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BAHIR DAR UNIVERSITY COLLEGE OF MEDICINE AND HEALTH SCIENCES
NURSING AND MIDWIFERY EDUCATION AND SERVICES DIRECTOR
DEPARTMENT OF ADULT HEALTH NURSING

EXPECTATIONS FROM CLINICAL ATTACHMENTS OF UNDERGRADUATE NURSING PROGRAMS, ITS RELATED FACTORS AND ITS IMPACT ON STUDENT'S COMPETENCIES: A MULTI-CENTER QUALITATIVE STUDY

BY; ASEFU AWOKE

A THESIS SUBMITTED TO DEPARTMENT OF ADULT HEALTH NURSING, NURSING AND MIDWIFERY EDUCATION AND SERVICES DIRECTOR, COLLEGE OF MEDICINE AND HEALTH SCIENCES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS OF SCIENCE IN ADULT HEALTH NURSING

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Expectations from clinical attachments of undergraduate nursing programs, its related factors and its impact on student's competencies: a multi-center qualitative study

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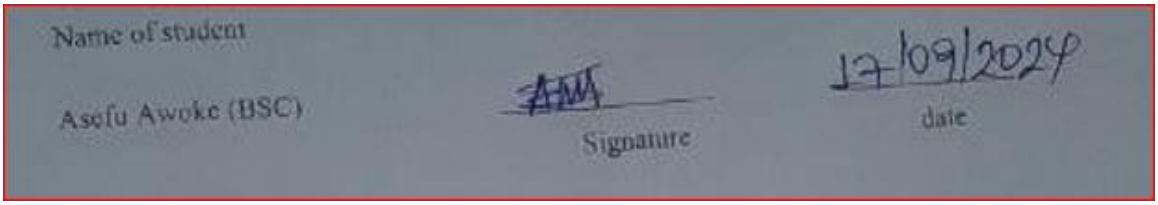
Title of the research project	Expectations from clinical attachments of undergraduate nursing programs, its related factors and its impact on student's competencies: a multi-center qualitative study
Study area and period	At Bahir Dar and Gondar Universities, from June 9 to July 9, 2024.

DECLARATION

I declare and affirm by my signature that, this thesis entitled “Expectations from Clinical Attachments of Undergraduate Nursing Programs, its Related Factors and its Impact on Student’s Competencies: a multi-center Qualitative Study” submitted in partial fulfillment of the requirements for the degree of Masters of science in adult health nursing, department of adult health nursing, Bahir Dar University, is my original work and all the sources I have used throughout the research development have been indicated and acknowledged using complete references. I declare that this thesis has not been submitted to any other institution anywhere for the award of any academic program



ADVISOR'S APPROVAL SHEET

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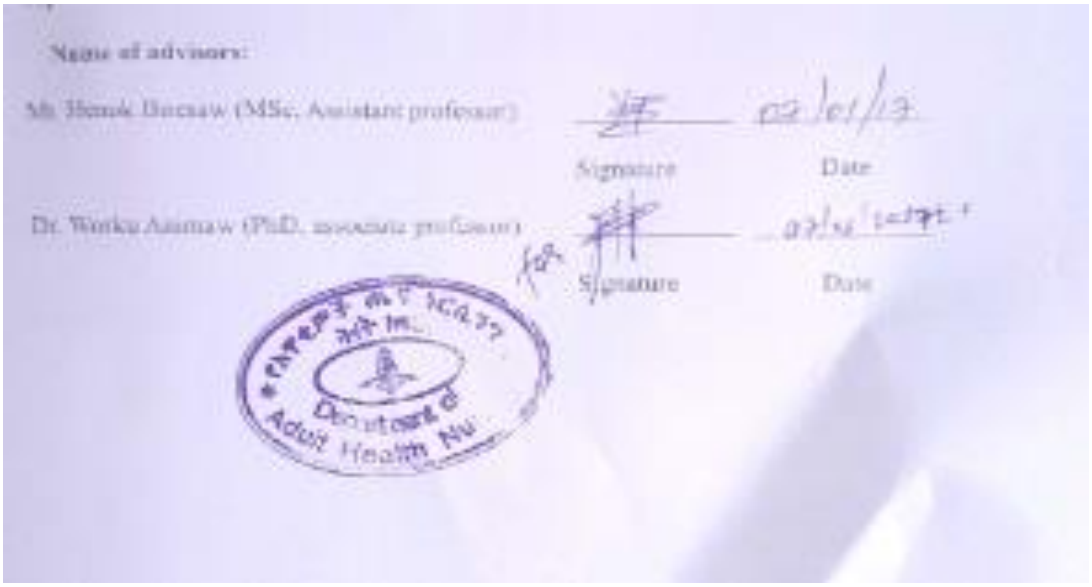
This is to certify that the thesis entitled "Expectations from Clinical Attachments of Undergraduate Nursing Programs, its Related Factors and its Impact on Student's Competencies: a multi-center Qualitative Study", submitted by Asefu Awoke for the award of Master of Science in Adult Health Nursing was carried out under our supervision.



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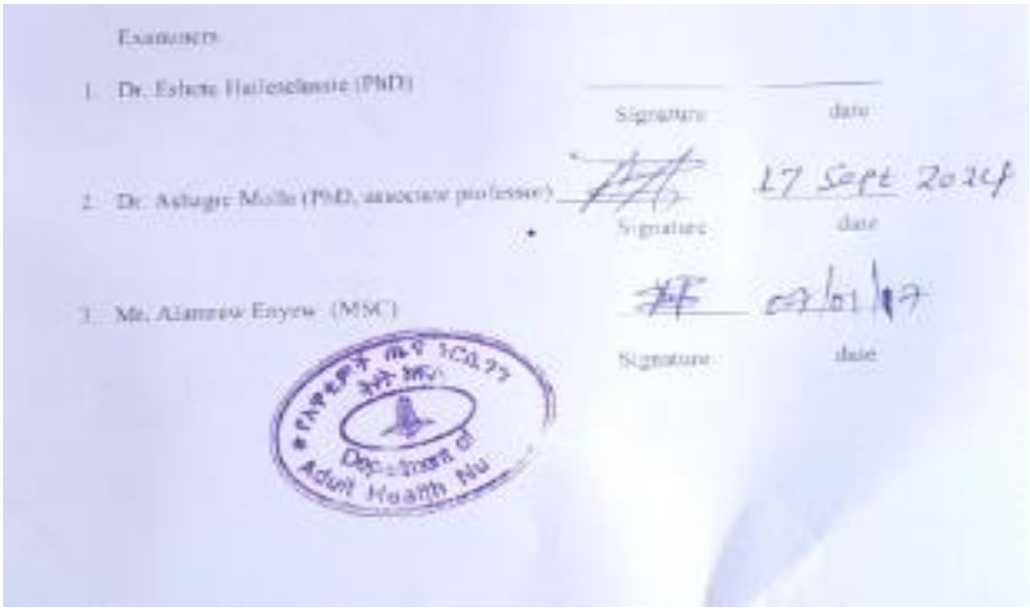
We hereby certify that we have examined this thesis entitled "Expectations from Clinical Attachments of Undergraduate Nursing Programs, its Related Factors and its Impact on Student's Competencies: a multi-center Qualitative Study", submitted by Asefu Awoke. We recommend and approve the thesis for a degree of Master of Science in Adult Health Nursing.



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ABBREVIATIONS

BDU	Bahir Dar University
CMHS	College of Medicine and Health Science
ECCN	Emergency and Critical Care Nursing
FGD	Focus Group Discussion
KII	Key Informant Interview
SCLT	Social Cognitive Learning Theory
UOG	University of Gondar

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ABSTRACT

Background: Nursing students enter the clinical settings with certain expectations regarding their learning experiences and the support they receive from the clinical learning areas. However, their expectations may not be met after entering the clinical environment with different expectations. Meeting students' expectations positively influences their training outcomes. On the other hand, if students' expectations are inadequately met, they may not be able to practice the expected level of practice and learning, which can ultimately affect their clinical competency. Nursing students' expectations and factors related to unmet expectations in clinical practice attachment are unknown in the Ethiopian context.

Objective: This study aimed to explore expectations from clinical attachments of undergraduate nursing programs, its related factors, and its impact on student's competencies at Bahir Dar and Gondar Universities, Ethiopia, in 2024.

Method: A qualitative descriptive study was conducted on undergraduate nursing students from June 9 to July 9, 2024, at Bahir Dar University and University of Gondar, Ethiopia. The data collection methods were focused group discussions and key informant interviews. Four key informants and thirty students participated in five focus group discussions recruited through purposive sampling at Bahir Dar University and University of Gondar in 2024. The key interview guide and focus group discussion guide were used to collect the data and thematic analysis was used with the help of ATLAS.ti9 for analysis.

Results: Five main themes were identified: Supportive clinical learning environments, learning need expectation, Insufficient clinical support and mentorship in the clinical setting, Gaps between nursing education and practical application, and lack of orientation and communication in clinical learning, and ten subthemes were discussed and explained.

Conclusion: When nursing students enter clinical settings, they expect to be supported, develop their competencies, and apply theory to practice. However, because of insufficient supervision, poor communication, and unsupportive environments, they frequently experience gaps between expectations and reality. These factors hinder the student's competency.

Keywords: Clinical attachment, Expectations, Undergraduate nursing programs

1. INTRODUCTION

1.1 Background

Nursing education consists of two components; these are the theoretical aspect and clinical learning[1, 2]. Students undergo comprehensive theoretical education before putting their knowledge into practice during the clinical component of their course [3]. Clinical learning environments in nursing education offer nursing students the opportunity to apply their theory to practices [4, 5]. When nursing students enter these clinical environments with specific expectations regarding their learning experiences and the support, they will receive from the clinical learning areas[6]. They also have expectations of integrating theory and practice, fitting into the multidisciplinary health team, performing well in both theoretical knowledge and nursing practice, and delivering high-quality nursing care [7].All students have expectations regarding what they will learn during their clinical experience [8]. Expectations, in the context of clinical education, refer to the aspirations and desires of students regarding their learning experiences and the support they anticipate from the clinical learning areas and staff during their clinical placements [7, 9]. Expectations might be met or unmet[10]. Met expectations are defined as a match between what a student expected to experience before starting a clinical attachment compared to what he or she experienced [11]. On the other hand, the unmet expectation is defined as a nursing student's expectation regarding their clinical courses or experiences that are not fulfilled or realized as they had hoped [8]. When students' expectations are met, it can have a positive impact on their clinical learning outcomes and lead to being competent in nursing practice [7, 12, 13]. However, these expectations might not always met in clinical learning areas [13]. If their expectations are not met, it may lead to discouragement and attrition among learner nurses [7, 12]. Unmet expectation can also resulted in nursing students' negative view of their career and the decision to quit [14]. This is a major reason for quitting the career and withdrawing from the field after entering clinical environments [15].

Statement of the problem

Nursing students have certain expectations regarding their clinical attachments [16]. Nursing students expect clinical learning areas to receive effective learning and a supportive environment [17]. However, when nursing students enter the clinical environment, they often have experiences that may deviate from their initial expectations [18]. Nursing students may perceive that the staff in the clinical learning area needs to adequately support them in attaining their learning expectations [19]. These expectations significantly influence their motivation, engagement, and overall satisfaction with their academic experience [20]. On occasions, nursing students anticipate applying their classroom knowledge to real-life scenarios; however, they have reported instances in clinical settings where they observed procedures that contradicted the theoretical education provided by their institutions [7].

The gap between nursing students' expectations and the perceived reality during their clinical attachments impacts on their learning experiences, professional growth, and overall satisfaction [20]. This mismatch can result in frustration, disillusionment, and dissatisfaction with the nursing profession, as well as perceptions of incompetence among professional nurses. Additionally it may have an impact on their cognitive abilities and emotional responses, which may ultimately have an impact on their motivation and academic performance [7, 21].

Clinical experiences showed that nursing students' expectations regarding their clinical experiences are often unfulfilled or unrealized. The misalignment between nursing students' expectations and the actual clinical environment is a significant problem that requires attention and resolution. Additionally, research regarding the expectations and factors related to unmet expectations in the Ethiopian context has not been done and is unknown. By exploring this issue, the study aims to generate valuable insights that can inform the development of knowledge and the development of effective solutions and interventions. Therefore, the objective of this qualitative study was to explore expectations from clinical attachments of undergraduate nursing programs, its related factors, and its impact on student’s competencies at Bahir Dar and Gondar Universities, Ethiopia, in 2024.

1.2 Significance of the study

Unmet expectations can negatively impact the quality of care provided by nursing students. When students' expectations are not adequately met, they may struggle to practice in the clinical area and may not deliver the expected level of care, which ultimately affects their clinical competency and the quality of nursing care delivered by them after they are assigned to their workplace. So, the findings of this study are important for improving the quality of nursing care and the clinical competency of students. One challenge that students may face is the realization that procedures are performed differently in clinical practice compared to what they learned in theory. This can lead to wasted time as they feel that the methods they were taught are not applicable in real situations. Consequently, this can create confusion and uncertainty, affecting their necessary skills and competencies. If nursing students perceive their educational program as a waste of time, it can result in decreased satisfaction with the program and subsequently result in leaving their profession. Thus, the finding is important for the quality of nursing education.

Firstly, Educational institutions and nursing faculty can benefit from the findings of this study to guide curriculum improvement. By understanding the factors contributing to unmet expectations, institutions can make necessary adjustments to ensure that the curriculum aligns more effectively with the clinical realities encountered by students. Taking into account the context of the country, the curriculum can be designed accordingly. This will lead to better-prepared and more confident nursing graduates, ultimately improving the quality of nursing education in the clinical learning environment. Secondly, nursing students themselves benefit from this study, understanding their expectations during clinical attachments is crucial for their professional development and satisfaction, contributing to a fulfilling clinical learning experience. Thirdly, Hospitals can also benefit from this study, it indirectly impacts the hospital environment and the quality of care provided in the clinical environment in addition to this, the finding of this study may recommend professional development, by identifying areas where additional professional development opportunities may be needed, hospitals can improve the quality of care they offer, as a result, it is important for both patients, health professionals and the quality of care provided in the hospital. Lastly, this study will serve as a reference and baseline for future researchers.

2. LITERATURE REVIEW

2.1 Nursing Students' expectation from their clinical attachment

Nursing education plays a vital role in preparing qualified and competent nursing professionals who can deliver safe and high-quality care to patients [22]. To achieve this, nursing students undergo comprehensive theoretical education followed by practical experiences in clinical settings[23]. Clinical practice, also known as clinical attachments, is the practical component of nursing education where students are placed in real-world healthcare settings[24]. Clinical practice attachments serve as valuable opportunities for students to apply their theoretical knowledge in real-world healthcare environments[25]. However, the fulfillment of students' expectations during these clinical placements is crucial for their positive learning experiences and successful professional development [7]. Expectation is defined as the hope or possibility of achieving something[26]. Expectations, in the context of nursing education, refer to the aspirations and desires of students regarding their learning experiences and the support they anticipate from the clinical learning areas and staff during their clinical placements [7, 9].

A descriptive, cross-sectional study conducted in the United States, within a baccalaureate nursing program, showed that students have expectations of learning effective communication and interactions with patients, appropriate interactions and communication with clinical instructors, incorporating theory and practice in the clinical environment, and having instructors specialized in their field and also found that students expect to translate theory into practice and become as independent as possible in the clinical setting [8]. A quantitative descriptive study conducted in Ireland revealed that students expect a supportive work environment, adequate role orientation, constructive feedback, and to be valued and respected as professionals [27]. A descriptive qualitative study conducted in Spain, focusing on second-year nursing students during their first clinical placement at a public university, found that these students shared similar expectations for conducive and supportive clinical learning environments [28]. A descriptive interpretive qualitative research in Saudi Arabia also demonstrated that learners expect clinical learning areas to provide effective learning and a supportive environment [17]. In the same study conducted in Saudi Arabia, the majority of participants in focus groups expressed expectations that

clinical training should enhance their clinical competencies, including bedside care, building teamwork, and applying evidence-based practice, they emphasized the importance of an organized and scheduled training program that ensures exposure to different cases, units, and situations [17].

2.2 Unmet expectations from their clinical practice

Expectations are either met or unmet[10]. Met expectations are defined as a match between what a student expected to experience before starting a clinical attachment compared to what he or she experienced [11]. If expectations were confirmed by the experiences, expectations would be considered met [10]. On the other hand, the unmet expectation is defined as a nursing student's expectation or anticipation regarding their clinical courses or experiences that are not fulfilled or realized as they had hoped [8]. Or it indicates a discrepancy between what the student expected or desired to encounter during their clinical practice and the actual outcomes or experiences they encountered [8]. It is also described as a misalignment between what nursing students expected or hoped for and the actual experiences they encountered in the clinical learning areas [7].

According to a qualitative study done in Iran, In the clinical environment, nursing students may encounter resistance from staff when attempting to adhere to evidence-based practices, for instance, when it comes to hand washing, some individuals may dismiss the recommended guidelines and urge students to hurry up suggesting them the prescribed methods are only theoretical and not applicable in real-life situations and these challenges make the students undermine the importance of evidence-based care and undermine their expectations of applying evidence-based care in real-life situations [29]. The same qualitative study done in Iran showed that the curriculum had not been updated appropriately based on the needs of the work in clinical settings [29]. A quantitative study conducted in Sri Lanka revealed that 85% of participants were not satisfied with the content of the curriculum, which is not updated on current medical issues, Seventeen percent of students stated that the theoretical content is not helpful to them in integrating with practice, and 36% suggested changes and updating of the standard procedures to match the real and actual clinical setup [30]. Nursing students enter clinical settings with the expectation that the knowledge and skills they acquire during their education are directly applicable and

relevant to their practical experiences[30]. However, when the curriculum does not align with the real and actual clinical setup, students may feel that their expectations are not being met[30].

According to a descriptive interpretive qualitative study done in Saudi Arabia, The expectations of learner nurses are often not met in clinical learning areas [17]. A qualitative study in South Africa showed that nursing students had different expectations; some students felt that their expectations were not met, whereas some students indicated that they were met [7]. According to qualitative research done in Namibia, Students are supposed to apply what they are taught in the classroom to clinical practice, but when it comes to clinical practice they find that nurses are doing different things and do not apply what they are taught in class, this makes it difficult to students to integrate theory into practice and sometimes, students encounter contradictions between classroom teachings and hospital practices, that leads confusion [31]. When students' expectations are not met, it can lead to disappointment and dissatisfaction with their clinical learning experiences, resulting in decreased confidence, competence, motivation, commitment, and self-esteem [32, 33].

2.3 Factors related to unmet expectations from the clinical environment

Unmet expectations of nursing students in the clinical setting can arise from a variety of sources, such as factors related to the students themselves, the clinical staff, and the instructors, as well as difficulties encountered during clinical practice. It is not always feasible to fulfill all student expectations or to cultivate an entirely positive clinical learning environment [34].

In Ghana, the infrastructure necessary for effective teaching and learning in Nursing Training Colleges (NTCs) and other institutions of higher education has been inadequate and poorly equipped, failing to meet the minimum requirements for quality education, while these institutions also face a shortage of qualified nursing faculty[35]. A qualitative description study done in Ghana revealed that the educational structures have failed to enable students to achieve key learning objectives, the curriculum and design of educational materials have not prepared students to comprehend workplace realities and

expectations., and the curriculum focuses more on theory than on practice and corresponds poorly with reality and even some curricula even neglect to include courses that students need, creating deeper curricular inadequacy [35].

A qualitative study conducted in Iran found that nursing students might face an unsupportive atmosphere in the clinical environment, along with negative perceptions of both nursing students and the nursing profession within clinical departments. This can result in a disparity between their expectations and actual experiences [36]. Another quantitative study from Iran revealed that inadequate training and resources can cause learners to feel that their expectations are unmet [32]. This may involve a lack of sufficient equipment, inadequate training facilities, or a shortage of faculty members, all of which can negatively affect learners' satisfaction and overall experience [32]. A qualitative, descriptive study conducted in South Africa found that insufficient support from clinical staff can result in unmet expectations and negative experiences for learners. This lack of support can lead to disappointment and demotivation, and may even contribute to learner attrition [7]. A study conducted in the USA identified that the physical space within the clinical learning environment is a key factor influencing student learning [37]. The physical space includes the environment and resources that affect learning, such as equipment, facilities, learning tools, and established procedures [38]. A qualitative study involving undergraduate nursing students in Norway found that insufficient equipment and limited resources were factors that adversely affected the students' learning experience [39]. A study conducted in Tanzania found that inadequate supervision of students in clinical settings, inexperienced teachers, an unsuitable environment both at the school and in clinical areas, and the lack of student involvement in program planning hinder the acquisition of clinical nursing skills [40]. A qualitative study conducted in Addis Ababa found that nursing students faced challenges such as inadequate follow-up, guidance, and subjective evaluations in the clinical learning environment. The participants reported that having instructors present at the bedside provided easier access to guidance, reassurance, and feedback. However, many students complained about the insufficient presence of instructors in clinical settings, which limited their learning opportunities [41].

2.4 Impact of challenges (unmet expectations) during clinical practice on clinical skills/competency

Clinical competency is the ability to integrate knowledge, skills, attitudes, and values into a clinical situation and it is very important in nursing education, clinical settings, nursing management, and crises [42]. A descriptive qualitative study conducted in Iran found that most participants were concerned about the lack of adequate clinical supervision, which led to insufficient follow-up and missed learning opportunities [43]. A descriptive cross-sectional study conducted in Palestine found that instructors did not evaluate students objectively and there was a deficiency in support and supervision from trainers within the training environment [44]. The absence of supervision could cause nursing students to learn incorrect procedures because of insufficient guidance, which may result in incompetence [45].

A cross-sectional quantitative study conducted in the Caribbean highlighted that students expect opportunities to care for real patients, apply theoretical knowledge in practice, and have access to resources in the clinical setting. If adequate learning opportunities are not provided, students may graduate without meeting the professional standards and competencies required for the nursing field [46]. The lack of opportunities to develop essential skills could adversely affect nursing students' learning and the quality of care they provide to patients (42). A phenomenological study conducted in the United Kingdom found that some nursing students have left the profession due to the challenges they encountered in the clinical setting [47]. A qualitative study conducted in Iran revealed that prevailing conditions of using nonstandard methods in clinical duties, where many clinical duties were performed using nonstandard methods, cause students to ignore up-to-date theoretical knowledge taught in the classroom and instead follow the non-standard methods of the staff, resulting in a popular routine in clinical settings that influences students' behaviors [29].

3. THEORETICAL FRAMEWORK

This study is guided by Albert Bandura's Social Cognitive Learning Theory (SCLT), which provides a foundational framework for understanding how undergraduate nursing students learn and develop competencies in clinical practice. SCLT emphasizes that learning occurs through observation, imitation, and modeling, which are particularly relevant in clinical settings where students are expected to acquire and apply practical skills. The theory consists of four key phases: attention, retention, reproduction, and motivation—that explain the process of learning and skill acquisition[48-50] . These phases are aligned with the expectations nursing students bring to clinical practice and the factors influencing the development or lack thereof of their professional competencies.

1. Attention

The main purpose of paying attention, which is a step of learning through modeling, is to pay attention to the behaviors and activities that will be modeled and perceived correctly. The factors that affect this process can be an individual's interest, preparedness, needs and purposes, effective capacity, previous experiences, and the functionality of the modeled behavior. In this phase, nursing students, focus on their surroundings, patient interactions, and the actions of healthcare professionals.

2. Retention

Bandura states that in order to reach an effective modeling process the model needs to be remembered. An individual conducts remembering by means of converting the information acquired through observation and storing in memory. Retention is the second phase which involves storage and retrieval of newly acquired information. Nursing students apply previous knowledge from readings, lectures, and clinical experiences to provide patient centered care. Nursing students demonstrate knowledge engagement, communication, and assessment, which is mostly theoretical and hypothetical until simulation.

3. Reproduction

At this stage, the behaviors which were paid attention and remembered are practiced.

This phase of Bandura's social cognitive learning theory is when nursing student practices the skills they have learned and observed in clinical environments. Nursing students expect clinical practice to provide hands-on opportunities to reproduce learned behaviors, such as patient care and, nursing procedures. When nursing students care for patients in the clinical

environment, they replicate their practice behavior in real-world settings. however, if expectations of students are not met due to a lack of resources, inadequate supervision, or due to any other reasons, students may struggle to effectively reproduce these behaviors. This phase is vital for competency development since they translate observed behaviors into practice I this phase of this learning theory.

4. Motivation

Motivational processes determine whether or not an observed behavior is carried out, based on whether the conduct is viewed to produce desired or undesirable results for the model. If an observer is rewarded for observing a behavior, he or she will be more encouraged to repeat it later. The spectator, on the other hand, would be less motivated to repeat a conduct if it was punished in some way. As a result, social cognition theory warns that people do not model every behavior they learn. Nursing students develop increased competence and confidence leading to internalized assurance and a sense of personal agency they carry with them into a variety of work settings. Learners are also more likely to demonstrate behaviors that are valued by patients, peers, and instructors. Once students value the purpose and function of simulation, they become empowered by the experience, are motivated to inform others about their positive experience, and are willing to participate in additional simulation scenarios. A simulation culture provides the type of academic environment that increases teamwork, and interprofessional practice and improves patient care. Motivation drives the learner to repeat observed behaviors. In clinical practice, nursing students are motivated by successful interactions with patients, positive feedback from mentors/ clinical staff, and achieving clinical competence. Unmet expectations may negatively impact their motivation. Low motivation may affect learning outcomes and clinical competency. On the other hand, meeting their expectations in the clinical environment raises greater motivation encouraging students to improve their skills and confidence in their abilities.

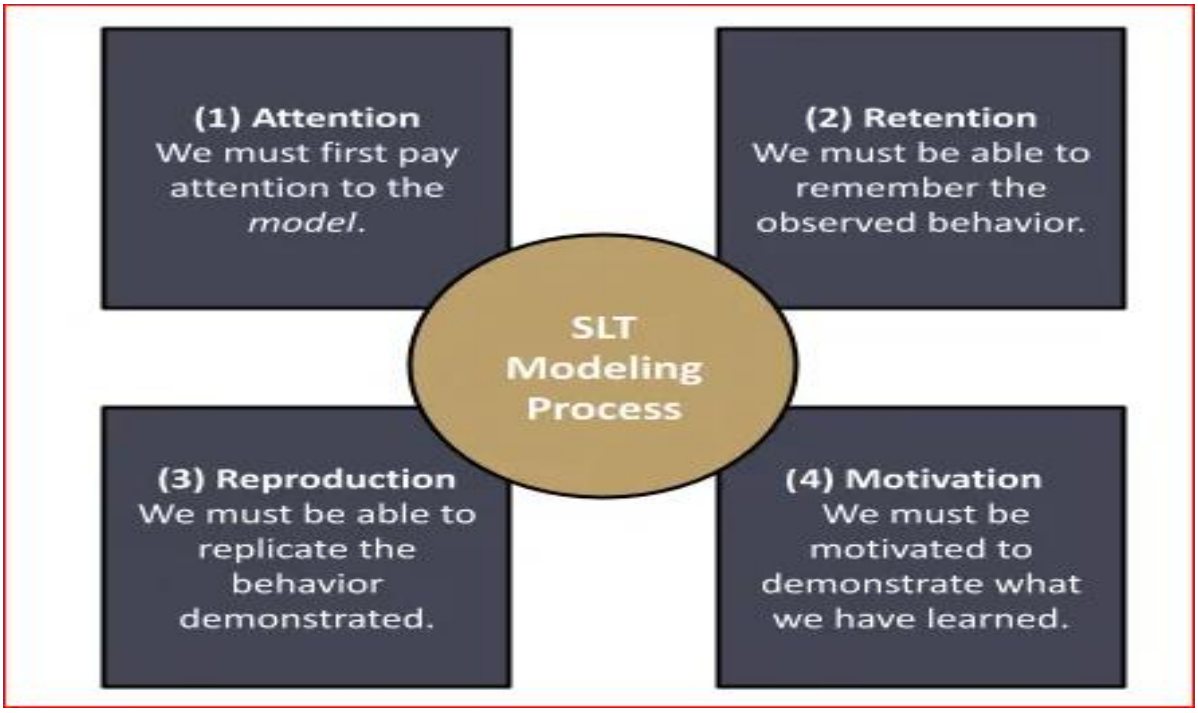

Figure 1. Albert Bandura's Social Cognitive Learning Theory

4. OBJECTIVES OF THE STUDY

4.1 General objective

This study aimed to explore expectations from clinical attachments of undergraduate nursing programs, its related factors, and its impact on student's competencies at Bahir Dar and Gondar Universities, Ethiopia, in 2024.

4.2 Specific objective

- To explore undergraduate nursing students' expectations from their clinical practice at Bahir Dar and Gondar Universities, Ethiopia, 2024
- To identify factors related to unmet expectations in clinical attachments in undergraduate nursing programs at Bahir Dar and Gondar Universities, Ethiopia 2024
- To describe the impact of unmet expectations in clinical practice on their competencies at Bahir Dar and Gondar Universities, Ethiopia,2024

5. METHODS AND MATERIALS

5.1 Study design

A qualitative descriptive study design was conducted.

5.2 Study area and period

This study was conducted at College of Medicine and Health Sciences (CMHS) of Bahir Dar University (BDU) and University of Gondar (UOG), Ethiopia. BDU and UOG are located in the northwest part of Ethiopia, approximately 565 km and 748 km away from the capital city of Ethiopia, Addis Ababa, respectively. These universities are training centers for various departments in medicine and health science. This study specifically focused on nursing students at CMHS. The study was conducted from June 9 to July 9, 2024.

5.3 Study participant

The study participants were undergraduate nursing students who had at least one month of clinical exposure at two universities in Northwest Ethiopia. The study also included preceptors, head nurses, hospital admins, and lecturers from the two universities. All three objectives of the study; explore undergraduate nursing students' expectations from their clinical practice, identify factors related to unmet expectations in clinical practice, and describe the impact of unmet expectations in clinical practice are addressed by the students whereas identifying factors related to unmet expectations in clinical practice and describing the impact of unmet expectations in clinical practice are addressed by the interviewing key informants. Using data from different methods allows researchers to cross-check the credibility of information (to validate what the student said) and to make the data-rich.

5.4 Eligibility criteria

5.4.1 Inclusion Criteria

Selected undergraduate nursing students with at least one month of clinical experience at Bahir Dar and Gondar Universities were included. The study included students from various nursing specialties/programs, that is, comprehensive nursing, pediatrics, emergency and critical care nursing, and psychiatry, starting from the second year. For key

informants, the study included preceptors who work at the emergency unit, head nurses from the surgical ward, hospital admins, and a lecturer.

5.5 Sample size determination and sampling procedure

5.5.1 Sample size determination

The study was conducted in five focused group discussions (FGDs), with one group representing each academic year. Each group had six participants. The sample size was determined by observing data saturation. The literature recommends to conduct 4 to 6 key informant interviews [51]. For this study, we selected four key informants from both institutions including one preceptor, one head nurse from the hospital, one lecturer, and one administrator. Both the discussions and interviews were carried out until data saturation was reached.

5.5.2 Sampling Procedure

The maximum variation purposive sampling method was used to select students, based on, gender, and academic year. Students from each academic year (students from 2nd year to 4th year) and each specialty (each nursing program that is ECCN, pediatrics, comprehensive nursing, psychiatry) were selected. One or two class-representative students from each specialty were chosen for the focused group discussions (FGDs). Since class representatives can communicate effectively, we can gather the most valuable data from them. Then students were categorized into groups according to their academic year. Students with all specialties were grouped according to their academic year (e.g., 1 or 2 students from pediatrics,1 or 2 students from ECCN, and 1 or 2 students from comprehensive nursing, all from the second year, were grouped for discussion). Based on this group arrangement, we had one group from the second year, one group from the third year, and one group from the fourth year. Since our study area included two locations, we selected participants from two universities, resulting in six focus group discussions (FGDs). However, second-year students from BDU were excluded because they were only attached to the hospital for two weeks. Consequently, we conducted FGDs in five groups.

Regarding the selection of key informants, the maximum variation purposive sampling method was used by their professional roles and positions, gender, and years of experience

within the healthcare and educational settings. This included hospital admin, preceptors, head nurses from academics, and lectures. Out of the four key informants, one preceptor, one head nurse from the hospital, one admin, and one lecturer were selected based on their level of experience. Specifically, one department head from the surgical ward in the hospital and one preceptor, a nurse working within hospitals who mentors, monitors, teaches, and provides feedback to undergraduate nursing students in their workplace, one administrator, and one lecturer were selected.

5.6 Data collection tool and procedure

5.6.1 Data Collection Tool

Data were collected from students through focus group discussions (FGD) and from key informants using FGD and key informant's guide respectively. The researcher used open-ended questions with probing techniques adapted from another research [7, 21, 28]. During the FGD and key informant's interview (KII), we discussed various topics, including the expectations from the clinical area, whether those expectations were met or unmet, and factors that contribute to unmet expectations in clinical attachments for nursing students. The key informant /focused group discussion guide was prepared in English, and the interviewee was interviewed in the Amharic language.

5.6.2 Data Collection Procedure

Data were collected through FGDs and KII. Students were purposely selected based on their academic year and nursing specialty, and one or two students from each specialty were chosen to participate in the discussions. Once selected, the students were categorized into groups according to their academic years. Before the discussions, participants were informed about the study's purpose, and their permission was obtained. Each focus group discussion was facilitated by the principal investigator, and a BSc nurse recorded and took notes during the discussion. To allow the students to share their views freely, the discussions were conducted in a classroom setting. Questions were asked based on an FGD guide, and subsequently probing questions were asked for further information about their expectations from their clinical practice, challenges faced, gaps from their expectations, and causes for those gaps. In addition to this, a note-taker who was a nurse (BSc) and had clinical experience observed nonverbal expressions and took field notes for more

clarification. The discussion was recorded with a digital audio recorder. The duration of each focused group discussion was from 1 hour to 1:20 min. The discussions were conducted in Amharic to facilitate effective communication. The number of focus group discussions conducted was 5 group discussions. Key informants were purposely selected based on their experience, and written consent was obtained from them before conducting the interviews. Then, they were informed about the study's purpose. The interviews were taking place in their office to ensure a comfortable environment that promotes focused and uninterrupted interviews. Questions were asked based on the interview guide, and subsequently, probing questions were asked for further information. In addition, a notetaker, who is a BSc nurse with clinical experience in observing nonverbal expressions and taking field notes for further clarification, was involved. The interviews were recorded with a digital audio recorder. The interview was conducted with one interviewer (a principal investigator) and one note-taker (a BSC nurse), who took a note during the interview. Additionally, the interviews were conducted in Amharic to facilitate effective communication and clear understanding. Each interview lasted from 56 minutes to 70 minutes. The number of interviews conducted depended on data saturation. To determine data saturation first, Data was collected through interviews or discussion methods and started analyzing the data concurrently as it was collected. And identified codes using Atlasti9 software. New data was then collected, coded, and compared with the previously collected data. Look for similarities and differences across the dataset. We investigated whether new data provides new information or repeats what we have already discovered. This process was stopped when the latest code repeated existing findings (that is when no new code emerged from a new data set).

5.7 Trustworthiness

To ensure the trustworthiness of the study findings, four techniques were used: credibility, dependability, confirmability, and transferability [52].

Credibility: The credibility of this study was maintained through triangulation and peer debriefing. The researcher used triangulation in the data collection method to validate the information and get better information about the students. Additionally, the researcher received experience from those who had undergone qualitative data analysis and received feedback both during the analysis process and while writing up the findings.

Dependability: To ensure the dependability of this study, audio recordings of participants' interviews, notes taken during the interviews, and verbatim transcriptions were saved for cross-checking the process and maintaining consistency in the interpretations.

Transferability (Applicability): To ensure transferability the investigator used a thick description of the research context, methodology, participants, and final report.

Confirmability (Neutrality): To establish confirmability the researcher used participant's words from interview transcripts to confirm that the data interpretation reflects the exact participant's words instead of the researcher's perspectives or biases.

Researcher self-reflectivity and bracketing

My decision to investigate student expectations in clinical practice and how unfulfilled expectations affect their attitudes and competency was heavily motivated by my experiences as a nursing student. During my undergraduate studies, I saw classmates who were top students before clinical attachment develop a negative attitude toward nursing following our first clinical practicum. These classmates, who had been very motivated, felt disappointed by the clinical environment because their initial thought was not matched with their experience in the clinical learning environment. As a result, they lost interest in nursing and became less involved in their learning in their education. This experience made me question how unmet expectations in clinical practice affect students, the importance of aligning students' expectations with the realities of clinical practice, and how mismatch can impact their attitude, and eventually competency. This personal experience inspired me to conduct this research. I wanted to know what causes students to have a bad attitude toward nursing during clinical attachments and explore how these unmet expectations affect their competency. Additionally, the research advisors involved in this study, who are experts in qualitative research, analysis, and interpretation, provided continuous guidance and feedback in the data analysis and interpretation throughout the process; that is, they confirmed that my personal experiences did not affect the study's findings. In addition to this, in this study, the researcher used the bracketing technique, which is the process of setting aside personal experiences, previous research findings, and preconceived notions about the research topic [53].

5.8 Data processing and analysis

The data were analyzed using thematic analysis by using Atlas ti 9 software. First, the recorded data was transcribed into textual format. The principal investigator read and reread the transcriptions several times and listened to the audio-recorded interview repeatedly. Then the transcripts and audio were cross-checked several times and the data were translated into English. The English translations were given to an expert in English language in the English language department. The language expert checked the translations for grammar and spelling errors and provided plenty of feedback on the translation. Next, initial codes were generated for segments of the data. The codes were allocated into subthemes. Similar sub-themes were grouped into themes. Finally, the findings were described within the context of the research, and the study findings were presented with narrative descriptions and quotes.

5.9 Ethical Consideration

The ethical clearance was obtained from the institutional review board of BDU, CMHS. Participants were informed about the purpose of the study, and their right to withdraw from participation at any time without any penalty. Written consent was obtained from each study subject before the data collection, after explaining the purpose of the study to the respondent. The information collected from the participants was used for research purposes only. To keep confidentiality, the collected information was kept in a file without a personal identifier of the study participant.

6. RESULTS

6.1 Description of Study Participant

In this study, a total of 34 participants (18 male and 16 female) were involved from two public universities having teaching hospitals, namely Bahir Dar University and the University of Gondar. At UOG, there were two groups of third-year students: the old batch and the new batch. The old batch is nearing the completion of their 3rd year, and, for this study, they are considered 4th-year students. In this study, 32 participants fully participated in the research. However, two participants, both of whom were key informants with responsibilities, could not complete their participation due to the shortage of time they had. These individuals had a high level of responsibility, which made it difficult to dedicate the time required for the study. As a result, they went to their responsibility before finishing their interview (before finishing the interview guide). Despite these withdrawals, most participants provided in-depth insights and dedicated full-time to the study. Among study participants, 30 nursing students participated in FGD held in 5 separate groups. The summary of demographic information of the participants in FGDs is presented in the tables below (table 1).

Table 1: demographic information of the participants of FGD Participants

Participant's code	Age	sex	Year of Study	Educational institution	Nursing program
group one					
P1	23	M	3rd yr	BDU	Pediatrics
P2	22	F	3rd yr	BDU	Pediatrics
P3	23	M	3rd yr	BDU	Comp. nursing
P4	22	F	3rd yr	BDU	Comp. nursing
P5	22	M	3rd yr	BDU	ECCN
P6	21	F	3rd yr	BDU	ECCN
group two					
P1	23	F	4th yr	BDU	ECCN
P2	24	M	4th yr	BDU	ECCN
P3	24	M	4th yr	BDU	Comp. nursing
P4	23	F	4th yr	BDU	Comp. nursing
P5	23	F	4th yr	BDU	Pediatrics
P6	24	M	4th yr	BDU	Pediatrics
group three					
P1	22	F	Second yr	UOG	ECCN
P2	23	M	Second yr	UOG	ECCN
P3	21	M	Second yr	UOG	Psychiatry
P4	20	F	Second yr	UOG	Pediatrics
P5	22	M	Second yr	UOG	Pediatrics
P6	21	F	Second yr	UOG	Comp. nursing
group four					
P1	23	M	4th yr	UOG	Pediatrics
P2	24	M	4th yr	UOG	Comp. nursing
P3	22	M	4th yr	UOG	Comp. nursing
P4	23	F	4th yr	UOG	ECCN
P5	22	F	4th yr	UOG	ECCN
P6	22	F	4th yr	UOG	ECCN
group five					
P1	22	F	3rd yr	UOG	Pediatrics
P2	22	M	3rd yr	UOG	Pediatrics
P3	24	M	3rd yr	UOG	Comp. nursing
P4	21	F	3rd yr	UOG	Comp. nursing
P5	21	F	3rd yr	UOG	ECCN
P6	23	M	3rd yr	UOG	ECCN

Four key informants have participated in the KII. A summary of their demographic information (a detailed description of the participants' characteristics, including age, sex, marital status, years of experience, and professional roles) is presented in Table 2.

Table 2: Socio-demographic information of key informants who participated in the study

Participant's code	Age	Sex	Marital status	Work experience	Occupation/professional role
KI 01	34	M	married	8 years	Preceptor
KI 02	29	M	single	7 years	Head nurse
KI 03	40	F	married	10 years	Admin
KI 04	35	M	married	5 years	Instructor

6.2 Main findings

This section describes the findings of the qualitative analysis of nursing students' expectations from clinical attachments, factors that contribute to unmet expectations, and the impacts of these unmet expectations on their competency. A total of 614 codes were initially identified. After merging duplicates or similar codes, these were reduced to 120. According to similarities and differences, codes were allocated into subthemes (four subthemes of the nursing student's expectations were identified; these include a conducive learning environment, supervision and guidance, the application of theory into practice, and the expectation of being competent and skilled in practice). Finally, two themes were identified for the first objective: supportive clinical learning environments and learning needs expectations. The same is true for the objective, factors related to unmet expectations, and its impact on the competency. According to similarities and differences, codes were assigned into subthemes. Similar sub-themes were grouped into themes: 3 themes were identified for this objective: Insufficient clinical support and mentorship in the clinical setting, gaps Between nursing education and practical application and communication gaps and lack of initial orientation. Finally, the findings were narrated to convey the results to the reader, with relevant quotations included to support the analysis. Study findings are categorized under five main themes and ten subthemes presented below (Table 3):

Table 3: Five major themes and ten subthemes of the study results

Theme	**Subtheme**	**Answered research question /objective**
Supportive clinical learning environments	Suitable/ conducive clinical setting Supervision and guidance	Explore undergraduate nursing student expectations from the clinical attachment
Learning needs expectations	Application of Theory into Practice Being competent/ skillful in practice	
Insufficient clinical support and mentorship in the clinical setting	Inadequate supervision and guidance Unconducive clinical environment	Describe factors related to unmet expectations and its impact on their competency
Gaps between nursing education and practical application	The discrepancy between theory and Practice Theory- focus clinical practice	
Lack of orientation and communication in clinical learning	Communication gaps Lack of initial orientation	

6.2.1 Supportive clinical learning environments expectations

Nursing students expect a supportive and well-organized clinical environment to enhance their knowledge, clinical skills, and competency. Their desires in the clinical area include exposure to a variety of cases, receiving continuous supervision and guidance from clinical instructors and healthcare workers, and participating in clinical learning opportunities for their hands-on practice and skill development. This theme has two sub-

themes: suitable/conducive clinical setting and supervision and guidance. The findings are presented below.

6.2.1.1 Suitable/conducive clinical setting

The students indirectly expressed their desire for a clinical environment that is close to their dormitory and a clinical environment with multiple wards that exposes them to a variety of cases to maximize their learning opportunities and gain a good clinical experience. Their response suggested that they want a clinical setting that allows them to gain more exposure and experience.

A 4th year nursing student from the pediatrics department described:

> *I would say yes; it is almost a good learning environment. In terms of proximity to our dormitory, it allows us to be available on time. In terms of facilities, the hospital has many wards available, and we can see a lot of cases*. (P1, FGD 4)

Nursing students often need a clinical learning environment where they can observe, be exposed to, and be involved in different procedures. They believe that this environment offers them good learning opportunities and practical experience, which is essential for advancing their knowledge and skills. This is described by a 3rd year nursing student from the pediatrics department:

> *The hospital is somewhat good. The reason why it is good is that, when we compare it with other health centers and primary hospitals, our hospital is a place where many procedures are performed. We found it much better in this regard. If we have the desire to learn, the hospital is the best place because it is specialized, and where many procedures are performed. It is where we get good knowledge.* (P5, FGD2).

Nursing students require a clinical learning environment that allows them to practice nursing care procedures, enhance their skills, and understand different nursing tasks.
A 2nd year nursing student from the emergency nursing department mentioned that:

> *I think it is a great place to learn. Since this is a referral hospital, there are many cases to observe and engage with. Being a referral center often allows us to perform the procedures and tasks necessary for developing our skills.* (P1, FGD3).

Students require a clinical learning environment where there is a less crowded clinical setting. They also want a clinical learning environment that allows them to develop their skills. They found that too many students in one clinical learning environment may result in missed learning opportunities for their skills. A 3rd year nursing student from a comprehensive department mentioned that:

> *When we go to the attachment, the number of students and hospital staff is too high to ask about patients. The number of students assigned to one ward is not proportionate. For example, when we try to ask a patient a history, another student may have already asked them. As a result, the patient may not provide us with the information we want. When we want to do skill, there is someone else who wants to do it as well.* (FGD,01)

Students indirectly described their need for a more manageable number of learners in clinical areas. They described a situation where the presence of numerous interns and junior students in the same clinical learning environment leads to missed opportunities to acquire basic skills and reduces their ability to practice freely. Indirectly, they expect an appropriate number of students relative to the available clinical practice opportunities and an environment where every student can have equal opportunities for skill development and practical experience.

A 4th year nursing student from a comprehensive nursing department stated that:

> *There are interns and juniors, which means there are too many students in one area. From this perspective, we can't acquire the skills we want. It feels very restrictive, and we can't work freely. Sometimes we think, "Since he is a junior, I know more than he does, so let me give him a priority to perform this task" and we give a chance to perform a task for our juniors and we end up leaving without practicing. As a result, we lack experience* (P3, FGD2).

The students have a desire to learn in a less crowded clinical learning environment where they can have more opportunities to engage in hands-on practice. They believed that health centers, district hospitals, and primary hospitals would offer them more chances to perform various tasks and procedures compared to a specialized hospital. This is because too many students in the teaching hospital limited their opportunities to gain more practical

experience and actively participate in patient care. A 4th year nursing student from an emergency department stated: *"Instead of this specialized hospital, if we are assigned to health centers, district hospitals, or primary hospitals, there will be more opportunities to perform tasks."* (P5, FGD4)

6.2.1.2 Supervision and Guidance

Nursing students desire consistent follow-up from their instructors, guidance, and detailed explanations from their instructors in the learning process during clinical practice. Additionally, they want this explanation to extend into the practical application directly to patients. This was described by a 2nd year nursing student from the pediatrics department: *"We want them* (instructors*) to consistently follow us, explaining everything in detail and helping us to apply what we have learned to patient care."* (FGD, 3*)*

The nursing students desire to be supervised and guided during their clinical attachment. Rather than simply being checked on for attendance, they want the instructors to be more engaged in their daily activities in the hospital setting. They wish to be closely observed in their practice and to receive feedback from their instructor. This close follow-up from instructors will motivate the students to work harder, and it will help them to improve their clinical skills in the clinical setting. A 4th year nursing student from the ECCN department explained this by saying:

> *I would be happy if they(*instructors*) came to the hospital to observe what I'm doing and monitor me, and if they said, 'What are you doing?' I will work hard just by watching them. I think it would be great if they came to the hospital and followed us every day, instead of just coming to take attendance.* (P4, FGD4)

As the students reported, there is a desire to be supervised frequently, and they believe that this would enhance their knowledge and performance during their clinical attachment. However, they stated a gap between their expectations and the actual clinical experiences. A 3rd year female nursing student from the pediatrics nursing department mentioned that:

> *I thought that there would be daily check-ups, there would be daily check-ups to have better knowledge and performance, and they would ask daily questions like "What did you do, what did you encounter, and what hindered your knowledge, However, this is not the case.* (P2, FGD01)

Students want experienced instructors or nurses who demonstrate clinical procedures and offer step-by-step guidance during their clinical practice. However, their experience was different from what they expected. A 3rd-year male nursing student from the pediatrics nursing department described this expectation as:

> *Our instructors set the expectation that we would see how blood draws are performed when we were in class, just before we entered to the hospital for clinical attachment. We anticipated learning about it in the hospital, but when we arrived, there should have been someone to show us how blood draws are performed. If you don't have prior exposure, you need an expert to demonstrate and perform the procedure. When our teacher said, "We've seen this in the hospital," I expected the teacher to guide us through the process step by step and say, "Do this, do this, do that, do it like this." However, when we got there, this guidance was not provided.* (P4, FGD1)

6.2.2 Learning Needs Expectations

Students want to become proficient in basic clinical tasks and skills during their clinical attachment. By the end of their attachment, students expect to have a high level of competence with their hands-on practice. Two sub-themes were identified from this theme.

6.2.2.1 Application of Theory into Practice at Real Suitable Setting

Students expect to apply their theoretical knowledge in clinical settings. They believed this would help them integrate their theory into practice.

A 3rd year nursing student from the pediatrics nursing department mentioned: "*We looked forward to applying our theoretical knowledge in the clinical area. This was supposed to help us understand how theory and practice come together*." (p2, FGD5)

Students have a desire to be exposed to all theoretical lessons they learn in the class and apply or practice these all-theoretical concepts during their clinical attachments.

A 3rd-year male student from the pediatrics department mentioned:

> *When we entered the hospital, I believed I would encounter the concepts we learned in theory, such as fundamentals, medical, surgical, and psychiatric topics. The teachers had mentioned, "We will cover this during the hospital attachment," and*

said, "You will see this in the hospital." What I mean is that we expected to see and practice these concepts frequently. (P1, FGD1)

Students need to apply the concepts and procedures learned in class directly to practical skills in clinical learning environments. However, the student found that the actual experiences in clinical practice differ from what was taught in theory in the class.

A 3rd-year male nursing student from the ECCN department mentioned: *"I expected that the theoretical knowledge I gained in the classroom would be directly applicable in the clinical setting, but I found that the reality was quite different*." (P6, FGD5)

Students are taught various procedures in their theory. The students desired to apply these procedures consistently in clinical settings. However, they found that these procedures are not consistently observed or practiced when they enter clinical settings. Without sufficient practical exposure to the procedures, students might not have effective clinical learning and practical experience will not occur. Students may not also perform tasks confidently and competently when they start to work. A second-year female nursing student from the pediatrics department elaborated on their expectations versus reality:

*While we have learned the theory, it is not fully applied in practice. For instance, even though we have learned procedures, we do not see them applied in practice. We have learned these procedures theoretically, but we do not see them being performed. (*P4, FGD3)

Another 4th-year female nursing student from the ECCN department also described their expectations versus reality: *"Most of what we learn in theory is not applied there*(hospital)." (P4, FGD4)

6.2.2.2 Being competent/ skillful in practice expectations

The students described a strong desire to become competent in various nursing tasks in essential clinical skills during their clinical attachment. They mentioned some tasks that are performed commonly in the clinical area. They have a desire to master their skills, perform perfectly, and gain competency in these tasks.

A 3rd year female nursing student from the pediatrics nursing department mentioned: *"We wanted to become competent in our skills through hands-on practice. However, the*

opportunities to perform certain tasks were limited. What I want to achieve is to perform what a nurse can perform, what a nurse is supposed to do." (P2, FGD5)

Another 4th year female nursing student from the emergency nursing department stated that:

> *As a nurse, we know what to do in clinical attachment. Starting with the basics, I want to be able to perform blood draw perfectly, secure an IV cannula, and administer various medications. As an emergency nurse, a lot is expected from me, Since I am training to be an emergency nurse. Therefore, I want to be able to do these tasks perfectly*. (P5, FGD4)

The student has a desire to be fully capable of performing all the tasks and responsibilities that a nurse is expected to handle. They want to reach a level of proficiency where they can handle everything a nurse is supposed to do because they will be responsible for performing nursing tasks independently in their future roles.

A 4th-year female nursing student from the ECCN nursing department described that:

> *What I want to achieve is to perform what a nurse can perform, what a nurse is supposed to do because, the work is waiting for me in the future, and I will be alone in the workplace, I will be able to perform my tasks independently, without assistance in the workplace for the future.* (P6, FGD4)

Most 3rd and fourth-year students enter their hospital attachment with the expectation of performing tasks to develop essential skills. This expectation is common among nearly all 3rd and 4th year students. However, despite their strong desire to perform tasks during their clinical attachment, many have found themselves unable to achieve their expectations. This was described by a 4th-year male student from the pediatrics nursing department as follows:

> *My answer to the question of whether we have achieved our expectations during the hospital attachment is that I have not achieved my expectations. I am almost finished with my third year now. In my first year, we primarily did observation. At that time, I was already exposed to what was happening in the hospital, and I felt ready for the future. In my second year, it was more about working as an assistant and we would occasionally assist the clinical staff, but now, since we are nearing*

the end of our third year, it is time for us to perform the skills on our own. However, I have not been able to do this yet. There are nursing skills to be learned during clinical attachment, but I have not performed any of them so far. (P1, FGD4)

Another 3rd year male student from the pediatrics department also stated that:

My expectation in pediatrics, since they are children, it is a bit difficult to perform procedures. Right now, I want to practice on them; I mean, I want to develop my skills. What I find difficult is securing an IV cannula in children; even though there are different procedures in pediatrics, usually, securing an IV is considered a skilled task in pediatrics, and I believe I can do it. We came into this attachment with that mindset. But I've never tried this. In short, I didn't achieve my expectations. I should have been performing tasks on my own by now, I needed to perform tasks. But I'm not performing it. (P2, FGD 5)

Most second-year students enter the hospital for their clinical attachments with the expectation of observing and familiarizing themselves with the hospital environment rather than performing tasks. They successfully achieve this expectation. A 2nd-year male participant from the comprehensive nursing department reported:

I have achieved my expectations to some extent. The aim of hospital education for us was to observe and understand what we are supposed to do, and to familiarize ourselves with the hospital environment. I believe this expectation has been achieved in terms of observing how things work in the hospital. (P6, FGD3)

All these expectations may not always be fulfilled and unmet expectations in clinical practices might affect their satisfaction in their study, pursuit of nursing knowledge and skill, motivation to attain required competencies, and subsequently their interest in staying in the nursing profession. Participants also reported important factors related to their unmet expectations.

6.2.3 Insufficient Clinical Support and Mentorship in the clinical setting

Nursing students expect to learn and enhance their skills effectively when they enter clinical learning environments. However, insufficient clinical support and mentorship in the clinical area is the factor that contributes to the gaps between their expectations and

the actual experiences they have during their training. This theme has two subthemes: inadequate supervision and guidance and an unconducive clinical learning environment.

6.2.3.1. Inadequate Supervision and Guidance

As key informants reported, instructors visit the hospital primarily to take attendance and do not spend with the students throughout the day. This may lead to missed educational opportunities. As a result, students might not enhance their skills and knowledge during their clinical attachments. One participant explains this: "*They are usually there just to take attendance. They don't stay with the students for the entire day, which means students might miss out on learning opportunities." (*key informant, 03)

Students reported that clinical nurses do not provide detailed guidance and offer instructions on how to perform tasks during student attachment. As mentioned in the FGD: "*Clinical staff don't provide any guidance, such as telling us, "Do it like this, do it like that..."* (FGD,04)

Key informants stated that the reason for the lack of supervision and guidance is that some clinical nurses find it tedious to provide constant supervision. For instance, clinical nurses instruct students to administer medication to certain patients without adequate guidance and supervision. This may result errors on the patient's side and missed learning opportunities. This can be expressed by one of the key informants as follows:

> *Not all clinical staff behave the same way. Some clinical staff find it tedious to supervise students consistently. They simply instruct students to administer medication to a specific patient without proper guidance. They may say things like, "Give this medication to patient bed number X." They may then just sit back. On the contrary, there are also clinical staff who teach and demonstrate well for the students.* (key informant, 04).

Participants reported that hospital nurses are not compensated/receive incentives for teaching nursing students in the clinical area. This leads to a lack of motivation to support students, and failure to supervise students by hospital nurses. Additionally, absence of nursing educators in the hospital prevented students from receiving feedback or support regarding their clinical performance. As a result, students may not gain adequate support from both nursing educators and hospital nurses. Key informants cited a lack of incentives

as the primary reason for not supervising and supporting students by the clinical nurses. This idea is raised by a key informant who stated:

> *Clinical staff have raised concerns, expressing that they have questions and need incentives. They seek motivation to teach students, demonstrate procedures, and show practical applications. This is a common concern among many clinical staff members. So, the lack of incentives for the clinical staff is the primary reason for not supervising the students in the clinical area. (*key informant,02)

Similarly, a 4th year male nursing student from pediatrics department raised this:

> *During our second-year attachment in the Psychiatry Department, the staff expressed that they weren't obligated to teach us without compensation since the teachers were being paid to do so. As a result, cooperation from the hospital staff is limited. This has led to a situation where we don't even get the chance to practice under supervision*. (P1, FGD4)

Participants struggle to achieve their learning expectations in the clinical setting without supervision and guidance. The absence of guidance and the absence of someone who corrects students during clinical practice causes discomfort when performing tasks. The presence of an instructor in the clinical area is important for increasing their confidence when they perform procedures.

A 4th year female nursing student from the ECCN department reported:

> *I did not achieve my expectations. The reason is that I don't feel comfortable practicing without someone guiding us and telling us when we're wrong. If a teacher is with me while I perform a procedure, I feel much more comfortable.* (P4, FGD4)

This lack of guidance and supervision leads to fear of performing procedures independently. This results lack of confidence in performing clinical tasks, as mentioned by key informants. This can be understood from the expression of one of the Key Informants who states: "*Students often fear performing procedures independently because instructors do not supervise and guide them." (*Key Informant,01)

Similarly, a male student from ECCN department reported: *"There was no one to guide us after we arrived in the hospital, and there was no direction on what to do. Because health work is risky, we didn't feel confident to practice there* "(P2, FGD2).

Students feel that lack of supervision and guidance from more experienced staff or instructors contributes to fear of making mistakes. Due to their fear of the consequences of mistakes, they often miss the opportunity to perform certain tasks. Additionally, they don't have the confidence to perform procedures if there is no one to supervise and guide them.

This is supported by a 4th year female nursing student from the ECCN department: "*If something happens to the patient when we perform tasks on our own, the risk may fall on us. We may not do it because of that fear*. (P4, FGD4)

A 3rd year male student from ECCN department stated that: "*We worried that we might harm a patient if we made a mistake. This lack of guidance and support has greatly impacted our confidence*." (P6, FGD5)

Another 3rd year male student from comprehensive nursing department said that: *"If we don't practice under supervision, we can't practice with confidence alone. I don't believe we are practicing competently."* (P3, FGD1)

Students stated that insufficient support and supervision not only affected their confidence but also restricted them from acquiring skills. Without supervision and support, they worry about making mistakes and the consequences that might occur to the patient. This fear of making mistakes leads to reluctance to perform procedures in the clinical area. Eventually, this may prevent them from enhancing the necessary skills. A 3rd year female nursing student from the ECCN department described this: "If I wanted to practice, I didn't have any assistance. And I worried about what might happen if I made a mistake and potentially harmed a patient. This concern made me hesitate to perform procedures." (P6, FGD1)

Students reported they were not given any guidance or direction when they went to clinical attachment. This reduced their opportunities to practice and learn.

One of the second-year female nursing students from the comprehensive nursing department said:

> *There was no one to guide us after we arrived, and there was no direction on what to do. Due to this, we didn't have many opportunities to learn and practice. Because health work is risky, we did not feel confident practicing there*. (P6, FGD3)

Key informants described that the lack of guidance and supervision not only prevents them from practicing but also reduces their competency. One participant shared his idea: *"Another factor is the lack of clinical staff or academic staff who consistently demonstrate procedures and provide hands-on guidance. This absence of support can hinder the development of practical skills and competence." (*key informant, 04).

As the participants pointed out, even some of the fourth-year nursing students, are unable to perform basic procedures like securing an IV cannula, inserting a nasogastric tube, or placing a catheter. These are the essential skills that any nurse, especially one about to enter the professional field, should master. The inability to perform these tasks indicates that they are incompetent. When incompetent nurses enter the workforce, the community they serve is directly affected. If nurses lack the necessary skills, patients may not receive the quality care they need. This was described by Key Informant 01 after probing him: Do you think senior students are competent when they come for practice in their fourth year?

> *I don't think all are competent. For example, as a fourth-year comprehensive nurse, you will find some students who cannot secure an IV cannula or perform simple procedures like NG-Tube or catheter insertion, despite being close to graduation. they do not do what they are supposed to do in the fourth year. they are afraid to do it, so they are incompetent. they know some theory but they don't integrate it with skills. They won't be supervised. Because supervision is less, they go to society without being competent. This incompetence will significantly impact the community.* (key informant, 01)

Key informants said that inadequate supervision also leads to violations of sterility during procedures. One of the Key Informants explains it in this way: *"For instance, if the clinical*

staff are not always available to supervise them, students may fail to maintain sterility in wound care, leading to infections in patients who are still recovering." (Key Informant,03). Key informants have strong opinions regarding the supervision of students in clinical settings. According to a key informant, medication errors among nursing students may arise if there is no supervision. An informant emphasized that students should never practice unsupervised in the clinical area. Key informant raised the following suggestion in this regard: "*Medication errors might occur primarily due to the student's lack of knowledge and understanding. From my perspective, students should never be left alone in the hospital and should not be allowed to practice unsupervised." (*key informant, 02)

Participants suggested that today's nursing students are the future healthcare providers who will serve our family. Healthcare professionals and instructors should not compete with each other to supervise or teach students. Instead, they should work collaboratively to provide the best education. In their opinion, more emphasis must be given to teaching and supervising students. They have a concern that if current students do not receive proper education and supervision, students may not be able to meet the healthcare needs of the community in the future.

This suggestion was described by key informant 03 as follows:

> *These students are the future healthcare providers who will serve our sisters, brothers, mothers, and fathers. We should not compete with instructors to supervise, demonstrate, and teach them. If we do not teach and guide them properly today, it will be challenging for these students to care for our sisters, brothers, mothers, and fathers in the future. It is difficult to say that the current professionals will be able to serve everyone if these students do not learn and reach for the community tomorrow. In my opinion, we must focus on teaching and supervising them effectively. (*key informant, 03).

6.2.3.2 Unconducive clinical environment

Students have shared their view that a clinical learning environment is affected by challenges that arise from the clinical environment, which are overcrowding and limitation of resources in the clinical learning environment.

As expressed by participants, not only nursing students but also other medical students and professionals were available in the same clinical environments. This high number of students contributed to a crowded environment and made it difficult for students to have comfort.

A 2nd year female nursing student from the comprehensive nursing department described this as follows: *"There are others from us up to the 4th year. It's not only nurses; there are others, including medical students. It is very crowded. It's hard to say that it's even a little bit comfortable*." (P6, FGD3)

Students reported that one of the challenges they face is the high number of students sent to the hospital for their clinical attachments. This increased number of students can lead to difficulty practicing in a clinical setting.

A 4th year female nursing student from the ECCN department reported that: "*Because of the increased number of students, many students are sent to the hospital together for our attachments, and this is one of the challenges we face."* (P5, FGD4)

As described by key informants, the clinical environment is saturated with too many students or healthcare professionals. This overcrowding made it difficult to use medical resources efficiently. One key informant reflected his idea as follows:

> *The institution was facing a number of challenges due to overcrowding, including the improper use of medical equipment. You can't provide sufficient resources for them. For example, I am currently the head nurse of this ward. I offered disposable gloves, vital sign equipment, alcohol, and many other supplies. However, what I can offer is not intended for all staff and students, but specifically for the nurses who deliver direct patient care. If I provide a resource and every student uses it, then it creates another resource problem. It is a resource wastage.* (key informant, 02)

As participants reported, several students repeatedly asked the same patient for medical history. Each student needs to collect patient information to prepare for presentations. However, this causes the patient to become bored and exhausted as a result of several students interacting with the same patient.

One of the participants reported as follows:

> *A student focused on taking a history from a patient. As long as it is part of their education, the student must be prepared with something for their presentation. So, the student must ask a patient to take history because they have to present something to their instructor. So, one student would ask a patient, and then another student would come and ask the same patient again. There were also instances where patients said, "I'm just tired and don't want to be asked any more questions.* (key informant, 02*)*

Similarly, another 4th year male student from the comprehensive nursing department reported: *"The more students there are, the more exhausted the patients become."* (P2, FGD4)

Again, one key informant elaborated in detail as follows:

> *As you know, many students come to this hospital. When so many students arrive, they all want to perform their tasks, starting with history taking. More than five students may ask one patient at a time. This can cause the patient to feel restless and bored. (*key informant, 04)

Participants stated that patients often appear bored when they interact with students. The presence of many students, including those from private colleges and universities, might cause the patient to get bored. This may affect the patient's willingness to provide a medical history when the student takes history. This may result in missed learning opportunities. One of the participants from the ECCN department reported as:

> *When we interact with patients, they appear bored. As I mentioned, many students come from private colleges, and a lot of students from this university practice with patients. I think the patients get a little bored and may not be willing to cooperate, especially when we take their history. (P4,* FGD4)

As students described, when patients appear bored, it creates a challenging environment for students. Students feel uncomfortable when they see that patients are not interested in sharing their medical histories. As a result, the students choose to avoid interacting with the patients. This may result in missed learning opportunities for students.

A 4th year male nursing student from the comprehensive nursing department described as follows:

> *Some patients are good enough to allow us to ask for their medical history, but others look bored. We feel uncomfortable when we see their faces, and we end up leaving them without asking them because we don't have anything to do for them other than potentially exhausting them further*. (P3, FGD4)

As students stated, when numerous students are assigned to practice on the same patient, they struggle to perform tasks and each student has fewer opportunities to perform tasks. As a result, they may not be able to learn effectively.

A 4th-year male comprehensive nursing student described this:

> *Having three or four students working on one patient is not suitable for performing tasks like history taking or any other procedures. You can't repeat what someone else has done. For example, if another student takes a history from the patient, you should not take the history again.* (P2, FGD4)

After probing what kind of negative influence it brings on them, they reported:
"*This situation can be considered a challenge for us since it hinders our ability to perform effectively." (P2,* FGD4)

Students also mentioned the limited availability of resources in the clinical learning environment. Vital sign equipment was not provided when the student went to the hospital. This prevented them from performing physical examinations effectively, and they could not distinguish between pathological and physiological sounds beyond theoretical knowledge. Additionally, this absence of vital sign equipment made the students copy objective data from the patient chart and take only subjective data from the patient. As a result, they may not have the opportunity to engage in other practical aspects of patient assessment. Therefore, they may not be able to practice adequately.

A 4th-year male student from the comprehensive nursing department elaborated on this as follows:

> *Performing a physical examination requires materials. For example, we do not have stethoscopes provided, even for groups in the department. This lack of*

resources prevents us from practicing in the hospital. For instance, during every physical examination, there are sounds we need to identify, such as cardiovascular murmurs and respiratory wheezing. But what I know about murmurs is just theoretical; I don't know what a murmur sounds like. What we have experienced in the hospital is subjective history-taking, but we have not had the opportunity to practice anything else. This makes it difficult to gain the necessary experience. We go to the hospital for clinical attachment without materials, like thermometers, so it is impossible to say that we have practiced by copying objective data from the chart. (P3, FGD4)

As key informants described, there is often a shortage of gloves in the hospital. Some students brought gloves from their department, but they quickly ran out because of their frequent use. When they asked the clinical nurse to receive gloves, clinical nurses didn't give gloves to students to save the limited supply. As a result, students became afraid to perform tasks without using gloves. This fear made them reluctant to engage in clinical tasks. This ultimately reduces their practical experience and learning opportunities.

One key informant stated that:

There's often a shortage of gloves here in the hospital. Sometimes they bring their gloves but they might finish it soon. Students waste gloves a lot. Most of the time they use gloves just to touch something and they discard it, they put them on again and sometimes we don't give them. They fear practicing without gloves and stop practicing in the clinical area. (Key informant, 02)

As mentioned by key informants, medical equipment is often broken when students use it. Since the equipment is broken and cannot be replaced, the clinical nurses chose not to give this equipment to students. This makes them unable to practice and master the skills and prevents them from gaining practical experience.

A key informant said:

Equipment like blood pressure cuffs, pulse oximeters, and thermometers might be broken and there is nobody that can replace that again for us, so we don't give them this equipment which hinders students' ability to take vital signs properly and prevents them from knowing

what they need to know. since they don't get that material to take vital signs, they record it from the chart without taking it. (key informant, 01)

6.2.4 Gaps Between nursing education and practical application

Under this theme, two subthemes were identified

6.2.4.1 Theory focus clinical practice

Students described their hospital experience as mostly theoretical. Despite studying theory in the classroom and hospital, they lack practical experience. They believed that only learning theory in both settings was insufficient for their competency development. This point was raised by a 4th year nursing student from the ECCN department as follows:

> *Our experience in the hospital is mostly theory. Most of it is theory. So, I don't think we've had enough practical experience. We learn theory in the classroom and again in the hospital setting. I believe learning these two theories in the classroom and hospital setting does not significantly contribute to developing our competency*. (P6, FGD4)

As students reported, theoretical assignments such as writing diaries, histories, and seminars have been concentrated during their clinical attachment. They were concerned that their clinical education was only theory with insufficient practical experience. Their instructor evaluated them based on these written tasks, and no instructor demonstrated clinical procedures for them. This may lead them to concentrate on just writing documents rather than performing practical tasks and prevent them from acquiring skills.

This was elaborated by a 3rd year female nursing student from the pediatrics department as follows:

> *We focused on writing histories, diaries, and seminars. Our instructor asked us to document these, but we lack practical experience. We always focused on the score. Since our instructor evaluated us based on it, we just wrote; we focused on writing histories, diaries, and seminars. We concentrated on theoretical tasks rather than practical applications. It feels theory-oriented: just history, diaries, and seminars, without any hands-on practice. For example, in the second year of the fundamental course, we have had an attachment on medication administration in the hospital. No one instructor said, "Who can administer medication? Come and let me show*

you how it is administered; you just have to see how it is administered; you have to assist the nurses." Even when we write diaries, I don't think they understand what we rely on when we are writing. (P2, FGD2).

This is also confirmed by the key informant:

The instructor told the students things like, "Choose a case for tomorrow, prepare it, and you will present it at the bedside." Then the students are focused on these assignments and are concerned about how to answer the instructor's questions. However, the instructor doesn't tell the students to interact with the clinical staff, doesn't tell them to understand from the clinical staff when they perform procedures, or to learn from the clinical staff. They frequently focus on theory rather than practice. (key informant,02)

Students were concerned about when they would develop clinical skills if their time in the hospital was given to theoretical discussions or activities that did not allow them to be involved in practice. A 4th year female nursing student from the comprehensive nursing department mentioned: *"If our clinical attachment focuses only on theory, when do I practice my skill then? "(P4, FGD2)*

6.2.4.2 Discrepancy Between the theory learned in the class and Practice learned in the hospital setting

Students stated that their goal at the beginning of their hospital attachment was to understand every theoretical concept they had been taught. However, they found that practice in the hospital did not always match with the theoretical knowledge they acquired in the class. This mismatch may make it difficult for them to apply their theoretical knowledge.

A 3rd-year female nursing student from pediatrics department described :

*When I first went to my hospital attachment, I had a plan to achieve a clear understanding of all the concepts I had learned in theory, whether in fundamental, medical-surgical, or psychiatric contexts. I had a specific objective in mind. However, I found that the procedures performed in the hospital did not always align with what I had learned theoretically. (*P2, FGD1)

Similarly, a 3rd year female nursing student from the comprehensive department stated that:

> *What we learned in theory often seems unrelated to practice. And sometimes it even appears to contradict each other. There are moments when you might question, "Is it really necessary to learn to do this?" What we learn in theory follows international standards, but the reality of practice might be different."* (P4, FGD1)

The primary factor cited as contributing to the theory-practice gap in nursing education is resource limitation, as described by the key informant:

"Students often say, "What we learned in theory and what is done in the hospital are practically different. Why?" This is associated with the issue related to resources." (key informant, 04)

As key informants described, students were taught procedures in detail during their theoretical training. However, students found that procedures in the clinical setting differ from what they taught. This discrepancy can make them confused.

A key informant mentioned that:

"Students were taught the entire step-by-step procedure when they learned theory. For example, there are many materials to perform catheterization, but when it comes to practice, it's different. Sometimes, this difference confuses them." (key informant,03)

Students also shared their experience of confusion due to conflicting instructions between their classroom training and hospital practice. Teachers instructed them to perform tasks in a specific manner in class. However, at the hospital, they received the opposite instruction from the clinicians. As a result, they may struggle to identify and take the correct instruction.

A 3rd year nursing student from the comprehensive department had this experience:

> *When I attended class, our teachers instructed us to do things a certain way, but when I came to the hospital for practice, the healthcare professionals said, 'What is this? It's your ignorance that made you act like this.' These teachings contradict each other. When situations like this arise, it confuses me and brings me to the point*

of asking, 'Should I trust what I'm studying in class, or should I trust what I'm learning in the hospital?" (P5, FGD**5)**

Similarly, in another FGD a 3rd year nursing student stated their experience:

When I was assigned to the clinical attachment, the nurse instructed me to take a patient's vital signs while the nurse was administering medication. I greeted the patient by asking, "How are you? good morning, are you feeling better?" At that moment, the nurse responded, "This is not a place to learn theory. You will not come here to learn theory, are you going to hang out while talking like that?" I questioned myself, asking, "What does this mean? Is what we are learning false education?", Is the education we are receiving false? I wondered, So, what should I continue with? (P1, FGD1)

Similarly, another participant from a 4th year nursing student in the ECCN department reported:

"It's confusing whether we should follow the procedure we learned during demonstrations or the one practiced in the hospital. "(P4, FGD4)

Students said that their theoretical education teaches them the proper and standard procedures. However, the practical application in the hospital often varies from this education. In practice, tasks were performed based on habitual approaches rather than strictly following the standards. This makes the students to adapt the practical methods commonly used in the hospital setting. This is understood by the participants from 4th-year students in the ECCN department as:

*In theory, we learn the correct and standard way of doing things. But when it comes to practice in the hospital, like drug calculations or administering IV fluids and setting the drop rate, it's often done through habit rather than following the exact steps from theory. Even if you don't see students doing things strictly by theory when they reach the fourth year, they tend to adapt to the practical methods used in the hospital." (*P5, FGD4)

6.2.5 Lack of orientation and communication in clinical learning environment

Two subthemes were identified under this theme:

6.2.5.1 Lack of Initial Orientation (Induction)

The interviewee described issues regarding students' lack of adherence to professional ethics, such as taking photos inappropriately, gossiping, and disturbing patients. This behavior reflected a huge problem of disrespecting patients and violating established guidelines. The interviewee described these violations as inadequate orientation provided by teachers, suggesting that students are not properly oriented about the policies when they enter the hospital environment. instructors fail to adequately explain the policies to nursing students before they start their clinical rotations and when the students arrive at the hospital, the clinical staff are primarily focused on tasks without providing orientation. This lack of proper orientation was seen as a key reason why some students violate professional ethics and are unable to adhere to the professional standards required in the healthcare environment. This information was provided by one of the key informants:

> *Most of them abide by the policies, but some do not respect the policies. Some take photos with their phones in front of patients, gossiping, laughing, and disturbing people. This indicates that students do not maintain professional ethics. Outside of that… they come to the hospital on time and wander from ward to ward after their instructor has left. Then, when it's time to leave, they come back.* (key informant, 03)

After probing why they violated all those policies, the key informant reported:

"The *instructors who bring them from the beginning do not properly explain the policies to them and when we accept them here in the hospital, it is to bring them into work, not to give them proper counsel and orientation."* (Key Informant, 03)

Another informant added that when students arrive at the hospital, they do not receive adequate explanations from healthcare providers about the institution's policies and procedures. A key informant said:

"When they arrive at the hospital, there's often no healthcare provider who explain these aspects. Consequently, the students frequently lack knowledge about the policies and procedures." (key informant, 02)

Another key informant has also reported that non-compliance with institutional policies, such as punctuality, dress code, and professional behavior, is an issue among some students. this non-compliance with institutional policies is due to inadequate orientation.

He reported: " *If students receive adequate orientation on the importance of professional appearance, they were more likely to follow these guidelines/ policies effectively*.'' (Key Informant,01)

Nursing students experienced confusion during their initial clinical attachment at the hospital due to a lack of proper orientation. Despite having theoretical knowledge, they were not informed about practical details within the hospital. They did not receive the necessary guidance to familiarize themselves with the environment, which led to confusion about their roles and locations and being new to the hospital environment. This resulted in instances where students mistakenly entered bathrooms instead of patient rooms. This idea is supported by one of the participants from the pediatrics department in FGD 01 as follows:

> *When we first went to the hospital, we didn't know anything. We had learned the theory, but we did not know what to do. The instructors left us there. the instructors left us without familiarizing us with the environment at that time. At that time, the place where we were, we didn't know where to go. We didn't even know where the entry and exit of the hospital were. There were occasions when we went to the bathroom thinking it was room (*laugh…) *because we didn't know.* (P1, FGD, 01)

Another student reported that instructors failed to familiarize the students with the hospital environment, even on the first day of their attachment. The student mentioned having never been to a hospital before and not knowing the setting upon arrival. A 3rd-year student from the comprehensive nursing department reported this as follows:

> *It is also a problem for the instructors. They didn't let us know the environment, even on the first day. We didn't even know the hospital environment. For example, I had never been to a hospital before, I had never seen. When we first arrived, we didn't know the environment at all.* (P4, FGD1)

6.2.5.2 Communication Gaps

Most of the interviewed nurses expressed concerns about the lack of communication regarding the presence of students in the hospital. Initially, there is often no prior notice about students coming to the hospital, leaving staff unaware of their presence. This lack of information leads to confusion of the staff members have to inquire about the students' identities and purposes upon their arrival. The nurse noted that they frequently have to ask questions like "Who are you?" and "Why are you here?" the key informant described as: *"When students are assigned hospital, we often do not know who they are: whether they are students, nursing students, or professionals from other fields."* (key informant,01)

The key informant reported that many teachers bring students to the hospital without communicating with the hospital staff beforehand. This lack of prior communication leads to challenges in supporting the students effectively. This is expressed by the key informants: *"Many teachers bring students without communicating with us. As a result, we are unable to support the students effectively."* (key informant,01)

The key informant reported that when students first arrive at the hospital, instructors do not introduce the students or provide any information about them to the hospital staff. This lack of communication means that staff are unaware of the students' purpose or status whether they are there for clinical attachment or another reason. As a result, there is no one available to guide the students on what to do, leading to failure to meet the expected tasks. He explained this as follows:

> *However, when the students first come, the instructors don't tell us about the students or introduce students to us. Since it is not known whether the students come to the hospital for attachment or not, there is no one to tell them what to do. So, they are not doing what is expected of them.* (key informant,01)

A 2nd year nursing student explained: *"Our instructors didn't introduce us, but they brought us to the place, and they left*." (FGD,03)

Again, this is elaborated by a 3rd-year student from the pediatrics department students as:

> *The other reason is related to the supervisors or instructors. Even on the first day, they just let us in and left without introducing us to the ward nurses. I remember*

the first day we entered, we didn't know anyone, not even the ward coordinator, and even the staff said, "Who are you? Who are they?", we didn't know anyone. (P1, FGD2)

The key informant reported that a common issue is that teachers bring students to the hospital but then leave without ensuring proper introduction to the hospital staff. This results in students having minimal interaction with the staff. Unless staff specifically ask about the students' department or year, the staff don't know about students. Additionally, there is no instructor present to facilitate the handover of the students. Consequently, staff are unable to explain important aspects of hospital approaches, rules, regulations, and policies. He reported as:

*Often, teachers bring them to the hospital. There is a common bad practice: they bring the students and leave them without us being able to see them. The students have little interaction with us. Unless we ask specifically about their department or the year, they're in, we don't get much information, and there is no teacher available to hand them over to us or to explain anything about the students. As a result, there's no way to explain things like, "This is how it is, this is how our approaches are, this is how our rules and regulations are, and this is how our policies are so far. (*key informant, 02)

The same key informant reported that patients and their attendants often recognize students but express frustration with repeated questioning, saying things like, "Just don't ask me, don't ask me again. You are a student, right?" This frustration arises because students have not effectively communicated or interacted with the hospital staff. The key informant suggested that if students had interacted with the staff upon their arrival, this problem of patient irritation could have been avoided. The key informant reported that the lack of communication between students and hospital staff hinders both the student's work and their educational experience. He reported as:

The patients and their attendants know who the students are and They might say, "Just don't ask me, don't ask me again. You are a student, right?" this happened because the students didn't communicate with us. If the students had interacted with us when they first arrived, this problem would not have occurred. Therefore, a lack

> *of communication becomes a hindrance to their practice and education. (*key informant, 02)

Students reported that when they enter the hospital for clinical attachments, clinical staff are often unaware of the specific purpose or objectives of the attachment. The staff perceives all students, regardless of their year whether second-year or third-year as similar. The students believe that improved communication between instructors and hospital nurses would enhance the effectiveness of their attachments and provide more appropriate guidance based on their level of experience. This is described by one of the participants from pediatrics students in FGD 04 as follows:

> *When we enter, no matter what the student enters, even if they are made us to practice, they do not know what is the purpose of the objective of the attachment. Therefore, the second-year students seem to be the same for the clinical staff, and the third-year students seem to be the same for the clinical staff, but it should not be like that. I believe the instructors should at least communicate with the nurses who work there. I believe it would be better if this happened.* (P1, FGD4)

The key informant reported a desire for instructors to accompany students to the hospital and provide a formal handover to the clinical staff. The key informant suggested that if instructors communicated specific details, such as, "*These are third-year nursing students who will be with you for two weeks, one week in wing A and one week in wing B. They will perform tasks similar to those they have learned in class*," it would facilitate better support for the students. This is described by the key informant as follows:

> *What we want is, the instructor to come with the students and hand them over to us. If the instructor said, "These are third-year nursing students who will be with you for two weeks, one week in wing A and one week in wing B. They will do what you do; they learned everything in the class." We would better support them. (*key informant, 02)

The key informant reported that if the instructors provided prior notice and formally handed over the students to the clinical staff, the clinical staff could introduce them to the patients. This approach would enable students to work more effectively with the staff. However, the key informant noted that this is not the case. This is described by the key informant:

*If the instructors inform us in advance and hand the students over, we can introduce them to the patients. If we do this, they will be able to work effectively with us the next day. But unfortunately, there is no such thing. (*key informant,01)

All these factors (inadequate supervision and guidance, the discrepancy between theory and practice, communication gaps, theory-focused clinical practice, lack of initial orientation, and an unsupportive clinical environment) contributed to nursing students' unmet expectations. These factors have an impact on the competency of nursing students.

7. DISCUSSION

The main aim of this study was to explore expectations from clinical practice, factors related to unmet expectations, and their impact on competency. Findings from the study show that nursing students have different expectations from their clinical attachment. These are a supportive learning environment, supervision and guidance, application of theory into Practice, and being competent/ skillful in practice expectations.

One of the expectations of nursing students in this study is to desire a supportive/ conducive clinical learning environment, meaning, they desire a clinical learning environment that balances accessibility, exposure to various cases, and sufficient opportunities for hands-on practice without the limitations caused by overcrowding. the desire for a supportive clinical learning environment that balances accessibility, exposure to diverse cases, and hands-on practice opportunities is paramount for nursing students. A study conducted in China demonstrated that a well-organized clinical learning environment not only enriches the educational experience but also equips students to handle the complexities of modern nursing practice [59]. Therefore, healthcare institutions must prioritize creating and maintaining clinical environments that are rich in learning opportunities, providing students with the necessary resources to meet their learning needs.

Nursing students in this study expected supervision and guidance during their clinical practice. Similarly, a study done in South Africa revealed that most learners in the first and second year of the study indicated that when they are in clinical learning areas, they expect professional nurses to offer them support and guide them during the execution of their allocated responsibilities[54]. This is supported by Bandura's Social cognitive learning theory is observational learning, where learners acquire new skills and knowledge by observing experienced role models (supervisors) in their environment[48, 50]. In the context of this study, nursing students expected supervision and guidance from experienced nurses or clinical instructors, who serve as models for appropriate clinical behaviors (skills, competency). Similarly, a study in Turkey, revealed that nursing students expect support and supervision from both the instructor and the clinical staff [55]. Therefore, educators and clinical supervisors consider supervision and mentorship during clinical attachment to meet these expectations and increase their competency.

The other expectation of nursing students that was mentioned by students in this study was the application of theory into practice at real suitable setting. This study is consistent with other research findings, showing that nursing students expect to integrate both theoretical knowledge and practical experience in their clinical education [56, 57]. A study conducted in Sweden found that before their clinical experience, nursing students expected to be able to translate theoretical knowledge into practice and to achieve as much independence as possible in the clinical setting [58]. Bandura's Social Cognitive Learning Theory, particularly the reproduction stage, reveals that students actively learn by imitating/reproducing the skills and competencies demonstrated by their role models, such as experienced nurses in the clinical setting[50]. This process is essential for skill acquisition. Therefore, this study suggests that clinical supervisors and mentors should demonstrate and provide opportunities for students to practice these skills during clinical attachments to enhance their competency.

This study revealed that nursing students also desired to be competent and skillful in practice. This is because they wanted to be prepared to handle responsibilities independently before they graduated. Similarly, A study conducted in South Africa found that final-year nursing students expressed a desire to become proficient in performing clinical procedures[54]. Similarly, A study conducted in Saudi Arabia revealed that most focus group participants expected clinical training to improve their clinical skills, particularly in bedside care, teamwork, and the application of evidence-based practices[59]. This is supported by a study conducted in the European Union, which found that nursing students' expectations evolve gradually. By their final year, students anticipate being prepared to become independent and competent practitioners, recognizing their growing responsibilities. They also desire mentors who will guide them through the remainder of their training [60]. This aligns with a study conducted in the United States, where students were asked about their expectations for learning in the clinical environment. Most of their responses focused on acquiring nursing skills and procedures[61]. Therefore, this study recommends for the clinical staff to give a chance to practice and develop skills for their good learning outcome.

The finding of this study revealed that, Inadequate supervision and guidance during clinical attachments is one of the causes of unmet expectation for nursing students. supervision is

not consistently provided throughout the day, leading to missed learning opportunities. Guidance is often lacking as well. This lack of guidance and ongoing supervision impacts the effectiveness of practical learning. Similarly, A study conducted in Addis Ababa revealed that nursing students in the clinical learning environment faced challenges due to insufficient follow-up and guidance [62]. Many students expressed concerns about the lack of instructor presence in clinical settings, which they felt diminished their learning opportunities [62]. Therefore, this study suggests frequently supervising and guiding the students to improve the learning opportunities of the nursing students and enhance the learning experience, effectiveness of practical training, and meet the expectations of the students.

According to this study, students face unmet expectations due to an unconducive clinical environment in terms of inadequate resources and overcrowding in clinical settings. The lack of essential equipment, such as stethoscopes and thermometers, hinders their ability to conduct thorough physical examinations. This resource deficit limits their practical experience and leaves them relying heavily on theoretical knowledge without hands-on application. According to Bandura's social cognitive learning theory, nursing students learn by observing experienced healthcare professionals, such as nurses or doctors, and modeling their behavior. Inadequate resource limits their opportunity to directly observe complex procedures when nurses perform in the clinical learning environment. As a result, students may not be able to observe best practices, which is essential for gaining competence in clinical skills. Without sufficient observation opportunities, students may struggle to integrate theoretical knowledge into practice, a lack of effective learning, and ultimately limiting their clinical competence. Similarly, A study conducted in Iran found that inadequate training and resources can leave learners feeling that their expectations are unmet. This includes a lack of sufficient equipment, inadequate training spaces, and insufficient faculty members, all of which can negatively impact learners' satisfaction and overall experience [63]. These findings align with a study by Magnussen and Amundson, which identified insufficient hospital resources, an unprepared work environment, and financial constraints as the most stressful challenges faced by nursing students[64]. A study in Botswana also concluded that the lack of resources has a detrimental effect on students' teaching and learning experiences [65]. It is further argued

that the absence of facilities and the unavailability of necessary equipment create a challenging and unpleasant educational environment for students [66]. Therefore, this study suggests that educational institutions and healthcare facilities should prioritize allocating adequate resources and essential equipment for a good learning experience.

This study reveals that the presence of an excessive number of students also creates competition for limited opportunities to engage in clinical tasks, affecting the opportunity to learn. The combined impact of inadequate resources and overcrowding results in a challenging learning environment. Students struggle to gain practical skills and experience. This is supported by related literature, which emphasizes that students perform better in environments where they feel respected and included as part of the team. Anxiety levels among nursing students rise in unsupportive clinical environments, which hampers their learning[62]. Similarly, A study conducted in South Africa found that participants reported negative experiences as a result of overcrowding. They noted that professional nurses faced challenges managing numerous students from different disciplines, which led to competition among students for clinical procedures. This overcrowding in clinical areas reduced learning opportunities and contributed to students' overall negative experiences [67]. A study done in the USA revealed that a better understanding of attributes in the clinical learning environment and collaboration between nursing education programs, and healthcare agencies creates meaningful clinical experiences and enhances student preparation for the professional nurse role[37]. This study found that overgrowing is one of the causes of unmet expectations of the student and it suggests that the school of nursing shall distribute student placements in a way that ensures each student has sufficient opportunities to engage in clinical tasks and meet their expectations during clinical attachments. This approach would enhance their learning experiences and build their confidence in performing essential nursing skills.

The study reveals a significant source of unmet expectations among nursing students during their clinical attachments is the gap between the theory learned in college and the practices observed in the clinical environment. Students often find that the procedures and guidelines taught during classroom demonstrations do not align with the methods used in real hospital settings. This discrepancy leaves student nurses feeling confused and uncertain about whether to adhere to their academic training or to adapt to the practices

they see in the hospital. This mismatch between theory and practice complicates the application of learned concepts and leads to frustration and unmet expectations. Students enter clinical placements expecting to see a direct application of their theoretical knowledge. However, they often encounter inconsistencies that undermine their confidence and challenge their ability to bridge the gap between education and practice. This study aligns with other research conducted in Namibia, where it was found that the procedures taught in the classroom often differed from those practiced in the hospital, leading to confusion [68]. The primary factor contributing to the theory-practice gap in this study is resource limitation. A study conducted in Ghana recommended allocating additional resources to enhance student learning during clinical placements, including providing adequate equipment, supplies, and preceptors [69]. In line with the studies, therefore Addressing this issue is required to reduce the gap between theory and practice by ensuring that clinical environments are adequately resourced. Additionally, the study identifies that tasks in the clinical area are frequently performed based on habitual approaches rather than strictly adhering to standard methods, contributing to the theory-practice gap experienced by nursing students. As students observe these non-standard practices, their understanding and application of evidence-based procedures taught during their theoretical training become compromised. This inconsistency can lead to confusion. However, When clinical practices are standardized based on the latest evidence, students observe and participate in care that aligns with the theoretical knowledge they learn in the classroom and this consistency reinforces the importance of evidence-based practice and helps students develop competence in applying guidelines to patient care situations[69]. In line with the studies, it is important to strengthen standard protocols within clinical environments and provide ongoing education for practicing nurses. This will help align the habitual methods of clinical staff with current best practices so that the student learning experience is not negatively impacted.

In this study, Students expressed that their training in the hospital setting did not meet their expectations, as it primarily involved theoretical tasks such as writing histories, diaries, and seminars, with little emphasis on hands-on practice. They noted that despite learning theory both in the classroom and in the hospital, this much theory focus in both hospital and class did not significantly enhance their competency. Students highlighted the lack of

practical demonstrations, particularly in essential skills like medication administration, which they believe is crucial for developing their practical abilities. They felt that instructors prioritized documentation and theoretical assignments over practical learning, leaving them concerned about when they would have the opportunity to develop necessary clinical skills. students emphasized the need for more hands-on practice to complement their theoretical knowledge and better prepare them for clinical competency. Similarly, In a study by Çınar et al., 17.0% of the students reported that instructors emphasize theory more than practical experience [70]. Another study concluded that instructors play a crucial role in students' clinic experiences and in establishing effective educational environments within clinics. They should enhance students' theoretical knowledge and clinical skills while also possessing strong communication skills to effectively engage with their students [56]. This study found an excessive focus on theory in both classroom and clinical settings, which does not adequately prepare nursing students in skill for their future roles as healthcare professionals. To address this excessive focus on theory and enhance nursing students' practical competency, this study suggests that instructors should consider a balance between theoretical instruction and hands-on practical learning during clinical attachments. Additionally, instructors and clinical staff should incorporate skills during their clinical attachment to meet their expectations.

The findings of the current study pointed out there is a lack of prior communication between instructors and hospital staff during clinical attachments. This lack of communication between instructors and hospital staff leads to confusion about students' identities and purposes upon arrival. Instructors often bring students to the hospital without proper introduction, resulting in staff having minimal interaction with students. This lack of communication and formal handover means students are left unsupervised, with clinical staff providing inconsistent support. A study conducted in Finland supports this, highlighting that inadequate communication between teaching institutions and healthcare facilities can create tension and reduce support, ultimately hindering students' learning during their placements [71]. Research has shown that an effective learning environment in clinical settings is fostered through collaboration between nursing instructors and clinical staff [71]. As suggested by other studies, this study also recommends enhancing communication between educational institutions and clinical settings and fostering

collaboration between nursing instructors and clinical staff to meet students' needs and expectations. Similarly, A study conducted in Turku supports this, revealing that the interpersonal relationship between instructors and clinical nurses is crucial for the development of students' personal and professional identities[72]. Therefore, this study suggests that fostering a strong relationship between instructors and clinical staff is essential for receiving support from the clinical staff and meeting their expectations.

The lack of proper orientation significantly contributes to nursing students' unmet expectations during clinical attachments, leading to confusion, non-compliance with professional ethics, and overall dissatisfaction. Upon arriving at the hospital, students frequently did not receive the necessary guidance regarding institutional policies. This inadequate orientation results in ethical violations, such as inappropriate behavior towards patients, and confusion about basic hospital procedures. Students reported feeling lost and confused during their initial clinical attachment due to a lack of familiarization with the hospital environment. The absence of adequate orientation may lead them negative clinical experiences. This finding aligns with a study conducted in Namibia, where some participants reported that the lack of orientation caused them to get lost in the wards and struggle to locate certain equipment [73]. A study conducted in Singapore highlighted the significance of providing orientation, noting that since nursing students are considered novice learners, they should be given an orientation program to ease their fears and enhance effective apprenticeship-based learning [74]. Similarly, The American Journal of Nursing revealed that novice nurses, being new to the clinical setting, often lack situational experience and therefore need clear instructions to guide their actions [75]. Therefore, this study suggests that educational institutions and healthcare facilities should implement orientation programs to familiarize students with hospital policies and the physical environment. This would ensure that students' needs are fulfilled and their overall satisfaction with their clinical experiences is improved.

8. LIMITATION

The study might not have explored all aspects due to the shortage of time. Additionally, the limited sample size in this qualitative study may have limited the depth and diversity of perspectives. So, the findings may not fully represent the larger population.

9. CONCLUSION

When nursing students enter clinical learning environments, they expect to practice in a suitable clinical setting, apply their theoretical knowledge to practice, gain competency in their skill, and receive support and guidance.

However, students reported gaps between their expectations and actual experiences. Contributing factors to these unmet expectations were inadequate supervision and guidance, discrepancies between theory and practice, communication gaps, a theory-focused clinical environment, a lack of initial orientation, and unsupportive clinical settings. All these factors together hinder the development of competency for nursing students.

10. RECOMMENDATIONS

To meet nursing students' expectations and enhance clinical competency, the following recommended actions can be proposed:

For Nursing Educators, Faculty/ educational institutions:

Nursing educators shall supervise the students continuously. Clear communication between nursing schools and clinical areas shall be established. Nursing students should be formally introduced to the clinical staff, the nursing director, and other personnel.

For clinical supervisors and mentors:

Consistent guidance and constructive feedback shall be provided. Structured supervision schedules and clear communication shall be established.

Hospital Administrators and Management:

Resources shall be allocated to support the clinical learning environment; training shall be provided to staff to align practices with current standards and evidence-based procedures. Orientation programs should be implemented to familiarize students with hospital policies at educational institutions and healthcare facilities.

For future research

The study may not have explored all relevant aspects due to a limitation of time. Future research shall aim to conduct an in-depth exploration with a larger sample size.

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12.ANNEX

12.1 Information sheet

Dear respondents

Introduction and purpose:

Introduction: Hello my name is Asefu Awoke and I am a 2nd-year Adult Health nursing master's student at Bahir Dar University, School of Health Science. I am in the process of doing research for the completion of my master's study. I am researching the expectations, factors related to unmet expectations, and its impact on the competency of nursing students in clinical attachments at BDU and UOG. As a way to help me gather the information I need you to answer my questions, I have prepared this discussion guide and interview guide. You are invited to take part in this research because I feel that your experience can contribute much to our understanding and knowledge about the expectations of nursing students in nursing education and improve the quality of nursing education in a clinical environment.

Title of the Research Project: Expectations from Clinical Attachments of undergraduate nursing programs, Its Related Factors and its impact on Student Competencies: a multi-center Qualitative Study

Name of Investigator: Asefu Awoke (student)

Name of the Organization: BDU College of medicine and health science school of health sciences department of adult health nursing

Purpose of the Research: To explore expectations from clinical attachments of undergraduate nursing programs, its related factors, and its impact on students' competencies at Bahir Dar and Gondar Universities, Ethiopia, in 2024.

Procedure: To achieve the above objective, the information was taken from study participants who met the inclusive criteria.

Risk and /or Discomfort: Since the study was conducted by taking appropriate information from the selected students, it did not cause any harm to them. The name or any other identifying information was not recorded with an audio recorder and all information taken from students was kept strictly confidential and in a safe place. The information retrieved was only used for study purposes.

Benefits: the research has no direct benefit for one whose document/ record is included in this research. But it has indirect benefit of the research for the students. Of all, the research work has a benefit for the quality of education in the clinical environment.

Confidentiality: to assure confidentiality the data collected from the interview guide and FGD guide was secured and without the name of the study participants. The information collected from this research project was kept confidential and was stored in a file. Besides, it was not revealed to anyone except the investigator and it was kept in a key and locked system with a computer pass ward.

Person to contact: This research project was reviewed and approved by the institutional review board of the College of Medicine and Health Science, Bahir Dar University. If you want to know more information, you can contact the committee through the address below. If you have any questions, you can contact any of the following individuals (Investigator and Advisors) and you may ask at any time you want.

1. Asefu Awoke: Bahir Dar University College of Medicine and Health Science School of Health Sciences Department of Adult Health Nursing: principal investigator

   E-mail: awokeasefu@gmail.com
2. Mr. Henok Biresaw (MSC, assistant. Prof) Bahir Dar University College of Medicine and Health Science School of Health Sciences Department of Adult Health Nursing: Advisor

   Email: henokbiresaw22@gmail.com
3. Dr Worku Animaw (PhD, associate professor) Bahir Dar University College of Medicine and Health Science School of Health Sciences Department of Adult Health Nursing: Advisor

   Email: workimaw@gmail.com

12.2 Informed Consent

I_____ (Code name of participant) give written consent to participate in the research study titled: Expectations from clinical attachments of undergraduate nursing programs, its related factors and its impact on student's competencies: a multi-center qualitative study. I have read and understand the information letter and had a chance to ask questions. I am fully aware of my rights as a participant and voluntarily gave consent to participate in this study.

Signature: _____

Date: _____

The general instructions: You are not expected to tell your name

12.3 English version of Focused Group Discussion and Key Informant Guide for students

General Questions and Focused Group Discussion Guide

1. Code Number_____
2. Date of focus group discussion _____/_____/_____ (Day/Month/Year)
3. Starting time: _____ Ending time: _____
4. Moderator's name_____ note taker: _____
5. Checked by Investigator: Signature _____

Section 1: Socio-demographic data

1. Age_____
2. Sex _____
3. Educational institution_____
4. Nursing program (specialty) _____
5. Year of study _____

Section 2: Student's expectation related questions

1. Did you find your clinical attachment an effective learning place? (Probe: why, how is the clinical teaching environment conducive to learning?)
2. Do you believe you attained your objectives from those attachments? (Probe: why, describe,)
3. Do you think you practiced well what you have learned in classrooms?
4. Did you face gaps (differences) from your expectations during your clinical attachment?
5. Can you describe your overall experience during your clinical attachment? What aspects met your expectations, and what aspects differed from your initial expectations?
6. Were there any challenges you encountered during your clinical attachment? (Probe: do you think these challenges affect your clinical competency? (Probe: how have these challenges affected your development of clinical skills and competency? What specific areas of clinical skills or competency do you believe were negatively affected by the challenges you encountered during your clinical practice?) (for senior students only)

7. Could you please share any experiences where your expectations were not met during your clinical practice attachment?

Thank you for your participation!

Interview Guide for Key Informants

Interview date: _____

Starting time: _____ Ending time: _____

Interviewer: _____ note taker: _____

Section 1: Socio-demographic characteristics

1. Age_____
2. Sex _____
3. Marital status: _____
4. occupation _____
5. Place of occupation _____
6. Work experience _____

Section 2: Student's challenge in practice-related questions

1. Do students abide by the hospital's and schools' policies during their attachment? (Probe: if no, why….)
2. From your perspective and experience, do students properly practice per their scope and attachment objectives? (Probe: why)
3. What are the challenges your hospital faces while students are practicing? (Probe: How do these challenges impact patient care?)
4. Do you find students supportive or a burden to health care? (Probe: why?)
5. Based on your experience, what are common challenges that nursing students typically encounter during their clinical practice? (Probe: do you believe these challenges have an impact on the clinical competency of nursing students? (Why?)

Thank you for your participation!

12.4 Amharic version key informant interview and focus group discussion guide

አጠቃላይ ጥያቄዎች እና የቡድን ውይይት መመሪያ

1. ኮድ ቁጥር _____

2. የቡድን ውይይት ቀን _____/____/_____ (ቀን/ወር/ዓመት)

3. የተጀመረበት ሰአት_____ ያበቃበት ሰአት፡- _____

4. የአወያይ ስም_____ ማስታወሻ የያዘው ሰዉ ስም ፡ _____

5. የተመርማሪዉ ማረጋገጫ ፊርማ _____

ክፍል 1፡

1. ዕድሜ_____
2. ጾታ _____
3. የትምህርት ተቋም_____
4. የነርሲንግ ፕሮግራም _____
5. ዓመት _____

ክፍል 2፡

1. ሆስፒታል ተግባር ላይ ትምህርታችሁ ጥሩ የመማሪያ ቦታ ሆኖ አግኝታችሁታል? (probe፡ ለምን?፣ ሆስፒታሉ ለመማር ምቹ ነው? …. በምን በምን? ….)
2. በሆስፒታል ተግባር ላይ ትምህርታችሁ ግባችሁን አሳክተናል ብላችሁ ታምናላችሁ? (probe፡ ለምን፣ ግለጹ)
3. በክፍል ውስጥ የተማራችሁትን ሁሉንም ጽንሰ ሐሳብ በሆስፒታል በተግባር ትለማመዳላችሁ/ ትማራላችሁ? (ለምሳሌ ምን ምን…..)
4. ከተግባር ልምምድ/ ትምህርት እናገናናለን ብላችሁ ያሰባችሁት እውቀት እና በተግባር ልምምዱ ያገኛችሁት እውቀት ልዩነት አለዉ(ለምሳሌ በምን?)

5. የሆስፒታል ተግባር ትምህርታችሁ አጠቃላይ ልምዳችሁ ምን ይመስላል? (Probe: የጠበቃችሁትን ትምህርት አግኝታችኋል? ለምሳሌ ምን፣ ምን? መጀመሪያ ከጠበቃችሁት የተለየ ሆኖ አግኝታችኋል? ለምሳሌ በምን?)
6. በሆስፒታል ተግባር ላይ ትምህርታችሁ ያጋጣባችሁ ፈተናዎች ነበሩ? (ለምሳሌ ምን ? ፣ እነዚህ ያጋጠማችሁ ፈተናዎች ብቃችሁ ላይ ያመጠዉ ተጽዕኖ አለ? ካለ ምን አይነት አሉታዊ ተጽዕኖ አመጣባችሁ ?)
7. በሆስፒታል ተግባር ትምህርታችሁ ወቅት ከጠበቃችሁት በታች ያገኛችሁት (ያልተሟሉ) ማንኛውንም ተሞክሮ ካሉ ማካፈል ትችላላችሁ?

ስለተሳትፎችሁ እናመሰግናለን!

Amharic version interview Guide for key informants

የቃለ መጠይቅ ቀን፡- _____

የተጀመረበት ሰአት፡- _____ ያበቃበት ሰአት፡- _____

ጠያቂ፡ _____ማስታወሻ የያዘዉ ስም፡ _____

ክፍል 1:

1. ዕድሜ_____

2. ጾታ _____

3. የጋብቻ ሁኔታ፡- _____

4. ሥራ _____

5. የስራ ቦታ _____

6. የስራ ልምድ _____

ክፍል 2፡

1. ተማሪዎች በሆስፒታል ተግባር ትምህርታቸዉ ወቅት የሆስፒታሉን እና የትምህርት ቤቶችን ፖሊሲዎች ያከብራሉ? (Probe፡ ለምንድነዉ የማያከብሩት)
2. በእርስዎ እይታ እና ልምድ፣ ተማሪዎች በትክክል እንደተማሪ መስራት የሚገባቸዉን (scope ፣ወሰን) በተግባር ትምህርታቸዉ ላይ ይሰራሉ? (Probe: ካልሰሩ ለምንድነዉ የማይሰሩ?) አላማቸውንስ ያሳካሉ?
3. ተማሪዎች በሚለማመዱበት ወቅት ሆስፒታላችሁ የሚያጋጥመው ተግዳሮች /ፈተናዎች አሉ ? ካሉ ምን ምን ናቸው? (Probe፡- ካለ እነዚህ ፈተናዎች በታካሚ እንክብካቤ ላይ ምን ተጽዕኖ ያሳድራሉ?)
4. ተማሪዎች ለሆስፒታላችሁ ድጋፍ ሰጭ ወይስ ሸክም/ጫና ናቸዉ ብለዉ ያምናሉ (Probe : ለምን?)
5. በእርስዎ ልምድ መሰረት፣ ነርስ ተማሪዎች በሆስፒታል ተግባር ትምህርታቸዉ ወቅት የሚያጋጥሟቸው ፈተናወች አሉ ? (Probe፡ ካሉ ምን ምን ናቸው? እነዚህ ፈተናወች በነርሲንግ ተማሪዎች ብቃት ላይ አሉታዊ ተፅእኖ አላቸው ብለው ያምናሉ? (ለምን? ብቁ ሆነዉ እ ንዳይወጡ የሚያደርጉት እንዴት አድርገዉ ነዉ ?)

ለተሳትፎዎ እናመሰግናለን!