Being Present: Instructor Support Outweighs All in Clinical Satisfaction among Nursing Students

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ABSTRACT

The clinical learning environment plays a critical role in shaping nursing students' learning experiences and professional development. Instructor support is often highlighted as a key factor influencing student satisfaction. This study aimed to examine the relationship between nursing students' satisfaction with the clinical learning environment and their sociodemographic characteristics, with particular attention to instructor support. Methods: A cross-sectional quantitative study was conducted among 291 diploma nursing students in Malaysia. Data were collected using the validated Malay version of the Clinical Learning Environment, Supervision, and Nurse Teacher (CLES+T) questionnaire. Descriptive and inferential statistics were used, including Chi-square tests to assess associations between satisfaction levels and demographic variables. Results: Among all variables, only instructor support showed a statistically significant relationship with clinical satisfaction ($p = 0.002$). Students who rated instructor support as "very helpful" reported higher satisfaction (96.3%) compared to those who rated it as "helpful" (83.0%). Other sociodemographic variables showed no significant associations. Conclusion: Instructor support emerged as the most influential factor in students' satisfaction with the clinical learning environment. Institutions should prioritize training and consistent involvement of clinical instructors to improve student experiences.
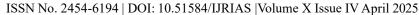
Keywords: Clinical Learning Environment, Nursing Students, Student Satisfaction, Instructor Support

INTRODUCTION

The clinical learning environment (CLE) is fundamental in preparing nursing students for professional practice. It bridges theoretical knowledge with real-world clinical skills, and its quality directly impacts students' motivation, confidence, and satisfaction. Instructor support—through guidance, feedback, and emotional presence—has been shown to significantly enhance clinical learning experiences [1]. More than just a setting for skill acquisition, the CLE provides a foundation for the integration of theoretical knowledge into real-world nursing practice, fostering students' transition into competent practitioners.

Students' experiences within the CLE are significantly influenced by the quality of support received from clinical instructors, ward management, and the overall pedagogical atmosphere [2], [3]. Among these factors, instructor presence and guidance have been consistently linked to positive student outcomes. Empirical studies suggest that strong support from clinical educators not only enhances learning but also acts as a buffer against psychological stress. For instance, Hwang & Kim, [4] reported that among students with clinical experience, stress and satisfaction accounted for 33% of academic burnout, while for those without clinical experience, anxiety and depression contributed 44% to burnout—highlighting the psychological weight of clinical exposure and the importance of supportive learning environments.

Despite the availability of diverse clinical experiences and peer collaboration, nursing students still face several persistent challenges during clinical placements. These include inconsistent supervision from staff nurses, learning tensions due to academic workload, lack of structured clinical guidance, and difficulties in accessing help when needed [5]. These issues point to the critical role of clinical instructors and lecturers not only in facilitating learning but also in providing emotional and professional support that promotes student satisfaction.

In light of these concerns, understanding students' satisfaction with the CLE and identifying influencing factors—particularly the role of instructor support—has become a key focus in improving the quality of clinical education. While previous studies have explored various demographic and contextual variables, there is limited research in the Malaysian context examining whether instructor support outweighs other sociodemographic factors in predicting student satisfaction. This study addresses that gap by investigating the relationship between nursing students' sociodemographic background and their satisfaction with the CLE, with particular attention to the extent to which instructor support emerges as the dominant factor influencing students' clinical learning experiences.

METHODOLOGY

Study Design

This research adopts a quantitative cross-sectional design to determine nursing students' satisfaction within the clinical learning environment, guided by the Clinical Learning Environment, Supervision, and Nurse Teacher (CLES+T) framework. By capturing data at a specific point in time, this design offers a snapshot of students' perceptions and experiences during their clinical placements.

Study Population

This quantitative cross-sectional study involved 291 diploma nursing students from Semester 2 to Semester 6 in a Malaysian nursing institution. Students in Semester 1 were excluded due to lack of clinical experience. A universal sampling method was used. This method allowed for broad inclusion across various stages of academic progression and clinical experience, thereby minimizing selection bias and improving the generalizability of the results. The study also excluded students who were on leave, had withdrawn from the program, or chose not to participate.

Data Collection

Data were collected in February 2025 via an online survey using the CLES+T questionnaire (Malay version), which assesses five dimensions of the clinical learning environment. The instrument used was the CLES+T questionnaire, originally developed by Saarikoski et al. [6] and adapted into Malay by Karim et al. [7], with formal permission obtained via email. The CLES+T tool is a well-established and validated instrument for measuring nursing students' perceptions of their clinical learning environment [3], [7], [8]. It comprises 34 items distributed across five core dimensions and utilizes a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The total possible score ranges from 34 to 170, where higher scores represent higher levels of satisfaction, and lower scores indicate dissatisfaction.

Data Analysis

Data analysis was conducted using SPSS Version 27. Descriptive statistics summarized demographic data. Chi-square tests were used to examine relationships between satisfaction and categorical variables. Satisfaction scores were categorized as low (<3.5) or high (≥ 3.5). A pilot test was not conducted for this study, as prior Malaysian research reported high internal consistency for the CLES+T tool, with Cronbach's Alpha values ranging from 0.83 to 0.98 [7].

Ethical Considerations

This research was conducted in accordance with ethical standards set by the Ministry of Health Malaysia and received ethical clearance from the Medical Research and Ethics Committee (MREC) under NMRR ID-24-04102-UZS. Prior to participation, students were thoroughly informed about the study's objectives, procedures, potential risks, and benefits. Informed consent was obtained to ensure their voluntary involvement. Participant confidentiality and anonymity were safeguarded through the de-identification of responses, with data used solely for research purposes. Students were assured of their right to withdraw from the study at any point without any academic repercussions. The study also adhered to the Declaration of Helsinki and followed institutional ethical

procedures to uphold the rights and well-being of all participants.

RESULTS

Socio-Demographic Characteristics of Respondents

Table I shows the sociodemographic background of the respondents (n = 291). The highest number of students were from Semester 3 (n = 133, 45.7%). The mean age was 22.66 years (SD = 1.86). The majority of respondents were female (n = 231, 79.4%). The highest mean for clinical training experience was 17.38 weeks (SD = 13.77). Most students walked to their clinical training sites (n = 162, 55.7%). In terms of structured learning sessions, the majority attended frequently (n = 172, 59.1%). Most participants perceived the support from lecturers or clinical instructors as very helpful (n = 244, 83.8%).

Table I: Sociodemographic Background (N=291)

Demographic characteristics	n	%
Semester		
Semester 2	56	19.2
Semester 3	133	45.7
Semester 4	34	11.7
Semester 5	36	12.4
Semester 6	32	11.0
Age (years)		
Min-max: 20-32	*22.66	**1.86
Gender		
Male	60	20.6
Female	231	79.4
Clinical Training Experience (weeks)		
Min-max: 2-42	*17.38	**13.77
Mode of Transportation		
Walking	162	55.7
College Bus	129	44.3
Structured Learning Sessions		
Never	78	26.8
Occasionally (1-2 times per week)	41	14.1
Frequently (every day in a week)	172	59.1
Support from Lectures/ CI Nurses		
Helpful	47	16.2
Very Helpful	244	83.8

Notes: *Mean; **SD

Relationship Between Sociodemographic Characteristics and Satisfaction Levels

Table II presents the relationship between students' sociodemographic characteristics and their level of satisfaction with the clinical learning environment. A statistically significant association was found between perceived support from lecturers or clinical instructors and satisfaction levels (p = 0.002). Among those who rated the support as very helpful (n = 244, 83.8%), the majority reported high satisfaction (n = 235, 96.3%). No significant associations were observed for other demographic variables (p > 0.05).

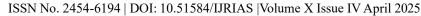**TABLE II Relationship Between Sociodemographic Characteristics and Satisfaction Levels (n=291)**

Demographic characteristics	n (%)	Level of satisfaction, n (%)		p-value
		Low	High	
Semester				0.889[a]
Semester 2	56 (19.2)	2 (3.6)	54 (96.4)	
Semester 3	133 (45.7)	10 (7.5)	123 (92.5)	
Semester 4	34 (11.7)	2 (5.9)	32 (94.1)	
Semester 5	36 (12.4)	2 (5.6)	34 (94.4)	
Semester 6	32 (11.0)	1 (3.1)	31 (96.9)	
Gender				0.359[a]
Male	60 (20.6)	5 (8.3)	55 (91.7)	
Female	231 (79.4)	12 (5.2)	219 (94.8)	
Mode of Transportation				0.815[b]
Walking	162 (55.7)	9 (5.6)	153 (94.4)	
College Bus	129 (44.3)	8 (6.2)	121 (93.8)	
Counselling				0.232[a]
Never	78 (26.8)	5 (6.4)	73 (93.6)	
Occasionally (1-2/week)	41 (14.1)	0 (0.0)	41 (100.0)	
Frequently (every day/week)	172 (59.1)	12 (7.0)	160 (93.0)	
Support from Lectures/ CI				**0.002[a]**
Helpful	47 (16.2)	8 (17.0)	39 (83.0)	
Very Helpful	244 (83.8)	9 (3.7)	235 (96.3)	

Notes: Low satisfaction: Skor min < 3.5: High satisfaction: Skor min ≥ 3.54

Fisher test [a] and Chi square [b] applied for all relationship; significant value: <0.005

DISCUSSION

The main finding of this study revealed that among all the sociodemographic variables examined, only support from lecturers or Clinical Instructors (CIs) showed a statistically significant relationship with nursing students' satisfaction toward the clinical learning environment (p = 0.002). Students who rated the support as "very helpful" reported a substantially higher level of satisfaction (96.3%) compared to those who considered the support as merely "helpful" (83.0%). This outcome reinforces the notion that the presence and role of clinical

educators in guiding students is a dominant factor influencing the quality of clinical learning experiences.

These findings are in line with the study by Khatoon et al. [9], who reported that supervisory relationships, the leadership style of the ward manager, and the premises of nursing care were significantly associated with students' satisfaction depending on the supervisor's designation. Such results highlight the importance of interpersonal and supervisory dynamics in shaping how students perceive the clinical environment. Similarly, Strandell-Laine et al. [10] found that the strength of the relationship between the nurse teacher's pedagogical cooperation and the clinical learning environment varied across countries, but remained a key contributor to students' positive perceptions of clinical training.

Moreover, Hd et al. [11] reported a strong positive correlation between students' clinical learning experience and their self-efficacy, as well as their ability to integrate theory and practice, both statistically significant with p-values < 0.001. Interestingly, while clinical learning correlated with positive learning outcomes, the preceptor's teaching method alone showed no significant correlation with clinical competence (r = 0.137). This suggests that not all teaching methods have equal impact, and that the quality of interpersonal support—rather than the method itself—may be more influential in shaping student outcomes.

These findings are consistent with those of Saarikoski et al. [6], who introduced the CLES+T framework and emphasized that the supervisory relationship is one of the most influential dimensions affecting students' perceptions of the clinical learning environment. A positive, open, and supportive relationship between students and their clinical supervisors has been shown to enhance students' confidence, internal motivation, and engagement in clinical learning [5][12]. In this study, students who perceived strong instructor support reported significantly higher satisfaction levels, reflecting the value of relational and pedagogical presence in clinical education.
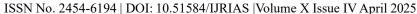
However, this study's findings contrast with those of Martis and Gupta [2], who reported that 54.2% of nursing students experienced a lack of supervision from clinical nurses, indicating a gap in supportive clinical teaching. Similarly, Rafati et al. [13] found that the most stress-inducing factors among nursing students were instructors limited clinical competence and inappropriate conduct, which significantly contributed to dissatisfaction. These findings highlight that not all clinical environments offer the same quality of instructional support, and that the absence of inadequacy of supervisor presence may negatively impact students' clinical satisfaction and psychological well-being.

Conversely, research by Hasliza et al. [14] demonstrated that students who reported a strong relationship with their clinical instructors also exhibited better clinical performance, smoother adaptation to the clinical environment, and higher levels of satisfaction. This reinforces the argument that the quality of interaction between students and clinical educators is central to positive learning experiences.

Additionally, Zhang et al. [15] found that nursing students with lower educational levels, those supervised by a fixed preceptor, and those with a clear intention to remain in the nursing profession were significantly more satisfied with their clinical learning experience, as measured by the CLES+T tool. This implies that stability in supervision and alignment with students' professional identity and goals may further enhance satisfaction—echoing the importance of continuity, trust, and guidance in instructor-student relationships [16], [17].

The findings of this study are supported by local research conducted by Karim et al. [7], which reported that among diploma nursing students in Malaysia, the dimensions of "Nurse Teacher Role" and "Supervisory Relationship" contributed to over 60% of overall satisfaction in the CLES+T framework. This highlights the centrality of clinical instructors' roles in shaping students' clinical learning experiences. Similarly, Mohebi et al. [18] reported that while clinical placements offer significant opportunities for learning, the absence of instructors, proper equipment, and nursing staff negatively affected students' experiences. These findings reaffirm that although clinical learning environments are influenced by structural factors such as ward organization, workload, and curriculum design, it is the interpersonal relationship with clinical instructors that remains the most decisive factor in how students perceive the quality of their learning [19], [20].

In contrast, this study found no significant association between students' satisfaction and sociodemographic

variables such as semester level, gender, mode of transportation, counselling frequency, or attendance in structured learning sessions. This indicates that demographic and logistical factors may play only a marginal role, if any, in shaping students' satisfaction. These results are consistent with prior studies which found that variables such as age, gender, and academic level were not significant predictors of clinical learning satisfaction [15], [21]. Instead, meaningful learning experiences and the presence of supportive instructors emerged as more influential.

Interestingly, although statistically non-significant, this study observed that students who received counselling occasionally (1–2 times per week) reported a 100% satisfaction rate. This suggests a possible positive influence of psychosocial interventions, such as emotional support and stress management, on clinical learning experiences. These patterns align with the findings of Hwang and Yu [22], who reported that stress, anxiety, and depression were major contributors to academic burnout among nursing students during clinical training. Hence, clinical learning environments must not only prioritize academic and technical guidance but also actively support students' emotional and psychological well-being.

Overall, the findings reinforce the view that interpersonal relationships between students and clinical educators are foundational to student satisfaction within the clinical learning environment. This supports the concept of relational pedagogy, which emphasizes the importance of empathy, communication, constructive feedback, and mutual respect between educators and learners [23], [24]. In clinical practice settings, instructors who adopt an empathetic, dialogical, and engaged teaching approach help create a psychologically safe and pedagogically rich environment that fosters student growth and professional development [5], [25].

The dependence of nursing students on instructor support is also closely tied to their stage of professional development. As students are still forming their professional identity, they rely heavily on the guidance, feedback, and role modelling provided by clinical instructors. Without such support, students may feel insecure, isolated, or uncertain in executing their clinical responsibilities, even in settings with adequate facilities and resources.

Implications for Nursing Education and Clinical Training

The findings of this study highlight the need for nursing education institutions and clinical settings to strengthen the role of Clinical Instructors by ensuring their consistent presence, professional competence, and emotional support throughout students' clinical placements. Emphasis should be placed on enhancing instructor training to include relational, pedagogical, and communication skills, rather than focusing solely on technical supervision. Institutions should also consider implementing structured mentorship systems and maintaining optimal student-to-instructor ratios to ensure individualized guidance. Integrating mental health support and fostering a psychologically safe learning environment may further enhance student satisfaction and learning outcomes in clinical settings.

CONCLUSION

This study confirms that support from lecturers or Clinical Instructors is the most influential factor affecting nursing students' satisfaction with the clinical learning environment, while other sociodemographic variables showed no significant association. Although this finding aligns with trends in previous research that emphasize the importance of instructor-student relationships, it should be interpreted with caution due to limitations such as the single-institution sample and cross-sectional design. Future studies involving multiple institutions and longitudinal approaches are recommended to gain a more comprehensive understanding of satisfaction determinants. These findings imply that nursing education institutions and clinical settings should re-evaluate the role of clinical instructors and provide targeted training that emphasizes pedagogical competence, empathy, and structured guidance to enhance the quality of clinical learning experiences.

Conflict Of Interest

The authors declare no conflict of interest related to this study.

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