

Perception of Nursing Students on Clinical Teaching and Learning of Public Health Nurses: A Descriptive Qualitative Approach

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ABSTRACT

Background: Clinical teaching and learning are fundamental to nursing education, particularly for public health nurses. However, bridging the persistent theory-practice gap remains a challenge. This study explores nursing students' perceptions of clinical teaching and learning for public health nurses in Indonesia. **Methods:** A qualitative approach was used, involving telephone-based interviews with 18 final-year nursing students. Data were analysed using thematic analysis, guided by in-depth individual interviews and semi structured guidelines. **Results:** Three key factors were identified as crucial for successful clinical learning: innovative teaching methods, effective supervision, and opportunities for autonomy. While students valued clinical experiences for enhancing their competencies, they also faced several challenges. These included negative attitudes from clinical staff, lack of essential equipment, low student motivation, limited learning opportunities, and a shortage of qualified clinical supervisors. **Conclusion:** Strengthening clinical teaching and learning is vital for developing public health nursing competencies. A collaborative effort between nursing education institutions and clinical stakeholders is necessary to create a supportive learning environment. Addressing these challenges through better supervision, resource allocation, and innovative teaching strategies will help bridge the theory-practice gap and enhance the preparedness of nursing graduates for professional practice.

Keywords: *Clinical Teaching; Clinical Learning; Nursing Education; Public Health Nurses; Student Perception*

INTRODUCTION

Teaching and learning in clinical settings form an essential part of nursing education, crafted to offer students with the practical skills and knowledge they need for their professional practice. In Indonesia, public health nurses are crucial in supporting the national health system, especially in the promotive and preventive fields, which focus on disease prevention and health promotion (Bange, Gao & Crawford, 2025). As Indonesia's health system evolves, there is a growing need to ensure Public health nurses have a crucial role in advocating for and safeguarding the health of communities adequately competency (Suprpto *et al.*, 2024). This competency is acquired through qualified clinical experience during nursing education. Therefore, evaluating the view of clinical teaching and nursing education on learning students is crucial (Glerean *et al.*, 2025). Various factors affect students' perception of their clinical experience, including the quality of guidance from clinical nurses, the relevance of the material taught to conditions in the field, and the availability of supporting facilities and resources (Fernández-Feito *et al.*, 2023). This perception can affect students' motivation to learn, satisfaction, and readiness to carry out nursing tasks in the community (Tiitta *et al.*, 2025).

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Clinical instruction and learning are fundamental components of nursing education, with most training occurring in clinical settings, enabling students to translate theoretical knowledge into practical skills within healthcare institutions (Arveklev & Tengelin, 2024). Clinical settings are an essential opportunity to implement the theories acquired during classroom instruction, but there are still gaps to the degree to which theories are used in practice (Minty-Walker *et al.*, 2023). The practical implementation of theory into practice is influenced by various factors, such as creating student learning opportunities and instructor support (Rojo, 2025). An environment that is conducive to clinical learning is essential for improving the student learning experience (Henderson *et al.*, 2023). This situation demonstrates the importance of investing in clinical education infrastructure and developing alternative learning methods, such as realistic clinical simulations, to enhance students' learning experiences in limited clinical settings. These factors include individual characteristics, hospital environment aspects, socioeconomic influences, and elements related to nursing educators. (Catalão *et al.*, 2025). The findings suggest nursing students who cannot apply theory to practical situations due to a lack of adequate supervision in clinical settings, which impacts substandard performance during clinical practice (Hammar, Carlson & Persson, 2023).

A positive clinical instructor attitude, constructive feedback and a nurturing environment promote effective clinical learning (Stenson *et al.*, 2025). However, negative criticism can negatively impact students' clinical performance. Student-related factors can also negatively impact the clinical teaching and learning process, factors like insufficient knowledge and skills, as well as attitudes, unprofessional behaviour along with weak communication skills with patients and clinical instructors (Rogers & MacCormac, 2025). The inability of students to ask questions, excessive self-confidence, lack of motivation to study or work, lack of self-confidence, and dishonesty (Luciani *et al.*, 2024). While evidence on students' perceptions of clinical education in Indonesia remains limited, global research indicates that the quality of clinical learning—along with education processes and socialization—significantly influences nursing students' experiences, outcomes, and perceptions during clinical placements. Nursing students find clinical settings stressful and challenging, yet some see them as a rewarding and satisfying educational experience (Ridgway *et al.*, 2025). The researcher suggests increasing collaboration between universities and health facilities to ensure more structured and synchronous clinical practice with the academic curriculum. The creation and implementation of integrated learning modules that bridge theory and practice must be carried out effectively to help students connect theoretical knowledge with clinical experience. These efforts aim to foster a more supportive and effective clinical learning environment while addressing the challenges faced by nursing students in Indonesia. This study aims to explore the perception of nursing students about clinical teaching and learning for public health nurses.

METHODOLOGY

Study Design and Participants

This study employs a qualitative research approach, utilizing an exploratory and descriptive design. The target population comprises senior nursing students enrolled in Bachelor of Science in Nursing program that spans four years at public and private universities in Indonesia. Selective sampling is used to select informants aged 25 or older with a minimum of three years of clinical teaching experience, as they are considered information-rich based on the research objectives.

Study Setting

The study was conducted at various community health centres across the country, where Bachelor of Science in Nursing students gain practical experience each semester and during holiday breaks. Students select clinical placements based on geographical proximity and alignment with their practicum objectives. These placements include different tiers of healthcare facilities in Indonesia, such as teaching and district hospitals, with ownership varying between government and private entities. While most facilities provide general and specialised healthcare, mental health services remain limited.

Data Collection

Data collection was conducted through semi-structured interviews using open-ended questions, allowing informants to speak freely without intervention. Interview guidelines and observation sheets complemented the process. The researcher served as the primary instrument, supported by voice recording tools to ensure valid and reliable data collection. Participants included the head of the health office, the head of the health centre, the head of nursing training, senior nurses, and nursing students; they were selected through purposive sampling based on inclusion and exclusion criteria. Demographic data, including age, gender, education level, and length of employment, were recorded. Each participant was assigned an identification number, and all identifiable information was removed from the records. Interviews were audio-recorded, transcribed verbatim, and translated into English. Data analysis followed a descriptive qualitative approach, identifying themes and comparing them with participant characteristics. The interviews explored perceptions of the clinical learning environment, the teaching received, and the professional competencies and attitudes acquired. A total of 14 interviews were conducted until data saturation was reached, ensuring no new significant insights emerged. Each interview lasted 45–60 minutes and was conducted in English with prior participant consent.

Management and Analysis Data

Thematic analysis was performed using an inductive approach, following the six-step process proposed, which includes familiarisation with the data, generating initial codes, searching for themes, reviewing them, defining and naming them, and producing the final report. The audio recordings were securely stored on a password-protected computer, and the data was transcribed verbatim before being analysed by two research team members. Each researcher independently reviewed the transcripts and listened to the audio recordings to ensure accurate data interpretation. Key phrases or sentences were marked and allocated a short code for categorisation. The highlighted data points were grouped to summarise key recurring points in the participants' stories. Themes were established by discerning patterns within the codes and amalgamating related codes. Researchers then collaboratively reviewed and agreed upon the themes to ensure an accurate representation of the participants' narratives. Finally, the emerging themes were defined to provide a clear understanding of their significance within the dataset.

Validity of the Study

The research process maintains rigour, following recommendations from Lawal *et al.* (2015) for credibility, transferability, dependability, and confirmability. Credibility is ensured through member checks, where participants verify findings, and independent data analysis by two researchers. An audit trail documents the research process, participants, and environment to enhance reliability. Data analysis follows three key steps: simplifying data, structuring it for presentation, and drawing conclusions. This process involves coding, categorising, and theme development to ensure analytical rigour. Triangulation is applied by integrating interviews, observations, and document reviews to validate findings. Observations confirm contextual information, while document reviews examine relevant literature. Audio recordings are securely stored to support data transferability. These measures collectively strengthen the validity and reliability of the study.

Ethical Consideration

This research received ethical approval from the Institute for Research and Community Service (LPPM) of Sandi Karsa Polytechnic, Indonesia with reference number B-248/PT19/LPPM/III/2024 on 5th March, 2024.

RESULTS

Eighteen final-year nursing students enrolled in Bachelor of Science in Nursing programs at various public and private universities were interviewed. The selection of 18 participants in this qualitative research was based on the emphasis on the depth and richness of the data rather than statistical representation of a larger population. This sample size was considered to be sufficient to achieve data saturation, the point at which no new information emerged from additional interviews.

Table 1: Characteristics of the Participants' Demographics

Gender	Age	Program	Total
Male	21	BSc. Nursing	1
	25		3
	24		2
	26		1
Female	25		1
	22		3
	23		4
	24		1

Table 1 outlines the demographic characteristics of the interviewees, with eleven women and five men aged between 21 and 26 years.

The data revealed five main themes and several subthemes, as detailed in Table 2. These themes encompass factors supporting clinical education, the influence of clinical experiences on students, student perspectives on clinical instruction, obstacles faced in clinical settings, and initiatives aimed at enhancing clinical education and learning. One prominent theme, "Driving Factors for Clinical Learning," encapsulates critical elements that facilitate clinical learning among students. Many participants expressed enthusiasm for acquiring new knowledge in clinical settings, highlighting their best experiences as learning something new. They also emphasised the value of practicing independently and receiving supervision to develop new skills in clinical settings.

Table 2: Main Themes and Subthemes

Main Themes	Subthemes
Factors that promote clinical learning	Being taught new things
	Being supervised
	Having autonomy
The impact of clinical experience on students	Clinical learning opportunity
	Developing clinical competence
Students' perception of clinical teaching	Clinical practice is good
	Gaps in clinical practice
	Inadequate clinical practice
Challenges in the clinical setting	Poor staff attitude
	Lack of equipment
	Poor student attitude
	Lack of learning opportunities
	Lack of supervisors
Improving clinical teaching and learning	Supervision
	Training for staff
	Separate practical and theory sessions
	Strengthening clinical teaching

The factors that promote clinical learning are explained as follows. Many participants highlighted the value of learning new concepts. They noted that being introduced to new material facilitated their clinical education, as evidenced by the quotes provided:

“... They taught us the emergency drugs. This experience left me yearning for more. My best experience to date was at Hospital A, where I received daily instruction from nurses. They taught me how to use the instruments and carried out any tasks they were assigned” (Participant 1).

Supervised: Participants demonstrated that supervised facilitated learning in clinical areas:

“We were supposed to do the procedure, but I thought I did not do it well, and then our clinical instructor,

one of the sisters, approached me and corrected me. The best part was that he approached me, explained why we weren't performing the procedure correctly, and did so without yelling at me. Maybe that is why I felt it was the best, and he corrected me in his office, not right in front of the patient” (Participant 5).

Having the autonomy to practice: Most participants described having the freedom to practice as an element that fosters clinical education.

“I learnt that you could do many things for patients and then do them yourself. You are supervised, but then we have a certain autonomy. You can see how things are done. Wound dressings and other tasks are allowed here, unlike in some hospitals”. (Participant 9).

Impact of clinical experience on students: Clinical practice is essential in developing the clinical skills required for the nursing profession. Participants discussed how their experiences in clinical settings influenced them, covering subtopics such as opportunities for learning and developing clinical competencies.

Clinical learning opportunity: Most participants described it as a learning opportunity.

We change hospitals almost every semester, so if you don't experience many conditions at one hospital, you do elsewhere.” (Participant 10).

“Even though sometimes we are handicapped with the basic tools and equipment that we are supposed to practice with, at least we can learn one or two before we leave the ward” (Participant 7).

Building proficiency in clinical practice: Numerous participants mentioned how their chances to practice in the clinical environment have enhanced their clinical proficiency.

“I did oral suctioning. That was the first time I did suctioning. I had observed several times but never had the opportunity to do it. That was the first time I prepared the patient, used the suctioning machine, and inserted it. I was supervised three times and did the subsequent ones myself” (Participant 11).

Students' perception of clinical teaching: Participants have varied clinical teaching experiences and different views on clinical instruction. While some participants described it as good, others felt there were gaps or inadequacies in clinical teaching.

Gaps in clinical practice: Almost all participants were convinced there was a gap between theory and practice in their clinical experience. Due to the striking differences between the two, some have difficulty connecting the theories they learn in school with the practices they encounter in the field. Factors such as time constraints, lack of equipment, and inadequate learning opportunities are the leading causes of the gap:

“. . . In theory or class, we are told what we are supposed to do and what we are not supposed to do, but when you go to the ward sometimes, they will say time factor, so they do 'shortcut', and we miss some of the steps. At times, we do not have the required equipment, so we must improvise. When we arrive at the ward, we notice a significant gap. (Participant 7).

Poor student attitude: To some participants, students' attitude also affected their learning in the clinical setting:

“Another factor to consider is the attitude of the students. Sometimes, the attitude of the students annoys the nurses, leading to their inability or unwillingness to teach us. Therefore, when we visit the ward, we should humble ourselves and respect them for who they are” (Participant 11).

Lack of learning opportunities: Despite being in the clinical environment for learning purposes, participants expressed dissatisfaction, stating that they frequently felt neglected and were not given opportunities to apply the skills they acquired during their academic studies.

“We went to different clinical facilities; some are very conducive, and some . . . are (sic) not. The ones that are conducive when the patient comes, students are allowed to work with them, but in some hospitals, students are supposed to observe. Thus, we observe; we do not participate in anything; we just observe”

(Participant 13).

Lack of supervisors: Participants complained about the lack of supervisors in some of the clinical environments, as indicated by the following quotation:

“We do not have clinical instructors to even guide us in learning whatever we have studied in school. We just go to the clinical setting; we present the objectives to them, and we will do something outside what we are supposed to do” (Participant 1).

It was improving clinical teaching and learning: Most participants emphasised that clinical surveillance is essential to improving clinical practice. Participants identified factors such as supervision, staff training, separating practical and theoretical sessions, and enhancing clinical teaching as important elements. Supervision was highlighted as crucial for improving clinical practice, and most participants emphasised its importance.

“I wish some of our lecturers could be with us in the wards, especially medical-surgical, to bridge that gap. Sometimes you do not see anything that is taught in the classroom in the ward, and even with the clinical aspect, we learn [specific] assignments . . . [but] when we go to the environment, we do not see them at all.” (Participant 6).

Based on data analysis, Clinical learning experiences are essential for nursing students to develop the competencies required for professional practice. Effective clinical education is influenced by opportunities to learn new skills, adequate supervision, autonomy in practice, and a supportive environment. However, challenges such as an uncondusive clinical environment, time constraints, and the gap between theory and practice hinder learning outcomes. Addressing these barriers is crucial to improving the quality of clinical education. Enhancing clinical experiences strengthens practical skills, professional competence, and confidence, all of which are vital for a successful nursing career. Continuous efforts are necessary to optimise clinical teaching and learning, ensuring that nursing students acquire the essential skills they need to become competent professionals.

DISCUSSION

From the study it is evident that clinical learning experiences are essential for nursing students to achieve clinical competence. Effective learning is driven by exposure to new experiences, proper supervision, sufficient practice time, and strong guidance and support. Positive feedback and resource access help bridge the gap between theory and practice, improving the learning process. However, several barriers hinder optimal clinical education, including challenges related to students, staff, and clinical settings. Key inhibiting factors include negative staff attitudes, insufficient medical equipment, low student motivation, limited learning opportunities, and inadequate clinical supervision. Effective mentorship is crucial in empowering students, highlighting the need for well-trained mentors, constructive feedback, and timely decision-making. Addressing these challenges through improved mentorship, resource availability, and structured clinical programs can enhance the quality of clinical education and better prepare nursing students for professional practice (Raghunathan *et al.*, 2025).

When it came to how clinical education affected students, the responses showed that good clinical teaching and learning helped them become competent and confident in their clinical methods. The clinical environment permits understudies to hone the hypotheses learnt in the classroom (Liao *et al.*, 2025). They emphasised the unique role of the clinical environment in acquiring the skills necessary to transition from a nursing understudy to an enlisted nurturer (Williams *et al.*, 2023). The reliable discoveries may show that clinical education and learning are of joint significance, independent of where nursing instruction is sought after. The standard students' discernment of clinical education was that clinical hone is advantageous; in any case, most accepted that there were holes in the hypothesis and clinical hone encounters (Tiitta *et al.*, 2024).

The disparity between theory and practical clinical application can be caused by the debate surrounding ideal circumstances taught in theory and the reality encountered in everyday clinical settings (He *et al.*, 2024). Many of the resources needed for demonstrations are typically available within the school or classroom (Lee *et*

al., 2025). However, students entering the clinical environment anticipate having access to the same items and equipment (Opsal *et al.*, 2025). In contrast, the situation in the wards is quite different, as much of this equipment is not readily available and requires improvement (Janes *et al.*, 2023). The inaccessibility of assets generally leaves these understudies baffled and less interested. Previous research has indicated that nursing skills acquired through modeling tend to have a greater impact compared to those learned through other methods, compared with learning levels (Bodur *et al.*, 2024).

Building competencies developing essential nursing skills will positively impact students' flexibility in clinical environments (Priddle *et al.*, 2025). The students pointed out that an unsupportive clinical environment was one of the main challenges in their learning experience (Pérez-Baena, Cordero-Pérez & Holgado-Madruga, 2025). The variance in results may be due to workload differences. Developed countries typically have lower nurse-to-patient ratios than developing countries (Costa & Monger, 2024). In developed countries, nursing staff have ample time to mentor student nurses, which facilitates better interaction and more effective learning.

This study demonstrates the need for increased infrastructure and resources in clinical settings to ensure an optimal learning experience for nursing students. The lack of medical equipment poses a significant challenge in clinical settings in developed and developing countries (Owusu, Scheepers & Tenza, 2025). Clinical teachers often improvise clinical teaching to address equipment shortages (Kong, Briggs & Xyrichis, 2025). This results in nursing students not always being taught ideal clinical scenarios, as the actual conditions can differ from what is taught in a more controlled environment (Oshodi & Sookhoo, 2025). It highlights the importance of improving medical infrastructure and adequate equipment throughout the clinical environment to give students a more representative and comprehensive learning experience (Irvine *et al.*, 2024).

Limitation

The study highlights both strengths and limitations in exploring nursing students' perspectives on clinical teaching and learning. While the design provides valuable insights into their experiences, limitations such as the lack of nonverbal cues in phone interviews, memory bias, and the qualitative approach that limits the applicability of findings to a broader population must be considered. Subjective perceptions influenced by individual and contextual factors further impact the findings. To enhance understanding, future research should adopt a mixed-method approach, integrating qualitative and quantitative data. The study findings are significant for improving nursing education, informing curriculum development, and enhancing clinical teaching strategies, particularly in community nursing.

CONCLUSION

Based on the results of the study, it can be concluded that there is a need for an innovative approach to clinical teaching that provides students with increased autonomy and the opportunity to develop important competencies. To improve the effectiveness of clinical teaching and learning in the future, it is necessary to make various comprehensive efforts, such as improving the quality of clinical guidance, optimising facilities and resources, improving curriculum and learning methods, strengthening mentor-mentee relationships, collaborating with health institutions, and increasing student motivation and welfare. It is hoped that clinical teaching and learning in the field of nursing can be further improved to produce nurses who are competent, professional, and ready to face challenges in the field. Collaborative efforts between educational institutions, health workers, and the government are urgently needed to achieve this goal. The recommendation for further research is to conduct a comparative study between student perceptions from different institutions and examine the influence of external factors such as health policy and institutional support on clinical teaching.

Conflict of Interest

The authors declare that they have no conflict of interest.

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