resources and Equipment

The participant highlighted the challenge in nursing education, where students must apply clinical training in environments lacking essential medical supplies, highlighting the need for improved resource allocation in healthcare settings:

*"There's a deficiency of instruments and no proper hygiene. We have to manage without basic necessities."* (FDG6\_S2)

Another participant highlighted the issue of infection control in nursing students, who struggle to implement strict hygiene protocols due to resource shortages, highlighting the need for systemic reforms in hospital resource management:

*"We don't have any gloves, sanitizers, or PPE kits... there's no system to control the infection."* (FDG4\_S4)

Students face frustration when theoretical guidelines clash with practical limitations, highlighting the challenge of maintaining professional standards in under-resourced settings, emphasizing the need for policymakers and hospital administrations:

*"The lack of hygiene facilities in hospitals prevents us from following the protocols we're taught in class."* (FDG5\_S4)

### Absence of Clinical Instructors and Supervision

Participant highlighted insufficient clinical supervision hinders students' practice of essential nursing skills, leading to gaps in competency development and confidence in performing procedures:

*"Our teachers reply to our queries, but they can't be in every ward, so we don't get the hands-on learning we need."* (FDG3\_S5)

Another participant pointed a significant flaw in nursing education: inadequate clinical oversight, lack of structured demonstrations, and mentorship, leading to passive learning and negative impacts on patient care:

*"Teachers only come for attendance, but there is no real teaching or skills demonstration."* (FDG3\_S4)

The participant highlighted the reliance on doctors for student training, highlighting their primary patient care responsibilities, which limits skill acquisition and uncertainty:

*"We rely on doctors for guidance, but if they're busy, we struggle because there's no one else to help us."* (FDG4\_S4)

Students in nursing education face frustration, uncertainty, and anxiety due to lack of dedicated clinical instructors,

emphasizing the urgent need for consistent clinical mentorship:

*"First of all we haven't clinical instructor so when we go to hospital we accept the Dr as our clinical instructor in free time we ask from Dr for procedure and medicine otherwise if Dr is busy then we become upset and we don't know how to perform this procedure."* (FDG6\_S4)

### Lack of Support from Hospital Staff

The participant highlighted the need for improved coordination between nursing institutions and hospitals to ensure smooth student integration into clinical settings, despite administrative and communication gaps:

*"Staff mostly don't allow us in the ward because they said that they haven't received any letter and make us wait for a long time and don't value us."* (FDG2\_S5)

Another participant emphasized the difficulty in addressing unwelcoming attitudes in a hierarchical healthcare environment, emphasizing the need for a more supportive and collaborative learning environment:

*"We feel fear when asking doctors for help because they don't always respond positively."* (FDG4\_S2)

### Discrimination and Hierarchical Challenges

One of the participants emphasized the need for more inclusive and respectful interdisciplinary collaboration in clinical training to address the hierarchical challenges faced by nursing students in healthcare settings:

*"The major challenge I faced was the discrimination from doctors who often make us feel inferior."* (FDG5\_S1)

Nursing students struggle to gain recognition and respect within healthcare teams due to doctors' superiority, requiring better teamwork and communication training to foster a supportive learning environment:

*"Doctors always perceive themselves at a higher level, and it makes us feel less valued."* (FDG5\_S2)

### Limited Communication Opportunities

The participant emphasized the importance of active instructor involvement in clinical training, highlighting the need for interactive and hands-on teaching methods to enhance student learning:

*"When the teacher does come, they just mark attendance and don't engage with us."* (FDG1\_S3)

Negative reinforcement negatively impacts student confidence, hindering learning and skill development. A supportive teaching approach fosters open communication and professional growth:

*"Sometimes, the teacher discourages us when they visit the ward, making us hesitant to ask questions."* (FDG2\_S4)

Instructor absence can lead to students seeking help from paramedical staff, resulting in inconsistencies in training and reinforcing hierarchical challenges in healthcare settings:

*"Without an instructor, we often have to rely on paramedical staff, but their egos can be a barrier."* (FDG6\_S4)

Students struggle with effective communication with hospital staff, feeling undervalued. A more inclusive and respectful learning environment is essential for improved engagement and professional development:

*"Nurses and other staff don't always value us, making it hard to communicate effectively."* (FDG4\_S2)

## Theme 3: Emotional Impact of Clinical Experiences Excitement and Motivation



The participant emphasized the significance of hands-on experience in nursing education, emphasizing the need for structured clinical experiences to ensure consistent skill acquisition:

*"I felt excitement the first time I did an IV; it made me feel like I was finally able to do something."* (FDG3\_S2)

Bridging theory and practice in nursing education can enhance students' motivation and professional identity by providing practical application of their knowledge in clinical settings:

*"It's exciting to apply what we studied in the classroom and feel a sense of achievement."* (FDG6\_S4)

Transitioning from theoretical learning to clinical practice requires proper orientation and structured guidance, ensuring students feel confident and prepared for their roles in hospital wards and procedures:

*"A proper introduction to the wards and procedures would help us feel less lost and more capable."* (FDG4\_S4)

#### **Anxiety, Stress and Disappointment**

Unsupportive clinical environments can cause emotional stress and discourage nursing students, emphasizing the need for a welcoming, educational atmosphere that promotes growth rather than intimidation:

*"I went to clinical excited, but the environment and unsupportive staff made it stressful."* (FDG5\_S2)

Nursing students often struggle without proper guidance, leading to feelings of unpreparedness and discouragement. Structured mentorship is crucial for safe, meaningful learning experiences:

*"The lack of supervision is challenging, especially in emergency situations. It makes me feel disappointed."* (FDG2\_S5)

One of the participant underscored the need for student training in patient interaction and resilience to effectively handle uncooperative patients, fostering confidence and professionalism:

*"When patients are difficult or don't cooperate, it's frustrating because we feel like we're failing."* (FDG4\_S3)

The gap between theory and hands-on practice in nursing education is a significant concern, requiring increased structured practice sessions to enhance competence and reduce stress:

*"I feel anxiety because we can't practice the skills frequently."* (FDG2\_S1)

#### **Fear and Uncertainty in Critical Situations**

Nursing students often experience anxiety in medical emergencies due to lack of proper training and supervision, emphasizing the need for more hands-on emergency response training and simulation exercises:

*"I want to say we are in hospital and patient vomits with bleeding, this is a sudden scenario for us and we don't know how to handle this."* (FDG3\_S4)

Another participant highlighted the challenges of working in high-intensity environments like the ICU, emphasizing the need for structured training and exposure to emergency situations to build student confidence:

*"The area of hospital is ICU. I am unable to manage ICU work if patients come in emergency in ICU, then how I handle this, so this is a barrier in our learning."* (FDG6\_S5)

Rapid ward rotations hinder students' adaptation to clinical settings, hindering in-depth knowledge and hands-on practice in specialized areas like ICU and critical care:

*"Quick rotations between wards leave us feeling unprepared, especially for ICUs and critical care."* (FDG6\_S3)

#### **Theme 4: Learning Gaps and Theory-Practice Disconnect Theory vs. Practice Mismatch**

Nursing education often lacks consistency in real-world clinical practice, leading to confusion and frustration among students, hindering professional standards development and patient safety concerns:

*"We learn about infection control and patient privacy, but these aren't always practiced in the hospital."* (FDG4\_S3)

According to participant statement, Transitioning from theoretical knowledge to practical application in high-pressure situations is challenging due to textbook guidelines' inability to capture real clinical settings' unpredictability:

*"There's a huge difference between classroom theory and real clinical situations, especially when dealing with emergencies."* (FDG3\_S2)

The participant highlighted the disparity between skill lab and hospital protocols, suggesting that standardized clinical training and better alignment between classroom learning and hospital practices can enhance student adaptation:

*"Whatever I learned in skill lab, that's different at clinical. If I do IV at clinical I feel hesitated and its protocol is different from theory."* (FDG2\_S3)

#### **Self-Reliance and Alternative Learning Methods**

The participant emphasized the need for structured guidance in clinical settings, highlighting the potential for inconsistencies and errors due to the absence of clinical instructors:

*"With no clinical instructor, we learn from YouTube or from our seniors and try to apply it practically."* (FDG6\_S2)

Students seek alternative learning methods due to limited availability of clinical educators, highlighting the need for accessible, trained instructors to provide consistent guidance:

*"When there's no instructor, I approach doctors or use online resources to try to learn procedures."* (FDG2\_S4)

One of the participants highlighted a critical gap in nursing education, where students learn through trial and error without proper supervision, highlighting the need for structured support systems:

*"We have to depend on our own learning because staff don't always help, and there's no one to correct us."* (FDG5\_S6)

#### **Need for On-Site Clinical Instructors**

Structured learning sessions are crucial for students in clinical practice, ensuring understanding of expectations and procedures, and allowing for clarification and reflection on experiences:

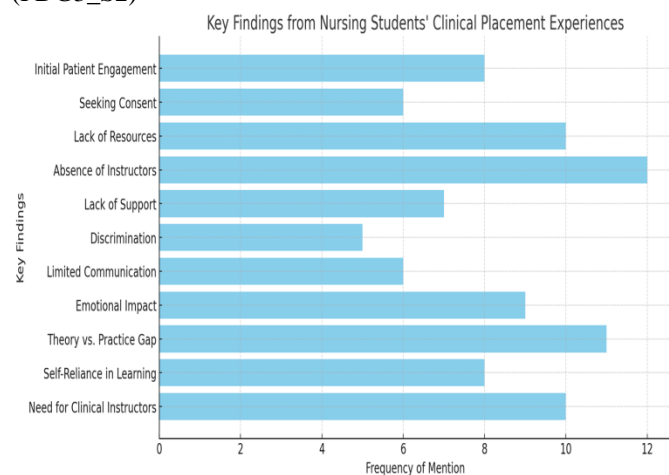
*"Teachers should conduct pre- and post-conferences to solve queries and teach us necessary skills."* (FDG1\_S4)

Another student emphasized the importance of skill labs in bridging the gap between theory and practice. Without adequate preparation in labs, students may feel hesitant and unsure when performing procedures in real clinical settings. Proper hands-on training before clinical exposure can enhance competence and confidence:

*"Instructors should teach us procedures in labs before we try them in clinical practice."* (FDG3\_S5)

Insufficient clinical supervision leads students to seek help from overwhelmed staff, limiting learning opportunities. Appointing clinical instructors would improve student confidence and patient safety:

*"We request the PNC and Sindh government to appoint clinical instructors or staff nurses to support students."* (FDG3\_S2)



**Figure.2 Diagrammatic Presentation of Key Findings**

## DISCUSSION:

Nursing students' clinical experiences play a crucial role in shaping their professional identities and skills. A study on nursing students in Larkana, Pakistan, highlights significant challenges, particularly inadequate clinical supervision, which affects 80% of students. When entering clinical practice students are theoretically equipped, but most students lack practical experience, they are on a Novice level (Lundell Rudberg et al., 2022). This issue aligns with research from Iran and Africa, where insufficient mentorship hampers skill development and confidence (Mamat et al., 2023; Panda et al., 2021). Additionally, resource constraints—such as shortages of essential medical supplies—mirror challenges in Afghanistan and South Sudan, where students struggle to maintain hygienic practices due to limited basic resources (Cant et al., 2021).

The theory-practice gap in Larkana reflects global trends, as students in low-resource environments often struggle to apply classroom knowledge in clinical settings due to insufficient exposure and support (Amin & Bhat, 2022). However, cultural and curricular differences shape unique experiences, with some regions emphasizing community-based training to enhance practical skills. Integrating high-fidelity simulations into nursing curricula offers a viable solution, allowing students to develop essential skills in a controlled environment while mitigating the limitations of resource-scarce clinical settings (Mamat et al., 2023). The hierarchical structure of Pakistani hospitals further hinders nursing students' professional development by reinforcing the perception of nursing as a subordinate role. This dynamic fosters feelings of inferiority, limiting students' confidence and ability to apply theoretical knowledge. The absence of dedicated clinical supervisors exacerbates these challenges, leading to a passive learning environment. Addressing these issues requires healthcare education reforms that foster inclusivity and support nursing students in their clinical

training. Similar challenges exist globally. In Malaysia, inadequate clinical supervision and a disconnect between theoretical learning and real-world practice pose difficulties for nursing students (Mamat et al., 2023). African nursing students experience hierarchical structures that undermine their confidence and restrict interactions with experienced healthcare professionals, mirroring the experiences of students in Larkana (Panda et al., 2021). Bril et al. (2022) explored how collaborative environments could foster assertiveness, while the lack thereof can lead to hesitation and diminished confidence among students. Likewise, in the Middle East, cultural hierarchies hinder open communication and collaboration within healthcare teams, negatively impacting student learning and patient care. These parallels highlight the widespread difficulties nursing students face in transitioning from academia to clinical practice, underscoring the need for systemic reforms and innovative educational strategies to improve nursing education worldwide. The strength of this study to focus on the unique context of Larkana, Pakistan, offering insights into clinical supervision, resource limitations, and theoretical knowledge integration. Using qualitative methodologies, it explores the specific challenges nursing students face in clinical education, emphasizing the need for tailored interventions suited to the local cultural and educational landscape.

However, the study has limitations. The sample size of 25–30 nursing students may not be representative of the broader nursing student population, limiting the generalizability of findings. Additionally, reliance on qualitative data from focus group discussions introduces potential bias, as participants may feel pressured to conform to group opinions rather than express their individual perspectives. The study is confined to a specific nursing program in Larkana, Sindh, Pakistan, which may not fully reflect the experiences of students in other regions or countries. Furthermore, as a cross-sectional study, it captures student experiences at a single point in time, potentially overlooking changes in perspectives and challenges that evolve throughout their education.

## CONCLUSION

This study explores the clinical experiences of nursing students, highlighting the lack of clinical supervision and the critical gap between theoretical knowledge and practical application. Using a descriptive qualitative research design, the study involved 25–30 second-, third-, and fourth-year nursing students who shared their clinical practice experiences. Key findings indicate that students face several challenges, including inadequate support from clinical instructors, a lack of structured guidance, and limited opportunities for reflection on practice. Participants emphasized the need for on-site clinical instructors to facilitate pre- and post-conferences, which are essential for addressing queries and enhancing skill acquisition. The study also reveals a disconnect between classroom learning and real-world application, underscoring the need for better communication and support within clinical settings. The study found that Second-year students experienced anxiety and challenges in clinical practice, while third-year students showed confidence but faced more responsibilities. Fourth-year students experienced transitional stress and sought advanced mentoring. Gender differences also emerged, with

female students facing gender bias and male students navigating stereotypes. To address these issues, the study recommends appointing dedicated clinical instructors to create a supportive learning environment, integrating theoretical and practical training more effectively, and conducting structured pre- and post-conference sessions, along with procedure demonstrations. Enhancing nursing education and preparing students for clinical challenges require specific policy changes. These include assigning dedicated clinical instructors for consistent guidance and revising curricula to align theoretical knowledge with practical application—for instance, conducting clinical rotations after completing four months of coursework, followed by a one-month structured clinical rotation. Future research should focus on longitudinal studies to assess the impact of mentorship programs on student development and confidence. Additionally, stronger policy recommendations should promote collaboration between nursing colleges and healthcare facilities to optimize resource allocation and training environments. Establishing systematic feedback mechanisms will also allow students to share their clinical experiences, leading to continuous improvements in nursing education.

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#### References:

1. Amin, N., & Bhat, A. A. (2022). The Challenges Posed by Nursing Students in the Clinical Settings: Case Observations from SKIMS Soura. *International Journal of Emergency and Trauma Nursing*, 8(2), 15-19p.
2. Aryuwat, P., Holmgren, J., Asp, M., Radabutr, M., & Lövenmark, A. (2024). Experiences of nursing students regarding challenges and Support for Resilience during Clinical Education: a qualitative study. *Nursing Reports*, 14(3), 1604-1620.
3. Bril, I., Boer, H. J., Degens, N., & Fleer, J. (2022). Nursing students' experiences with clinical placement as a learning environment for assertiveness: a qualitative interview study. *Teaching and Learning in Nursing*, 17(4), 383-391.
4. Cant, R., Ryan, C., Hughes, L., Luders, E., & Cooper, S. (2021). What helps, what hinders? Undergraduate nursing students' perceptions of clinical placements based on a thematic synthesis of literature. *SAGE Open Nursing*, 7, 23779608211035845.
5. Creswell, J. W., & Poth, C. N. (2022). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE Publications.
6. Lundell Rudberg, S., Westerbotn, M., Sormunen, T., Scheja, M., & Lachmann, H. (2022). Undergraduate nursing students' experiences of becoming a professional nurse: a longitudinal study. *BMC nursing*, 21(1), 219.
7. Mamat, W. H. W., Nik Azni, N. I. I., Isa, S. N. I., Musharyanti, L., & Shariff, N. M. (2023). Clinical Placement Among Malaysian Nursing Students: What Are Their Challenges?. *Malaysian Journal of Medicine & Health Sciences*, 19(6).
8. Panda, S., Dash, M., John, J., Rath, K., Debata, A., Swain, D., ... & Eustace-Cook, J. (2021). Challenges faced by student nurses and midwives in clinical learning environment—A systematic review and meta-synthesis. *Nurse Education Today*, 101, 104875.
9. Zhang, J., Shields, L., Ma, B., Yin, Y., Wang, J., Zhang, R., & Hui, X. (2022). The clinical learning environment, supervision and future intention to work as a nurse in nursing students: a cross-sectional and descriptive study. *BMC Medical Education*, 22(1), 548

**CONFLICT OF INTEREST**

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**DATA SHARING STATEMENT**

The data that support the findings of this study are available from the corresponding author upon reasonable request

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