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Nursing Internship Students Perception of Clinical Learning Practice in Private Sector Hospital in Peshawar, Pakistan

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ABSTRACT

Background: Clinical education is vital for nursing students to apply theoretical knowledge and develop critical skills. Effective mentorship, supportive environments, and cooperation between clinical teachers and nurses interne enhance learning, while inadequate supervision hinders progress. Private hospitals offer unique opportunities but pose challenges due to high workloads and efficiency demands. Clinical instructors play a crucial role in guiding students and fostering professional growth. Tailoring clinical education to student needs is essential for preparing confident, competent nurses for the healthcare industry.

Method:A quantitative Descriptive Cross-sectional study was conducted at Kuwait Teaching Hospital, Prime Teaching Hospital, Mercy Teaching Hospital, Naseer Teaching Hospital and Rahman Teaching Institute Hospital. Non-probability convenient sampling was used based on a 95% confidence interval, 50% response distribution and 5% margin of error. The sample size is calculated to be 152 samples through Rao software. Data was collected face to face from person through an adopted modified questionnaire from Student Clinical Learning Culture Survey having calculated reliability of Cronbach's alpha of (0.76). Data was analyzed through Software SPSS version 25 for statistical analysis.

Results: Total males were 65.8% and females 34.2% respectively. We had calculated the whole mean and standard deviation of the whole population and study level. We had also found the mean and standard deviation of all the questions. The mean for gender was 1.34 and standard deviation was .475 and for the study level mean was 68.73 and standard deviation was 10.43. Conclusion: The internee student perception about the clinical environment and clinical instructor was not satisfied. There are more Effective and supportive environments, and cooperation are need between clinical teachers and nurses interne to enhance learning.

Introduction

Clinical education is crucial in undergraduate nursing programs as it allows students to apply their theoretical knowledge to real-world scenarios [1]. However, the quality of the clinical learning environment has been a source of concern, as it often lacks focus on nursing students' training, leading to special learning opportunities that cannot be replicated elsewhere[2]. Professional nursing education cannot be completed without clinical education, which provides students with

practical experience and helps them apply their theoretical knowledge to real-world situations [3]. Nursing students must spend a significant number of clinical hours in various healthcare settings as part of their academic requirements, which are essential to their learning. Among other vital professional skills, these hours help students develop critical thinking, nursing, decision-making, and the capacity to handle real-world situations [4]. In the clinical learning setting, students are taught to nursing practice norms and procedures, including patient care protocols [5]. Students should work with licensed clinicians to get experience in professional environments that value teamwork and candid communication. This dynamic is made possible in large part by direct involvement and open communication with doctors [6]. Clinical learning is influenced by a variety of social and emotional aspects in the complex social environment of nursing education. The therapeutic environment has a significant impact on students' behavior, emotional growth, and academic achievement [7].

Mutual trust, helpful interactions, and interpersonal relationships are necessary to create a learning environment. Nursing students' performance may be enhanced by customizing the clinical environment to meet their needs [8]. To enhance students' learning, staff nurses and clinical teachers must collaborate. The amount of staff members available to help students is sometimes limited by contemporary challenges such rising patient acuity levels, a scarcity of nurses, and decreased reimbursement [9]. These issues impact the competitive climate among nursing schools, which strive to offer enough clinical placements [10]. Clinical education has employed a variety of pedagogical strategies to solve these problems. Traditionally, students have been supervised by a teaching member and a staff nurse throughout their practicum, which is still the most often, used method. Further study is required to examine the particular benefits of various clinical teaching models, as each teaching approach has its unique set of pros and disadvantages [11]. Nursing education relies heavily on the clinical learning environment to support students in integrating their effective, psycho-motor, and cognitive abilities. Developing theoretical and practical skills, providing feedback, and conducting observation are all part of the process of training nurses [12]. The fast-paced and occasionally complex nature of the healthcare profession might overwhelm nursing trainees when they first enter clinical settings [13].This anxiety can be exacerbated by things like inexperience, a fear of making mistakes, and the challenge of caring for patients who are very ill. Nursing education must integrate classroom learning with practical experience in order to adequately educate nursing students for the changing healthcare sector [14]. However, barriers like inadequate supervision, hostile surroundings, and badly thought out clinical education programs may make clinical learning more difficult. For many students, the difficulty of applying theoretical knowledge to real-world situations continues to be a major obstacle [15].

Clinical internships are an essential part of nursing school because they allow students to build their professional identities, apply their academic knowledge in real-world situations, and hone their clinical skills [16]. Private sector hospitals provide unique educational possibilities, particularly with regard to patient demographics and cutting-edge technology. To improve nursing education and create capable, self-assured nursing professionals, it is essential to comprehend how nursing internship students see practical learning methods in private sector hospitals [17]. Two unique features of the private hospital setting that affect nursing students' clinical learning experiences are high patient-to-nurse ratios and challenging work situations. In clinical learning, mentoring and supervision are equally important since they offer direction, encouragement, and feedback [18]. Research indicates that students who receive supportive mentoring are more capable of picking up new skills, have more self-esteem, and are generally happier with their clinical experiences. However, insufficient supervision or mentorship might result in anxiety, loneliness, and a lack of educational opportunities [19].

The corporate culture of the private hospital has a significant impact on how nursing internship students see clinical learning. Open communication, teamwork, and a dedication to learning can significantly improve students' experiences [20]. However, if efficiency is valued more highly than knowledge, learning may be hindered since students may feel under pressure to finish assignments quickly rather than concentrate on the learning process. The correlation between clinical learning experiences and company culture highlights the significance of establishing settings that facilitate nursing education and patient care [21]. Students' learning experiences may also be influenced by the particular clinical practices and procedures experienced at private sector hospitals. Students can benefit from unique learning experiences that improve their clinical competence through exposure to cutting-edge technologies, customized therapies, and creative care models [22]. However, the fast-paced environment of the private healthcare industry may also provide difficulties for students who may feel unprepared or overburdened by their job responsibilities. Matching nursing programs to the demands of clinical practice is crucial to effectively educate students for the difficulties they would encounter working in private hospitals [23]. Expectations, past knowledge, and abilities all affect how students see their clinical learning experiences. Students may feel more secure and involved when they begin internships with a solid theoretical and clinical competence base [24]. However, students who lack self-assurance or struggle in specific areas may find it difficult to get the most out of their clinical

placements. To maximize nursing education, educators and healthcare administrators must understand the elements that influence students' perspective [25].

Clinical instructors play a crucial role in nursing education, helping students navigate the complexity of patient care and connect academic understanding with real-world application[26].Their experiences in clinical settings significantly influence students' competence, confidence, and sense of self as professionals. They act as role models for professional conduct, communication, and moral decision-making, while also helping students acquire technical skills [27]. The impression of their clinical teachers significantly impacts students' educational experience, academic performance, and job satisfaction. Positive teacher impressions lead to higher engagement, more effective learning settings, and improved clinical performance [28]. Conversely, negative opinions can cause stress, unhappiness, and hinder career advancement. The teaching methods, interpersonal abilities, constructive criticism capacity, and emotional support of their instructors greatly influence students' experiences with clinical learning [29].

In order to close this gap, two research objectives were examined in this study. To Identify the perception of nursing internship Students ' about clinical learning practice and the perception of internship students about clinical instructor [30].

Methods

Study design

To give a succinct summary of nursing internship students' experiences and viewpoints in clinical education, a cross-sectional survey approach was used. Without needing a lot of follow-up, this method made it possible to identify patterns, areas for improvement, and strengths. Kuwait Teaching Hospital, Prime Teaching Hospital, Mercy Teaching Hospital, Naseer Teaching Hospital, and Rahman Medical Institute are the five private sector hospitals in Peshawar, Pakistan, where the study was carried out.

Sampling

The sample size was determined to be 152 individuals using a 50% response distribution, a 95% confidence interval, and a 5% margin of error. The sample size is all bachelor nursing interns from private hospitals in Peshawar, Pakistan, would be included in the 152 samples. The method of sampling is to find individuals with rich information who can meet the research goal; the sampling approach will be employed. Non-probability convenient sampling should be used for the sample. Because it provides rapid access to a particular demographic and gets around time or resource restrictions, non-probability convenience sampling is a useful technique for evaluating nursing internship students' opinions of clinical learning techniques selection of the sample. The process of choosing participants from the population while defining inclusion and exclusion criteria is known as sample selection.

Inclusion criteria

- Those BS Nursing graduates who have started their internship and have worked for at least one month in hospital.
- Willingly participants will be included in this study.
- Both male and female internee will be equally participating in this research.

Exclusion criteria

- Those BS Nursing internee students who are on leave.
- Students with less than one month experience will be excluded.
- Students who are not willingly interested will also be excluded from this study [31].

Data collection

The study was conducted over a six-month period from January to May of 2024.

Approval was obtained from Ethical Review board of Peshawar Medical College. Consent was obtained from each male and female internship student who was participating in the study. Study participants were recruited with proper instructions as per information sheet. Data was collected face to face from person through an adopted modified questionnaire from Student Clinical Learning Culture Survey during clinical training in Peshawar, Pakistan with the calculated reliability of

Cronbach's alpha of (0.87). The pilot test value of the mentioned questionnaire is 0.83. The pilot test result and procedure are attached. The Student Clinical Learning Culture Survey (SCLCS) was developed by Amanda Henderson which has a five-point Likert Scale that examines learning in clinical environment [32].

Instrument

A study tool called the Student Clinical Learning Culture Survey (SCLCS) was created to assess how nursing students see the clinical learning environment while they are on placement. A number of statements on students' experiences in clinical settings are included in this instrument. These statements include topics such the nursing staff's assistance, the clarity of ward assignments, chances for active learning, emotional support, and general placement satisfaction. On a five-point Likert scale, with 1 denoting "strongly disagree," 2 "disagree," 3 "neither disagree nor agree," 4 "agree," and 5 "strongly agree," respondents score each question. While lower ratings suggest discontent or bad experiences, higher scores often represent more favorable opinions of the clinical learning environment. This instrument contains 21 items in which for Clinical Instructor (CI) Support contain (6 items) while the clinical learning environment contain (15 items). A thorough evaluation of the clinical culture is made possible by the inclusion of items with both positive and negative wording. The SCLCS is a useful instrument in educational research that helps institutions improve the caliber of student learning experiences in healthcare settings by highlighting clinical education's advantages and shortcomings.

Data analysis

Data on nursing internship students' opinions on clinical learning methods were analyzed using SPSS version 25. Descriptive statistics, such as mean, standard deviation, frequencies, and percentages, were used to examine the data. The opinions of various groups, such as male and female students or students from various wards or hospitals, were compared using the T test. The analysis supported the decision-making process for educational reforms by identifying significant patterns and discrepancies in nursing internship students' perceptions of experiential learning techniques. The findings, which were shown as tables, charts, and graphs, offered insightful information for educational change.

RESULT

Table 1: Socio-demographic Characteristics of the Participants (N = 152)

Characteristics	Category	Percentage (%) and Frequency (n)
Gender	Male	65.8% (100)
	Female	34.2% (52)
	Total	100% (152)
Marital Status	Single	90.13% (137)
	Married	9.86% (15)
	Total	100% (152)
Age	<24 years	61.2% (93)
	>24 years	38.8% (59)
	Total	100% (152)

This table 1 showed a total of 152 participants that were included in this study. According to this research out of 152 individuals, overall 100 male participants with an average percentage of 65.8% were included while the remaining 52

(34.2%) female participants were included as given in the current research. This table also showed the marital status of participants. According to this chart, a questionaries' form was collected from 137 (90.13%) individuals out of 152 who showed their marital status single, while the remaining 15 (9.86) questionaries' were taken from marries participants as shown in the above table. A total of 93 (61.2%) participants out of 152 were younger and included in this data with an age of less than <24 years while 59 (38.8%) participant with >24 years were participated in this study according to age wise distribution.

Table 2: Distribution of Nursing Internees by Ward/Unit, Affiliated Hospital and Interpretation of SCLCS Learning Culture and Clinical Instructor Support Levels

Characteristics	Variable	Percentage (%) and Frequency (n)
Hospital name	Kuwait Teaching Hospital	7.9% (12)
	Mercy Teaching Hospital	8.6% (13)
	Prime Teaching Hospital	9.9% (25)
	Rahman Medical Institute	33.6% (51)
	Naseer Teaching Hospital	40.1% (61)
	Total	100% (152)
Ward/Unit	Emergency	13.2% (20)
	Female Medical Ward	7.2% (11)
	NICU	7.9% (12)
	ICU	7.2% (11)
	CCU	5.3% (8)
	Dialysis	5.9% (9)
	Pediatric	5.9% (9)
	Male Medical ward	3.3% (5)
	Eye OPD	3.9% (6)
	Private Room	3.9% (6)
	Male surgical ward	3.9% (6)
	Female Endocrine ward	2.6% (4)
	Male Endocrine ward	2.6% (4)
	Female Pulmonary ward	2% (3)
	Male Blood counter	0.7% (1)
	Male ENT ward	2.6% (4)
	Female Orthopedic ward	2.6% (4)

	Female Gynecology Ward	6.6% (10)
	Female Surgical Ward	2% (3)
	Female Blood Counter	2% (3)
	Male Orthopedic ward	2% (3)
	Male Pulmonary Ward	2.6% (4)
	Nephrology	1.3% (2)
	Minor OT	2% (3)
	Female ENT Ward	.75 % (1)
	Total	100% (100)
SCLCS Learning Culture Level	Unsupportive Learning Culture	5.3% (8)
	Moderate Learning Culture	80.9% (123)
	Supportive Learning Culture	13.8% (21)
	Total	100% (152)
CI Support Perception Level	Poor Support Perception	16.4% (25)
	Moderate Support Perception	57.2% (87)
	Highly Supportive Perception	26.3% (40)
	Total	100% (152)

Table 2: showed the Distribution of Nursing Internees by Ward/Unit and Affiliated Hospital. The current data showed Table 2 displays the distribution of nursing interns among the five institutions. The majority of nursing interns (40.1%, n=61) reside at Naseer Hospital, indicating a significant preference or capacity for training. RMI is the second-largest teaching facility, housing 33.6% (n=51) of all nursing interns, whereas these two hospitals together house 73.7% of all nursing interns. The lower percentage of nursing interns at Prime Hospital (9.9%, n=15), Mercy Hospital (8.6%, n=13), and Kuwait Hospital (7.9%, n=12) in comparison may indicate more limited training programs or capacity issues

The table 2 also showed the significance of acute care training is shown by the fact that the largest percentage (13.2%) of nursing interns (N = 100) were allocated to the emergency department, according to an examination of the ward/unit-wise distribution of these interns. The emphasis on internal medicine and critical care was also evident in the notable placements in the NICU (7.9%), ICU (7.2%), and Female Medical Ward (7.2%). Additional significant placements were the pediatric ward (5.9%), dialysis (5.9%), and critical care unit (5.3%), which offered crucial exposure to pediatric, cardiac, and renal care, respectively. The Male Medical Ward (3.3%), Eye OPD (3.9%), Private Room (3.9%), and Male Surgical Ward (3.9%) all saw smaller but significant rotations. Additionally, students received specialized training in gynecology (6.6%), orthopedic wards (2.6% female, 2% male), pulmonary wards (2% female, 2.6% male), and endocrine wards (2.6% each for males and females). Nephrology (1.3%), minor OT (2%), and ENT wards (2.6% male, 0.75% female) had less frequent rotations, while blood counters (0.7% male, 2% female) had very little exposure.

The **Interpretation of SCLCS Learning Culture and Clinical Instructor Support Levels are shown in table 2.** The Student Clinical Learning Culture Scale (SCLCS) scores are divided into three categories—Unsupportive, Moderate, and Supportive Learning Culture. A Moderate Learning Culture was indicated by 80.9% (n = 123) of respondents, indicating

that although the clinical setting offers some learning possibilities, it might not be entirely optimized for optimal assistance. Few participants felt strongly encouraged in their learning experiences, as seen by the 13.8% (n = 21) of respondents who regarded their setting as a supportive learning culture. A tiny percentage of students experience major hurdles to learning, as indicated by the 5.3% (n = 8) of individuals who felt that the clinical atmosphere was unsupportive.

The clinical instructor (CI) support levels responses are divided into three groups: Poor, Moderate, and Highly Supportive Perception. More over half of the students (57.2%) said their clinical professors provided them with a moderate amount of assistance. The fact that almost one-fourth of students (26.3%) thought their clinical teachers were very helpful suggests that there was good mentorship, helpful criticism, and a solid rapport between the instructor and the students in these situations. Potential inadequacies in clinical training may be indicated by the significant minority of students (16.4%) who reported inadequate assistance.

Table 3: Descriptive Statistics for SCLCS and Clinical Instructor Support Scores (N = 152)

Measure	N	Minimum	Maximum	Mean	Standard Deviation
Total SCLCS Score	152	30	100	68.7368	10.4391
Clinical Instructor Support Score	152	6	30	20.3026	4.7979

The descriptive data for the 152 participants' Total SCLCS and Clinical Instructor Support Score are shown in table 3. There are 152 valid replies in all, guaranteeing a trustworthy dataset for study. The lowest score for SCLCS are ever recorded, 30.00, shows that participants' performance or comprehension varied. Given that 100.00 are the highest score, some individuals may have reached the greatest level. The majority of participants scored over the midway (50), suggesting an overall excellent or good level of performance, as indicated by the average score of 68.74. A moderate range of scores around the mean is shown by the SD of 10.44.

The extremely low levels of support from clinical instructors, as shown by the lowest recorded score (6.00). There was variation in experiences, as evidenced by the highest reported score (30.00), which showed that others had the greatest amount of instructor help. With an average CI support score of 20.30 on a scale of 6 to 30, most students appear to feel that their clinical instructor provides them with a decent amount of support. A moderate range of scores around the mean is shown by the SD of 4.7979.

Table: 4 Statistics of the group data

Gender	variables	N	Mean	Std. Deviation	Std. Error Mean
	Male	100	68.88	11.337	1.1337
	Female	52	68.46	8.546	1.1851
Marital status	Single	143	68.6294	10.45627	.87440
	Married	9	70.4444	10.61969	3.53990

Table 4 shows that there are 100 men in the sample, and that the average Total SCLCS Score for males is 68.88. The data for males shows a pretty wide range of scores, with a standard deviation of 11.34. The precision of the sample mean estimate is shown by the mean's standard error (SE), which is 1.13. A more accurate estimate of the population mean would be indicated by a lower SE. There are 52 females in the sample, and their average Total SCLCS Score is 68.46, which is rather

comparable to that of the male group. Compared to males, girls had a lower standard deviation (8.55), suggesting that their scores are less dispersed around the mean. Given the lower sample size of females (52 versus 100 males), the SE for the mean is 1.19, which is somewhat higher than for males.

According to marital status, the descriptive data for the Total SCLCS Score for the single and married groups are shown in table 4. Unmarried people have an average Total SCLCS Score of 68.63 (SD = 10.46). The married-person mean is 70.44 (SD = 10.62), which is somewhat higher. Similar levels of score variability within each group are indicated by the standard deviations for the two groups (10.46 for singles and 10.62 for married people). Compared to the single group, the married group's standard error (SE = 3.54) is much higher (SE = 0.87). This is probably because the married group's sample size (N = 9) is small, increasing the uncertainty in determining the population mean for that group.

Table: 5 Interpretation of the Independent Samples t-Test

Total SCLCS Score	comparison	P value	95 % CI of the difference	
			Lower Limit	Upper Limit
Marriage	Equal variances assumed	.925	-8.92131	5.29117
	Equal variances not assumed		-10.06298	6.43283
Gender	Equal variances assumed	.130	-3.11920	3.95613
	Equal variances not assumed		-2.82609	3.66302

The independent samples t-test revealed no statistically significant differences in Total SCLCS scores based on marital status or gender. For marital status, Levene's test indicated homogeneity of variances ($p = 0.925$), and the 95% confidence interval for the mean difference (-8.92 to 5.29) included zero, indicating no significant variation between married and unmarried participants. Similarly, for gender, Levene's test confirmed equal variances ($p = 0.130$), and the 95% confidence interval for the mean difference (-3.12 to 3.96) also crossed zero, suggesting no meaningful difference in scores between male and female participants. These results imply that neither marital status nor gender significantly influenced the Total SCLCS scores in the present study population.

Discussion

To evaluate internal consistency of student clinical learning culture survey questionnaire. The Cronbach's alpha score of questionnaire is 0.83, which demonstrated a good degree of consistency, suggesting that the questionnaire correctly assessed the same construct across five major Peshawar hospitals. The findings' generalizability is supported by this reliability value, which shows that response variability is more likely to result from real variations in the construct being assessed. This implies that there is a higher level of measurement reliability assurance when using the questionnaire in comparable healthcare settings.

The study on nursing internship students' perceptions of clinical learning practices in private sector hospitals in Peshawar, Pakistan, highlights critical factors affecting students' clinical education. The findings reveal that 80.9% of students perceived a moderate learning culture, only with 13.8% experiencing a supportive learning environment. This aligns with prior studies indicating that while nursing students often encounter moderate learning conditions, the absence of a fully supportive environment hinders professional growth [33]. Research has shown that a well-structured clinical learning culture positively impacts students' confidence, skill acquisition, and preparedness for real-world practice [34].

However, the study also identified a significant gap in mentorship, with 57.2% of students reporting moderate support from clinical instructors and 16.4% perceiving inadequate guidance. These results are consistent with global studies, such as those by Schmidt [35], which indicate that limited instructor engagement contributes to students' struggles in bridging the gap between theoretical knowledge and clinical application.

The demographic distribution of participants, with 65.8% of male participants compared to 34.2% females, reflects a broader trend of gender disparity in nursing education within Pakistan. This pattern has been attributed to cultural perceptions and societal expectations that often discourage female participation in the nursing profession [36]. Furthermore, the study found that a majority of interns were placed in Naseer Teaching Hospital (40.1%) and Rahman Medical Institute (33.6%), while other institutions had significantly lower placement rates. This suggests disparities in clinical exposure and training opportunities, similar to findings by Malik [37], which emphasize that private sector hospitals often prioritize efficiency and patient turnover over structured educational experiences.

The statistical analysis showed no significant difference in students' perceptions based on gender or marital status, reinforcing the idea that institutional factors, rather than demographic characteristics, predominantly shape students' clinical learning experiences [38]. However, previous studies have emphasized that organizational culture and workload distribution within private hospitals influence students' perceptions of their learning environment [39]. High patient-to-nurse ratios and a fast-paced healthcare setting, as found in this study, often contribute to students feeling overwhelmed, which is a common challenge in private sector hospitals globally [40].

Additionally, the study highlights the importance of mentorship in clinical training. Research has consistently shown that students, who receive strong mentorship report higher satisfaction, increased self-efficacy, and better clinical competence [41]. However, the absence of structured mentorship programs in many private hospitals remains a significant challenge, as noted [42]. The findings from this study also align with previous research demonstrating that hospitals with a strong mentoring culture contribute to better clinical preparedness and professional confidence among nursing students [43].

The corporate culture of private hospitals, which often prioritizes operational efficiency over educational support, plays a key role in shaping students' clinical learning experiences. This study found that students in high-acuity wards, such as emergency and intensive care units, reported a more engaging learning experience compared to those in less interactive environments. This supports previous research [44], which emphasized that exposure to high-pressure settings, enhances clinical competence and decision-making skills. However, in settings where efficiency is prioritized over education, students may feel pressured to complete tasks quickly rather than focus on learning [45].

Overall, the study underscores the need for structured improvements in nursing education within private hospitals, particularly in mentorship, instructor engagement, and equitable distribution of clinical learning opportunities. Future research should explore additional variables such as workload stress, patient diversity, and simulation-based learning to enhance clinical preparedness. Addressing these challenges through policy reforms and improved clinical education strategies will help bridge the gap between academic learning and professional nursing practice, ultimately leading to better-prepared nursing graduates.

Implications and Recommendations

The findings underscore the need for educational reforms in nursing internship programs to enhance learning experiences. Despite the fact that the majority of students thought the learning culture were moderate, work should be done to strengthen support networks and establish a more stimulating and motivating atmosphere. To close the gap between classroom instruction and clinical practice, educational institutions should prioritize improving mentoring quality, instructor involvement, and experiential learning opportunities. Institutions should also look into possible obstacles that might be deterring female students from enrolling in nursing programs, given the unequal distribution of genders. Addressing gender disparities may lead to a more welcoming and equal learning environment. Furthermore, as most interns are young and unmarried, specialized support programs might be implemented to meet their unique needs in terms of education and professional advancement.

Strength

This study provides an interesting look into the clinical learning experiences of nursing interns at private sector hospitals in Peshawar, Pakistan. One of the study's key advantages is its comprehensive assessment of students' perceptions, which takes into account both theoretical perspectives and statistical analysis. The study's systematic methodology, which uses validated questionnaires and SPSS for data analysis, ensures objectivity and reliability. Additionally, the 152-person sample size improves the generalizability of the results by offering a strong representation of student experiences across many teaching hospitals.. Another characteristic is the focus on many aspects of clinical learning, including mentorship, instructor support, and hospital learning culture. This provides a thorough understanding of the opportunities and challenges in nursing education. The study provides useful suggestions for improving nurse education and training in private sector hospitals by identifying factors like hospital atmosphere, clinical instructor involvement, and mentorship quality.

Despite its benefits, the research has some flaws that limit how broadly it may be applied. One major limitation is the use of self-reported data, which may introduce response bias since participants may provide socially acceptable answers rather than entirely objective insights. Furthermore, because the study primarily focuses on private sector institutions, its applicability to public healthcare settings where additional challenges and learning opportunities can exist is restricted. Convenience sampling can also restrict the variety of perspectives that could be covered in the research, which could affect how broadly the results can be applied. Another significant disadvantage is the lack of qualitative data, such as focus groups or in-depth interviews, which could provide more profound understandings of students' experiences than can be obtained from quantitative assessments. Furthermore, while the study identifies significant issues in clinical learning environments, it does not provide a thorough explanation of how to address these issues or use intervention strategies, leaving room for additional research to close this knowledge gap.

Conclusion

The survey found that most nursing interns at Peshawar's private hospitals see their clinical learning environment as being somewhat helpful. It is clear that although there are learning chances, they are not yet at their best, since 80.9% of students rated the atmosphere as average and just 13.8% found it to be extremely supportive. In a similar vein, opinions on the support of clinical instructors were generally moderate (57.21), with 16.4% expressing inadequate mentoring and 26.3% reporting great support.These data suggest that the clinical setting and teacher assistance are adequate but not optimal. Students perceive some amount of supervision and learning possibilities, but they also encounter constraints such as uneven mentoring, workload pressure, and varied institutional support. The mean SCLCS score (68.7 ± 10.4) and CI support score (20.3 ± 4.8) reveal a mid-range level of satisfaction, indicating the need for systematic changes. To develop a more positive and engaging learning culture, private hospitals should prioritize clinical supervision, mentorship mechanisms, and cooperation among professors and clinical staff. Improving the clinical setting and offering ongoing teacher training may boost students' confidence, competency, and overall happiness with their clinical learning experiences.

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