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Level of Nursing Students' Satisfaction in Clinical Rotation, Academic Year 2024-2025

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ABSTRACT

Clinical rotations translate classroom learning into supervised practice and strongly influence nursing students' confidence, competence, and professional development. This study determined the level of nursing students' satisfaction with clinical rotation during Academic Year 2024-2025 in two selected nursing schools in Isabela. A descriptive research design was used. From a population of 819 second- to fourth-year nursing students, 262 respondents were selected through stratified random sampling. Data were gathered using the Clinical Learning Environment, Supervision, and Teacher (CLES+T) scale and analyzed through frequency and percentage distributions, mean, Mann-Whitney U test, and Kruskal-Wallis H test. Most respondents were 19-21 years old (79.8%), female (92.7%), second-year students (48.1%), assigned to the obstetric ward (49.6%), and exposed to 8-16 clinical hours weekly (63.7%). Students reported high satisfaction across the pedagogical atmosphere, clinical instructor role, clinical premises, ward manager leadership, and supervisory relationship. The clinical instructor role obtained the highest category means in both schools, while the pedagogical atmosphere received the lowest, although still favorable, ratings. No significant differences were found in satisfaction when students were grouped according to age, sex, year level, area of rotation, weekly clinical hours, or school. The findings indicate a generally consistent and supportive clinical learning experience and support the continued use of standardized, student-centered clinical teaching, supervision, and leadership practices.

Keywords: *clinical learning environment, clinical rotation, nursing education, nursing students, student satisfaction, supervision*

INTRODUCTION

Clinical rotation is a central component of nursing education because it allows students to apply theoretical knowledge, perform supervised patient care, and develop clinical reasoning in authentic healthcare settings. A supportive placement can strengthen competence, confidence, and professional identity, whereas a poorly organized environment may intensify anxiety and weaken engagement. Student satisfaction therefore provides an important indication of how effectively the clinical setting supports learning and prepares students for professional practice (Adam et al., 2021; Benti Terefe & Gudeta, 2022).

Satisfaction in clinical education is shaped by several interrelated features: the pedagogical atmosphere of the ward, the leadership of the ward manager, the quality of the premises, the supervisory relationship, and the role of the clinical instructor. When students encounter approachable staff, meaningful learning situations, constructive feedback, and effective integration of theory and practice, they are more likely to participate actively and view their rotation positively. Conversely, unclear roles, limited student involvement, interpersonal conflict,

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and inadequate support may diminish the educational value of placement experiences (Baba et al., 2024; Alhassan et al., 2024).

Although studies have examined clinical learning environments in different countries, satisfaction remains sensitive to institutional practices, the quality of supervision, and local placement conditions. Evidence from nursing programs indicates that students' perceptions can vary according to the availability of learning opportunities, the competence of preceptors, and the quality of communication within the clinical team (Belay et al., 2024; Rodríguez-García et al., 2021). Locally grounded assessment is therefore necessary to determine whether clinical arrangements consistently meet students' learning needs.

This study evaluated the satisfaction of nursing students from two selected schools in Isabela during Academic Year 2024-2025. It described their demographic and clinical-rotation profiles, assessed satisfaction in terms of pedagogical atmosphere, clinical instructor role, premises, ward manager leadership, and supervisory relationship, and examined whether satisfaction differed according to profile variables. The findings were intended to provide a basis for sustaining effective clinical practices and strengthening areas of the internship experience that require greater student inclusion and support.

Literature Review

Clinical rotations and experiential learning

Clinical placements enable students to transform academic concepts into patient-care actions and to integrate cognitive, psychomotor, and affective learning. Kolb's experiential learning theory explains this process through concrete experience, reflective observation, abstract conceptualization, and active experimentation. In a nursing rotation, students encounter actual clinical situations, reflect on their performance, connect observations with nursing concepts, and apply refined approaches in subsequent patient encounters (Kolb, 1984).

The quality of this experience affects perceived competence and satisfaction. Simulation and structured clinical exposure can improve self-confidence, critical thinking, and satisfaction by allowing students to practice decision-making in realistic situations before or alongside direct patient care (Baptista et al., 2014; Guerrero et al., 2022). Clinical and classroom settings also contribute differently to patient-safety competencies, reinforcing the importance of planned opportunities to apply knowledge in actual practice (Amilia & Nurmalia, 2020).

Satisfaction is not merely an emotional reaction to placement. It reflects the extent to which the clinical environment provides meaningful tasks, adequate guidance, professional inclusion, and opportunities to build competence. Positive placement experiences encourage active participation and professional commitment, while stressful or poorly supported experiences can constrain learning and reduce confidence (Dutta et al., 2021; Adam et al., 2021).

Pedagogical atmosphere and clinical premises

The pedagogical atmosphere describes the social and educational climate of the ward. Approachable staff, respectful communication, meaningful clinical situations, and opportunities to participate in discussions help students feel psychologically safe and more willing to ask questions. Studies of clinical learning environments consistently identify ward atmosphere as a major contributor to satisfaction and engagement (Benti Terefe & Gudeta, 2022; Belay et al., 2024).

Negative placement experiences may arise when students are treated as outsiders, receive unclear role expectations, encounter aggression or discrimination, or are unable to connect academic knowledge with practice. These conditions can create stress and weaken the perceived value of clinical exposure (Baba et al., 2024). A favorable pedagogical atmosphere therefore requires both educational structure and interpersonal inclusion.

Clinical premises also influence learning by shaping access to resources, patient-care information, documentation, and safe opportunities for practice. Students benefit when nursing care is individualized, information flow is clear, and the ward's procedures and philosophy are explained. National evidence shows that learning experiences differ across placement settings, indicating that organized ward processes and clear expectations remain important for student satisfaction (Gonella et al., 2020).

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Clinical instructor and leadership roles

Clinical instructors connect classroom teaching with bedside practice. Their responsibilities include clarifying learning objectives, demonstrating clinical reasoning, facilitating reflection, providing feedback, and coordinating with staff nurses. Students value instructors who possess both clinical expertise and pedagogical competence because such instructors reduce the theory-practice gap and make complex patient situations more understandable (Saifan et al., 2021).

The quality of preceptorship also depends on preparation and support. A prospective study found that preceptor training improved students' satisfaction with clinical placement and their perceptions of preceptor competence, showing that professional development can directly strengthen placement quality (Alhassan et al., 2024). Student-centered partnership models likewise promote engagement when instructors and clinical staff share responsibility for learning (Tang & Chan, 2020).

Leadership within the ward shapes whether students are recognized as legitimate members of the clinical team. Ward managers who appreciate student contributions, provide constructive feedback, and support collaborative learning help create a climate of trust. When leaders and instructors model respectful communication and coordinated supervision, students are more likely to participate confidently and view the placement as professionally meaningful (Chan et al., 2021).

Supervisory relationships and student satisfaction

The supervisory relationship is a major mechanism through which students receive direction, feedback, emotional support, and professional socialization. Mutual trust and respect allow students to seek clarification, acknowledge errors, and participate in patient care without excessive fear. Supportive supervision is therefore associated with greater satisfaction, stronger learning engagement, and a more positive intention to work in the placement setting after graduation (Rodríguez-García et al., 2021).

Students' satisfaction may also be affected by stress, coping, and their sense of competence. Clinical stress can coexist with positive learning when instructors provide timely guidance and help students manage demanding situations. Satisfaction with the chosen field and clinical competence are likewise related, suggesting that encouraging reflection and progressive responsibility may strengthen both learning and professional commitment (Moon & Jung, 2020; Zeighami Mohammadi & Khoskhoo, 2022).

Taken together, the literature indicates that high-quality clinical education depends less on exposure alone than on the structure and relational quality of that exposure. Meaningful participation, competent supervision, supportive leadership, adequate premises, and regular feedback provide the conditions in which students can transform clinical experience into professional learning. These dimensions guided the present assessment of nursing students' satisfaction.

Conceptual Framework

The study used an Input-Process-Output framework. The inputs included the respondents' profile and their satisfaction across the five clinical learning domains. The process involved survey administration and statistical analysis, while the output consisted of proposed measures for sustaining and improving students' clinical-rotation experience. A feedback mechanism linked the proposed measures to continuing improvement of the clinical internship program.

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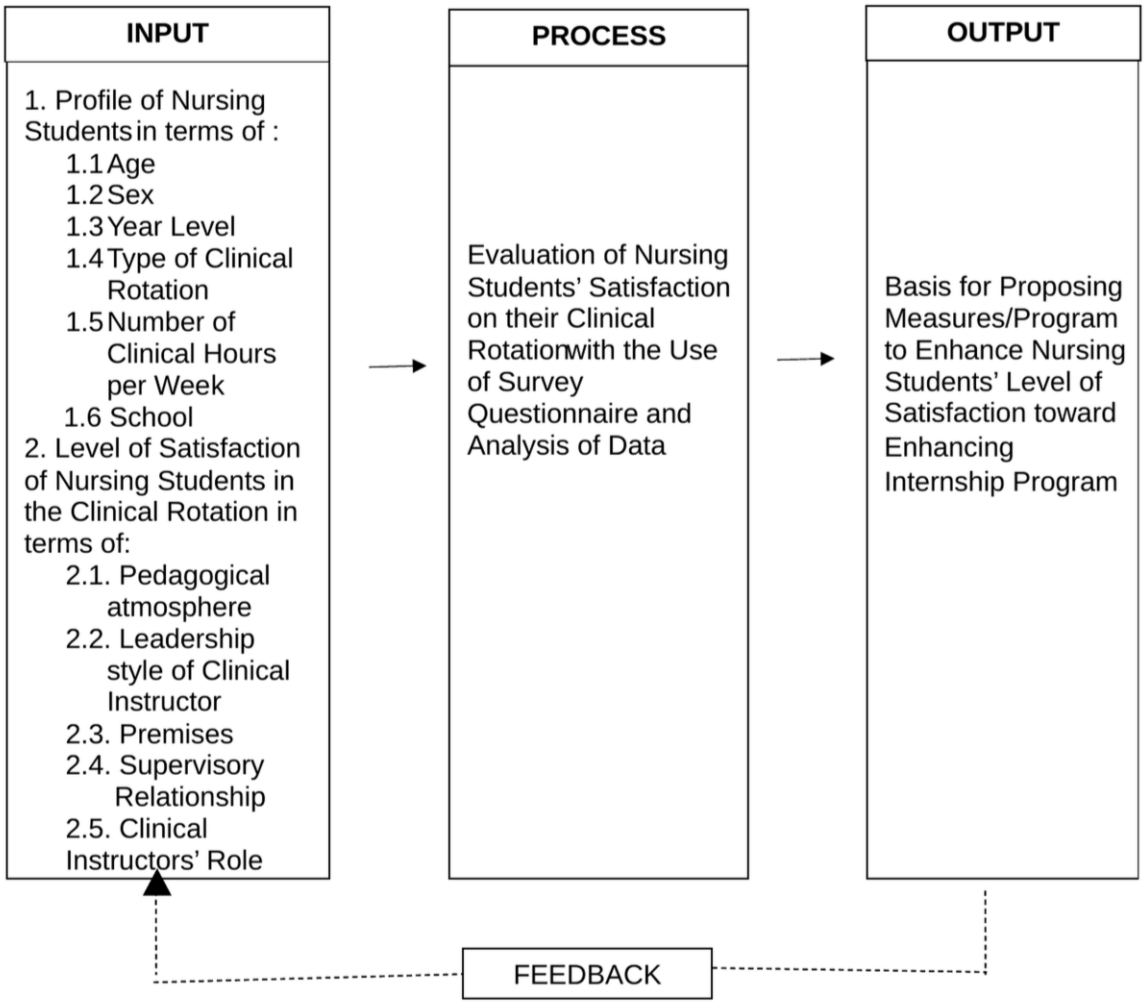

METHODS

Research Design

The study employed a descriptive research design to determine the current level of nursing students' satisfaction with clinical rotation without manipulating the learning environment. The design was appropriate for describing respondent characteristics, summarizing satisfaction across the five domains of the CLES+T scale, and examining whether assessments differed according to profile variables.

Research Locale

The study was conducted in two selected nursing schools in Isabela that offered a bachelor's degree in nursing. Both institutions provided classroom instruction and supervised clinical exposure in hospital areas. The investigation focused on the students' clinical-rotation experiences during Academic Year 2024-2025.

Participants and Sampling Technique

The target population consisted of 819 second- to fourth-year nursing students who had substantial clinical-rotation exposure. A sample of 262 respondents was determined using a 95% confidence level and a 5% margin of error. Stratified random sampling was used so that students from the participating schools and year levels were represented in the sample.

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Research Instrument

Data were collected through a two-part questionnaire. The first part obtained age, sex, year level, area of clinical rotation, number of clinical hours per week, and school. The second part used the Clinical Learning Environment, Supervision, and Teacher (CLES+T) scale adopted from Benti Terefe and Gudeta (2022). The scale assessed pedagogical atmosphere, the role of the clinical instructor, premises, leadership style of the ward manager, and supervisory relationship through a four-point response format ranging from strongly disagree to strongly agree. The thesis reported an overall Cronbach's alpha of 0.97, with subscale coefficients ranging from 0.80 to 0.93.

Data Gathering Procedure

Formal permission was secured from the deans or authorized officials of the participating nursing schools. The researcher explained the objectives and voluntary nature of the study, distributed informed-consent forms, and administered the questionnaire during periods that did not disrupt classes or clinical duties. Completed instruments were retrieved immediately, checked for completeness, organized, encoded, and submitted for statistical treatment.

Data Analysis

Frequency counts and percentage distributions were used to describe the respondents' profile. Mean scores summarized satisfaction in each clinical-learning domain. Scores from 3.25 to 4.00 were interpreted as highly satisfied, 2.50 to 3.24 as moderately satisfied, 1.75 to 2.49 as rarely satisfied, and 1.00 to 1.74 as not satisfied. The Mann-Whitney U test and Kruskal-Wallis H test were used to determine differences in satisfaction according to the profile variables at the 0.05 level of significance.

Ethical Consideration

Participation was voluntary and based on written informed consent. Respondents were informed of the study's purpose, procedures, confidentiality safeguards, and their right to withdraw without penalty. Names and other direct identifiers were not collected. The completed questionnaires and encoded data were handled confidentially and used only for academic research purposes.

RESULTS AND DISCUSSION

Profile of the Nursing Students

The respondents were predominantly young and female. Most were 19-21 years old (79.8%), female (92.7%), and in the second year of the nursing program (48.1%). Nearly half were assigned to the obstetric ward (49.6%), and most completed 8-16 hours of clinical exposure per week (63.7%). The two participating schools contributed equal proportions in the profile table. This distribution reflects a student population in the early stages of professional formation but already exposed to varied clinical areas.

Table 1. *Demographic and Clinical-Rotation Profile of the Respondents*

Profile Variable	Category	f	%
Age	19-21	209	79.8
	23-24	51	19.5
	25 and above	2	0.8
Sex	Male	19	7.3
	Female	243	92.7
Year Level	Second year	126	48.1
	Third year	81	30.9
	Fourth year	55	21.0
Area of Rotation	Pediatric ward	7	2.7
	Medical-surgical ward	85	32.4
	Obstetric ward	130	49.6
	General ward	31	11.8

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	Operating room	9	3.4
Clinical Hours/Week	8-16 hours	167	63.7
	16-24 hours	40	15.3
	24-32 hours	55	21.0
School	School A	131	50.0
	School B	131	50.0

The large proportion of second-year students and obstetric-ward exposure corresponds with the progression of nursing concepts and the early clinical experiences described in the thesis. The broad distribution across areas nevertheless provided students with opportunities to apply knowledge in different care contexts. The predominance of younger female students is consistent with the composition commonly reported in nursing education, but the central concern of the study was whether the quality of the clinical experience remained comparable across these profile groups.

Satisfaction with the Clinical Rotation

Students reported favorable satisfaction across all five domains. The role of the clinical instructor obtained the highest category means in both School A (M=3.47) and School B (M=3.42), followed by the supervisory relationship (M=3.43 and M=3.39). The lowest domain was the pedagogical atmosphere, with means of 3.28 and 3.23. These findings indicate that instructors were strongly valued for integrating theory and practice, supporting learning goals, and working with the clinical team. They also show that the ward atmosphere was positive overall but had identifiable opportunities for greater student inclusion.

Table 2. *Summary of Nursing Students' Satisfaction by Clinical-Learning Domain*

Domain	School A Mean	Interpretation	School B Mean	Interpretation
Pedagogical atmosphere	3.28	Highly satisfied	3.23	Moderately satisfied
Role of clinical instructor	3.47	Highly satisfied	3.42	Highly satisfied
Premises	3.28	Highly satisfied	3.29	Highly satisfied
Leadership style of ward manager	3.36	Highly satisfied	3.27	Highly satisfied
Supervisory relationship	3.43	Highly satisfied	3.39	Highly satisfied

At the item level, both schools rated meaningful learning situations, multidimensional clinical content, and the ward as a good learning environment favorably. The weakest pedagogical item concerned staff members learning students' personal names, and participation in pre-shift meetings also received moderate ratings. This pattern suggests that students were satisfied with the educational utility of the wards but were not always fully integrated into the social routines of the clinical team. Similar research emphasizes that belonging, communication, and active participation are essential to positive placement experiences (Adam et al., 2021; Belay et al., 2024).

The strongest evaluations concerned the clinical instructors' pedagogical expertise, integration of theory and practice, collaboration with ward staff, and attention to learning needs. Supportive instructors help students interpret patient situations and reduce the theory-practice gap, while trained preceptors can further strengthen placement quality and student satisfaction (Alhassan et al., 2024; Saifan et al., 2021). The high supervisory scores likewise show that students generally experienced trust, respect, individual supervision, and constructive interaction—conditions associated with stronger engagement and favorable intentions toward clinical practice settings (Rodríguez-García et al., 2021).

The premises and ward-manager domains were also rated positively. Individualized nursing care, information flow, and documentation were viewed as effective, although the ward's nursing philosophy was less visible to students. Ward managers were appreciated for recognizing effort and providing feedback, but students were less certain that they were regarded as key resources. These findings support structured orientation to ward values and deliberate inclusion of students in unit discussions, feedback processes, and team activities.

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Differences in Satisfaction According to Profile Variables

No statistically significant differences were found in any satisfaction domain when respondents were grouped according to age, sex, year level, area of clinical rotation, weekly clinical hours, or school. All reported p-values exceeded 0.05. The consistency of these results indicates that the students experienced broadly comparable clinical-learning conditions despite differences in background, training stage, assignment, and institutional affiliation.

Table 3. *P-Values for Differences in Satisfaction by Profile Variable*

Profile Variable	Pedagogical Atmosphere	Clinical Instructor	Premises	Ward Manager	Supervisory Relationship	Decision
Age	.412	.401	.253	.535	.688	Not significant
Sex	.249	.071	.516	.199	.249	Not significant
Year level	.121	.126	.577	.166	.255	Not significant
Area of rotation	.336	.122	.230	.607	.430	Not significant
Clinical hours/week	.403	.116	.977	.056	.250	Not significant
School	.702	.488	.799	.376	.759	Not significant

Note. Mann-Whitney U and Kruskal-Wallis H tests were evaluated at $\alpha = .05$.

The absence of significant differences suggests that satisfaction was influenced more by shared characteristics of the clinical-learning environment than by demographic or exposure variables. Standardized learning objectives, comparable instructor support, and similar supervision practices may have helped create an equitable experience across groups. This interpretation is consistent with evidence that the quality of interaction, feedback, and placement organization is more consequential than exposure alone (Benti Terefe & Gudeta, 2022; Rodríguez-García et al., 2021).

The results nevertheless identify specific priorities for improvement. Students should be invited to participate in pre-shift discussions, addressed by name, oriented to the ward's nursing philosophy, and recognized as contributing members of the healthcare team. These measures do not require changing the overall clinical program; rather, they strengthen the relational and pedagogical processes within an already favorable learning environment.

CONCLUSION

The study concludes that nursing students from the two selected schools in Isabela were generally satisfied with their clinical-rotation experiences during Academic Year 2024-2025. The respondents were predominantly young, female, and in the early years of nursing education, with varied ward assignments and adequate weekly clinical exposure. The strongest aspects of the experience were the role of the clinical instructor and the supervisory relationship, reflecting effective theory-practice integration, guidance, trust, and professional support. The pedagogical atmosphere obtained the lowest domain scores, although the overall assessment remained favorable, indicating that the principal opportunities for improvement involve stronger student inclusion, participation, and recognition within the ward team.

Satisfaction did not significantly differ according to age, sex, year level, area of clinical rotation, weekly clinical hours, or school. This consistency indicates that the participating institutions provided broadly comparable clinical-learning experiences across student groups. The study contributes localized evidence that sustaining high-quality clinical education requires not only adequate exposure but also student-centered instruction, supportive supervision, constructive ward leadership, and deliberate integration of learners into everyday clinical practice.

Recommendation

The participating nursing schools and clinical partner institutions should sustain the effective instructor support, supervision, documentation practices, and ward leadership reflected in the high satisfaction ratings. Clinical instructors and ward staff should more deliberately involve students in pre-shift meetings, invite questions and contributions, learn and use students' names, and provide regular recognition and feedback. Orientation sessions should clearly explain the ward's nursing philosophy, learning expectations, and the responsibilities of staff members as clinical mentors. Continuing professional development for clinical instructors, preceptors, and ward managers should emphasize student-centered teaching, constructive feedback, psychological safety, and consistent coordination between schools and placement sites. Future studies may assess staff nurses' actual involvement in student supervision, include additional institutions or academic years, and examine how satisfaction relates to clinical competence, stress, retention, and transition to professional practice.

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