Intern Nurse Students`(INs) Satisfaction With Clinical Learning Environment (CLE)

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Abstract

Background: The acquisition of quality clinical experience within a supportive clinical learning environment is a significant concern for educational institutions. The importance of clinical practice can't be overemphasizing as it prepares practitioners. Learning in the clinical practice is an important aspect of nursing education considering the fact that nursing profession is based on practice. **Aim:** The present study aimed to assess the intern nurse students' satisfaction with clinical learning environment in different clinical training areas at Cairo University Hospitals. **Design:** A descriptive research design was utilized to achieve the aim of the study. **Sample:** A purposeful sample that included all INs (427) who met the inclusion agree to give informed consent to participate; registered the internship year at Faculty of Nursing - Cairo University at academic year 2018/2019; and attended all clinical training period. **Setting:** This study was conducted at different clinical training areas of INs who registered their internship year in faculty of Nursing -Cairo University at Cairo University Hospitals as follow; 1) administration area; 2) surgery and emergency area; 3) critical care area; 4) obstetrics and gynecology area; 5) pediatric area; and 6) choice area (stork unit). **Tool:** One tool was used "Intern nurse students' satisfaction with clinical learning environment questionnaire". **Conclusion:** Overall, the study concluded that, there was a significant unsatisfactory level in the overall total mean percentages of INs` satisfaction with CLE at clinical training areas. **Recommendation:** This study recommended the following; make periodic evaluation for all INs` clinical training areas to detect early weakness points and holding periodic meetings with the medical and nursing directors of clinical training areas at Cairo University Hospitals that to identify the weaknesses points about students` training and work to solve it to improve the training period for INs.

Keywords: Intern Nurse Student (INs), Students` Satisfaction, Clinical Learning Environment (CLE).

Introduction:

The quality of clinical experience within a supportive and pedagogically clinical learning environment is a significant concern for educational institutions. The quality of clinical learning usually reflects the quality of the curriculum structure. The assessment of the clinical settings as learning environment is a significant concern within the contemporary nursing education. The intern nurse students' (INs) satisfaction is considered as an important factor of such assessment, contributing to any potential reforms in order to optimize the learning activities and achievements within clinical settings **(Sundler et al., 2016).**

Bisholt & Ohlsson, (2014) stated that, INs view hospital practice areas as more meaningful and educative because they provide them with opportunities of clinical practice and linking the theoretical aspect of their studies and that will provide important feedback for clinical education and potential curriculum revisions. The internship is an opportunity offered by an employer to potential employees, called interns, to work at a firm for a fixed, limited period of time. Interns are usually undergraduates or students, and most internships last for any length of time between 6 months and 12 months **(Makhlof & El-Saman,2017).**

Taylor, (2013) stated that, the Internship program provides direct observation for INs` skills and behavior that all have positive effects and it designed to bring a gap between student role and that of self-assured practitioner. **D'Souza & Venkatesaperumal ,(2015)** argued that , at the end of internship program, the INs will be able to realize enhanced skill development and critical thinking and meet the clinical and professional objectives of the

internship program as follow; 1) complete successfully moralistic programs, return demonstrations of skills, and unit-specific checklist requirements relevant to the assigned area of nursing; 2) demonstrate an understanding and ability to apply critical thinking skills to clinical practice; 3) integrate the theoretical knowledge with practice when assessing, planning, implementing, and evaluating nursing care for individuals; 4) demonstrate growth in the ability to perform physical assessments, develop and implement plans of care, evaluate patient outcomes and responses and 5) demonstrate an ability to work with others in a positive and effective manner.

Alfaro-LeFevre,(2012) mentioned the following seven duties and responsibilities of INs during nursing internships periods as the following; 1) provides nursing care for patients' altered needs; 2) assists the patient with daily hygiene, mobility and altered needs; 3) assists the patient with nutrition and elimination needs; 4) obtains and documents patient data and information; 5) assists with or performs nursing procedures and tasks as directed; 6) helps in maintain a safe environment for patients, staff and visitors; and 7) participates in INs` activities which promote continued professional growth and competency.

Papp et al., (2003) defined clinical learning environment (CLE) is an interactive network of forces within the clinical setting that influences learning outcomes and it includes everything that surrounds students and affects their professional development in the clinical setting. In addition, **Van Graan et al., (2016)** defined CLE as a supervised practice in a health care environment as negotiated by the health care institution to provide practical experience for students.

Consequently, **EL Mokadem & Ibraheem, (2017)** who had reported that, the measurement of student satisfaction can be useful to help them to pinpoint their strengths and identify areas for improvement. Satisfaction ratings go beyond teaching assessments, which have a narrow focus, to include broader aspects of the student learning experience. To grasp the complexity of that learning experience, it is not enough to know the degree to which students are satisfied, it is important to understand the factors that contribute to student satisfaction

Sundler et al., (2016) stated that there were certain factors that influenced the quality of CLE as follows; ward/unit area where staff are valued, highly motivated and deliver quality of patient care; supportive relationships, good staff morale and a team spirit; good communication and interpersonal relations between registered nurse and student; acceptance of the INs as a learner who can contribute to the delivery of quality patient care.

Also, a research done by **Casey et al., (2015)** on INs' perception of the clinical learning environment has provided insight into factors which facilitate and inhibit learning during clinical practice placement as follow; facilitating factors like; an empowering clinical nurse manager; positive ward climate; supportive and positive relationships ; atmosphere of trust; student involved and participating as an active member of the team ; student and registered nurse working together and devolved decision-making and team work orientated to continuity of care

Seacrist & Noell, (2016) mentioned that, the atmosphere of the CLE includes the clinical setting, the staff and the patients. Students on clinical setting are exposed to unexpected learning experiences and activities where they engage directly with patients and other health care professionals. When the students enter the unfamiliar area of the clinical setting, the atmosphere of this particular setting can have enduring influences on their learning experience.

However, from the INs` point of view, CLE is "the most anxiety-provoking component of nursing education" as they have to satisfy a dual role, that of the learner and that of the worker. The ongoing changes in health care needs together with the shift in nursing education to academic levels, have transformed students' clinical experiences from "learning by doing" to evidential oriented learning. However, not all the clinical settings are conducive to students' learning outcomes or contributing to their competencies' development **(Sundler et al., 2016).**

Finally, **Timothy & Moran, (2013)** argued that, clinical experience and satisfaction are factors that affect nursing student attribution. Assessing student's satisfaction with their clinical experience is essential for nursing faculty to enhance educational performance. In addition, it is important that, CLE meets the student's satisfaction and expectations especially with the presence of critical shortage of fieldwork placement experiences.

Significance of the study:

The clinical learning is a vital part of nursing curriculum, so that, nursing program of Bachelor of Science contained internship training program of through a final year. This program is related to different specialty of nursing such as medical, surgical, critical care, pediatric, obstetric and administration. Intern nurse students (INs) are student nurses who will be trained clinically through these specialties **(Henderson et al., 2011).**

Chan, (2015) documented that CLE, as a multi-domainal unit which has a straight influence on the conclusions of nurse intern clinical training. Moreover, **Timothy & Moran, (2013)** stated that, creating and maintaining positive CLE that promote learning through effective role modeling and clinical teaching where students are valued nurtured and encouraged are central to the student's successful transition to the nursing profession.

Moreover, **Templeton et al., (2012)** stated that, INs` satisfaction with the CLE in different clinical areas could facilitate more informed planning and evaluation of internships process that may help internship coordinators, faculty, and sponsoring organizations to design and structure internship programs that are more effective

In addition, regular assessment for INs` satisfaction with CLE will help the educators and faculty administration to better recognize the quality of the learning environment within such place and appreciate the expectations of INs when they are specified to the units for clinical training and also direct institutional resources to these areas that need urgent re-medical action and to inform the clinical

teacher how best to supervise the students **(Makhlof, & El-Saman,2017).**

So, finally the present study aims to assess the intern nurse students' satisfaction with clinical learning environment in different clinical training areas at Cairo University Hospitals.

Subjects and Methods:

The present study was done to assess the intern nurse students' satisfaction with clinical learning environment in different clinical training areas at Cairo University Hospitals

To fulfill the aim the following research question was developed:

What is the level of intern nurse students`(INs) satisfaction with clinical learning environment (CLE) in different clinical training areas at Cairo University Hospitals?

Research Design:

A descriptive research design was used to achieve the aim of the present study.

Sample:

A purposeful sample that included all (427) INs (72 in administration area; 62 in surgery and emergency area; 83 in critical care area; 71 in obstetrics and gynecology area; 70 in pediatric area and 69 in choice area (stork unit); who met the inclusion criteria as follow; 1) agree to give informed consent to participate; 2) registered the internship year at Faculty of Nursing - Cairo University at academic year 2018/2019; and 3) attended all their clinical training period.

Setting:

The study was conducted at different clinical training areas of INs who registered their internship year in faculty of Nursing - Cairo University at Cairo University Hospitals in the following areas; 1) administration area; 2) surgery and emergency area; 3) critical care area; 4) obstetrics and gynecology area; 5) pediatric area; and 6) choice area (stork unit).

Tools for data collection:

The study data were collected using one tool named " "Intern nurse students' satisfaction

with clinical learning environment questionnaire"; developed by the investigator after reviewing the related literature **Timothy & Moran, (2013)** and **Makhlof& El-Saman, (2017).** This tool was used to assess INs` satisfaction with CLE in different clinical training areas. Composed of (67) questions divided on two sections as follow:

Section I: It contained (8) questions in order to assess the socio-demographic data of the INs such as; age, gender, marital status, place of residence during the internship, if INs employed at another job during internship year, Numbers of working hours/ week if INs work during the internship year, if INs enrolled in other classes during the internship year and if INs enrolled in classes prior to the internship that prepared them for the internship year.

Section II: It contained (5) domains in order to assess INs` satisfaction with CLE in their different clinical training area, as follow:

1. Domain A (14 items) in order to assess INs` satisfaction with learning opportunities and support for experiential learning in their clinical training area.

2. Domain B (14 items) in order to assess INs` satisfaction with experiential learning in their clinical training area.

3. Domain C (10 items) in order to assess INs` satisfaction with the availability of supervisors' support for experiential learning in their clinical training area.

4. Domain D (10 items) in order to assess INs` satisfaction with the availability of faculty advisor's support for experiential learning in their clinical training area.

5. Domain E (11 items) in order to assess INs` satisfaction with the availability of aids for learning in their clinical training area.

The scoring system:

The responses of INs were checked against 3-points Likert scale as follows:

▪ **Domain A and domain B:**

1. Dissatisfied, 2. Undecided. 3.Satisfied.Total score of INs` satisfaction equal ($3\times14=$ 42). Mean and standard deviation was calculated and converted into percentage then the level of INs` satisfaction was determined as follow; > 60% ---- Student satisfied and < 60% ---- Student dissatisfied.

▪ **Domain C; domain D and domain E:**

1. Disagree, 2. Agree. 3.Not apply. Total score of INs` satisfaction were equal ($3\times10=$ 30) for domain C ;($3\times10=$ 30) for domain D and ($3x$ 11=33) for domain E. Mean and standard deviation was calculated and converted into percentage then the level of INs` satisfaction was determined as follow; > 60% ---- Student satisfied and < 60% ---- Student dissatisfied.

Validity and Reliability:

Validity:

Study questionnaire`s content validity was tested by a panel of five experts (two lecturers, one assistant professor and two professors) from the Faculty of Nursing Cairo University. Each expert on the panel was asked to examine the questionnaire for content, coverage, clarity, wording, length, format, and overall appearance. Some modifications were done based on the experts' opinions.

Reliability:

Reliability was tested using Cronbach's Alpha Coefficient for the used questionnaire. Result for the questionnaires as follow, Intern nurse students' satisfaction with clinical learning environment questionnaire (0.92); that indicate questionnaire was highly reliable.

Pilot Study:

Pilot study was carried out on (10%) of the current sample to ensure the clarity and applicability of the items, and to estimate the time needed to complete the questionnaire. The result showed that the time spent in filling the questionnaire was ranged between 15-20 minutes. Based on the pilot study analysis no modifications were done in the questionnaire; so, this pilot sample was included in the total sample.

Ethical Consideration:

A primary approval to conduct the current study was obtained from the Vice Dean for Community Service and Environmental Development and the head of nursing administration department at Faculty of nursing- Cairo University after explaining the aim of the study. The nature and aim of the current study had been explained to each INs included in the study sample. INs were given a chance to accept or to refuse participation in the present study, and each participant was assured that his/her information will be confidentially utilized and utilized for the research purpose only.

Procedure:

Upon receiving the formal approval from the Vice Dean for Community Service and Environmental Development and the head of nursing administration department at Faculty of nursing- Cairo University after explained the aim of the study. The researchers got a list of names of all INs` from the head of nursing administration department, then approached the nursing academic seniors and head nurses for each clinical training area to explain the aim of the study and to obtain their permission to approach the INs at their clinical training units during shifts.

A developed questionnaire distributed for INs during their on duty long day shifts at units. This questionnaire collected by the researchers during the last 2 months of internship year (from 1/8/2019 to 30/9/2019). In addition, the researchers notice each INs to evaluate his/her previous clinical training areas in the same questionnaire.

The internship year is a mandatory intensive training period for all successful students in the academic year of the fourth level (credit hours). Internship year is essential to obtain a license to practice the profession of nursing, and the training period in this year includes 12 months (47 weeks) spent by the student in university/educational hospitals, during which the student moves between the different departments of the hospital in which he/she exercises all of their work tasks under the direct supervision of the college and the hospital. The internship year is a special job experience designed specifically to allow internship students to apply what they learned during the years of study in the practical field.

Results:

Table (1) shows that, more than half (68.4%) of INs were females, while (31.6%) were male and, and more than half (69%) of INs` age (19 to 23) between age group, while (31%) were between (24 to 28) age group. Moreover, the majority (89.7%) of INs were single and (10.3%) were married and more than half (57.4%) of study sample live with their families, while (42.6%) live in a private accommodation. In addition, more than half (53.4%) of INs were working at another job during the internship year and (46.6%) not working during their internship year. Furthermore, near to the half (48.9%) of INs who working between (10-50) hrs./week, while (44.3%) of INs working between (0-9) hrs./week; and (6.8%) of INs working between (51-100) hrs./week. Also, more than half (69.1%) of INs not have classes prior internship year while, less than half (30.9%) of them enrolled in classes prior the internship year and. Finally, all (100%) of INs enrolled in classes during the internship year.

Table (2) shows that, percentage distributions of INs according to their clinical training areas during the internship year were (16.8 %) in administration area; (14.5%) in surgery and emergency area; (19.4%) in critical

area; (16.5%) in obstetrics and gynecology area; (16.3%) in pediatric area and (16.5%) in choice area.

Table (3) indicates that, the total mean percentage of INs` satisfaction level with CLE at clinical training areas were (31.2%) at critical clinical area followed by (24.3%) at administration clinical area, (21.5%) at surgery and emergency clinical area; (17.9%) at obstetrics and gynecology clinical area ;(17.8%) at choice area and (16.9%) at pediatric clinical area. In addition, regarding domains of INs ` satisfaction with CLE; the table showed that, the highest mean percentage (38.5%) for learning opportunities and support for experiential learning domain was in critical area followed by (31.2%) in surgery and emergency area; (29.6%) in administration area; (23.8%) in choice area and (20.9%) in pediatric area, while the lowest mean

percentage (19.1%) in obstetrics and gynecology area.

Table (4) illustrates that, the relationship between demographic data of the study participants and INs` satisfaction domains, as indicated in the table there was statistical significance difference between INs` gender and INs` satisfaction Domain (D) & (E) (p< 0.01& p< 0.03) respectively. Also, between INs enrollments in classes prior to the internship year and Domain (A) (p< 0.05). In addition, there was significant difference between marital status and Domain (C) (p< 0.01). Meanwhile, there were no statistical significance differences between the rest of total dimensions of demographic variables and dimensions of INs` satisfaction with CLE.

Table (5) illustrates that, there was significant positive correlation among five INs` satisfaction dimensions with each other's and total INs` satisfaction (p< 0.01).

Table (1): Percentages distributions of INs according to their demographic data (n= 427).

INs` demographic data	No.	%
Gender		
Male	135	31.6
Female	292	68.4
Age in years		
19 to 23	295	69
24 to 28	132	31
Mean± SD		
Marital status		
Single	383	89.7
Married	44	10.3
Divorced	--	--
Place of residence during the internship		
With family	245	57.4
Private accommodation	182	42.6
Employment at another job during your internship year		
Yes	228	53.4
No	199	46.6
If work during internship; how many hours /week did you work during the internship?		
0 -9 hrs /week	189	44.3
10-50hrs /week	209	48.9
51-100hrs /week	29	6.8
101-150hrs /week	--	--
Enrollment in classes prior to the internship that prepared you for the internship year		
Yes	132	30.9
No	295	69.1
Enrollment in other classes during the internship year		
Yes	427	100
No	--	--

Table (2): Percentage distributions of INs according to their Clinical training areas during the internship year (n= 427).

Clinical training areas during the internship year	Intern nurse students (INs)	
	No.	%
Administration area	72	16.8
Surgery and emergency area	62	14.5
Critical care area	83	19.4
Obstetrics and gynecology area	71	16.5
Pediatric area	70	16.3
Choice area (Stork unit)	69	16.5

Table (3): Total Mean percentage of INs` satisfaction level with CLE at clinical training areas (n=427).

Clinical training areas / INs` satisfaction domains	Administration (n=72)	Surgery and emergency (n=62)	Critical (n=83)	Obstetrics and gynecology (n=71)	Pediatric (n=70)	Choice (n=69)
	%	%	%	%	%	%
Domain (A): Learning opportunities and support for experiential learning in clinical training area.	29.6	31.2	38.5	19.1	20.9	23.8
Domain (B): Experiential learning in clinical training area.	26.1	31.9	39.6	22.8	27.3	25.2
Domain (C): The availability of supervisors' support for experiential learning in clinical training area.	25.8	18.3	36.3	20.3	11.4	16.7
Domain (D): The availability of faculty advisor's support for experiential learning in clinical training area.	19.7	15.4	20.1	11.3	12.9	14.1
Domain (E): The availability of aids for learning in clinical training area.	20.4	10.6	21.4	15.9	11.8	9.2
Total	24.3	21.5	31.2	17.9	16.9	17.8

INs` satisfaction % (>60 %)

Table 4: Relationship between demographic data of the study participants and dimensions of INs` satisfaction with CLE (n=427)

Demographic Variables / Dimensions	Gender		Enrollment in classes prior to the internship year		working at another job during the internship year		Marital status	
	t-test	p-value	t-value	p-value	t-value	p-value	t-test	p-value
Domain (A): Learning opportunities and support for experiential learning in clinical training area.	.403	52	1.87	.05*	1.22	.22	1.29	.19
Domain (B): Experiential learning in clinical training area.	.226	.63	.711	.47	1.467	.143	.88	.37
Domain (C): The availability of supervisors' support for experiential learning in clinical training area.	.443	.50	.257	.79	.665	.50	2.48	.01*
Domain (D): The availability of faculty advisor's support for experiential learning in clinical training area.	5.557	.01*	1.252	.21	1.1	.25	.91	.10
Domain (E): The availability of aids for learning in clinical training area	4.42	.03*	.783	.43	1.09	.27	.26	.79
Total	2.85	.09	1.05	.29	.23	.81	1.18	.24

* P value is statistically significant at the level of ≤ 0.05

Table (5): Correlation between dimensions of INs` satisfaction with CLE with each other's (n=427)

Dimensions		Doman (A)	Doman (B)	Doman (C)	Doman (D)	Doman (E)	Total
Domain (A): Learning opportunities and support for experiential learning in clinical training area.	P	1	.514**	.222**	.209**	-.182-**	.687**
	r		.000	.000	.000	.000	.000
Domain (B): Experiential learning in clinical training area.	P	.514**	1	.154**	.262**	-.240-**	.669**
	r	.000		.001	.000	.000	.000
Domain (C): The availability of supervisors' support for experiential learning in clinical training area.	P	.222**	.154**	1	.367**	.069	.581**
	r	.000	.001		.000	.155	.000
Domain (D): The availability of faculty advisor's support for experiential learning in clinical training area.	P	.209**	.262**	.367**	1	.019	.565**
	r	.000	.000	.000		.689	.000
Domain (E): The availability of aids for learning in clinical training area	P	-.182-**	-.240-**	.069	.019	1	.254**
	r	.000	.000	.155	.689		.000
Total	P	.687**	.669**	.581**	.565**	.254**	1
	r	.000	.000	.000	.000	.000	

*Correlation is significant at the 0.05 level (2-tailed).

Discussion:

The internship year serves as a transition for the student between classroom learning and real-world experience. It is an integral part of the educational process and is designed to develop and prepare the graduate student in their chosen field of study. The internship provides the student with an opportunity to demonstrate and develop the skills acquired during their academic experience, so they can be applied in their future place of employment. Maintaining the standards of the health care profession is the ultimate goal of the student, university and health care organization. The quality of clinical learning usually reflects the quality of the curriculum structure. The assessment of the clinical settings as learning environment is a significant concern within the contemporary nursing education (**Sundler et al., 2016**).

Consequently, as a part of nursing education clinical internship forms an integral part of the learning experience. Since nursing is a skills-based profession, clinical internship plays an important role in enabling a student to acquire professional skills and competencies as they seek to become registered nurse. Despite its importance, clinical internship can also be a source of frustration to students and can lead to

some choosing to work away from the clinical nursing set-up (**Van Graan et al., 2016**).

In the current research, overall, our results showed that, there was a significant unsatisfactory level in the overall total mean percentages of INs` satisfaction with CLE at clinical training areas was the highest mean percentage about nearly one third percentage in critical area followed by administration area; surgery and emergency area about nearly one quarter percentage. Meanwhile, the lowest INs` satisfaction level with CLE at clinical training areas were in obstetrics and gynecology area, choice area and pediatric area about less than the third percentage.

Unfortunately, these results showed unsatisfactory or not acceptable level of INs` satisfaction with CLE at all clinical training areas. In other ward, all of the INs` in all dimensions (learning opportunities and support for experiential learning, satisfaction with experiential learning, supervisors' support for experiential learning, faculty advisor's support for experiential learning and aids for learning) had perceived a low level of satisfaction with CLE.

The previous findings could be due to; many factors the primary one was the majority of the participants from INs` dissatisfied with the opportunities and support offered to

experiential learning during the internship year, it might be because the period of some areas of clinical training (as, administration area and choice area) were too short (one month only), which prevents the INs` from providing experiential learning opportunities or in other wards the training time in these areas run out before INs` acquired new skills and ways to improve the old ones along with how work gets done. Additionally, all INs` rotated in all training areas obligatory so, there were no opportunities for the student to choose the exact specialization he/she would train on. Finally, these factors lead to INs` dissatisfaction with the CLE.

The previous explanation congruent with the results presented in several studies which argued that, a one-year internship is short to develop self-management in nursing students (**Duprez et al.,2017**). Furthermore, corresponding with the study of **Najafi et al., (2011)** it seems that, the challenges faced INS makes them suppose that their work was a routine task; therefore, the internship program in their view appears boring, long, and of no educational value.

On the other hand, the previous findings incongruent with the results of several studies like; **Skaalvik et al., (2011); Dimitriadou et al., (2015); Makhlof &EL-Saman, (2017)** and **Nderitu & Muringi, (2019)** these concluded that, the INs` were generally satisfied with clinical learning environment, and the relationship of the hospital as a learning environment was reported as the most influential factor on their satisfaction during the internship program.

In addition, the previous explanation was contradicted with study of **Al-Mahmoud et al., (2013)** which confirmed that, internships were currently considered essential for demonstrating work experience to potential employees and provide support to new graduates by offering opportunities for growth and independence, leading to active contribution as team members. Moreover, internships provide students with an experience of the working world, and let them become familiar with a potential job area.

Concerning the satisfaction of INs` with experiential learning factor, the current study

revealed that, more than two third of INs` was dissatisfied with internship as a learning experience in different clinical areas, this result evident by the majority of INs` perceived that, the experiential learning gained during the internship wasn't valuable because the training not covered the basics knowledge and skills that needed to perform their job quite effectively and not help them to grow and develop.

The previous results supported by the study of **Henderson, (2014)** and **Nadolski et al., (2016)** who had reported that, some of the nursing interns expressed concern that they had not given the opportunity to develop all the important psychomotor skills required to practice effectively in the clinical setting. Also, they described a sense of constraint because a lack of opportunities provided by their supervisor and declared that maintains of a good working relationship between wards staff and faculty was pivotal to the development of a good clinical learning environment.

In addition, the previous explanation matched with **Sundler et al., (2016)** who stated that, not all the clinical settings are conducive to students' learning outcomes or contributing to their competencies' development. While, the previous study results contradicted with **Gordon et al., (2013)** who concluded that, high levels of satisfaction have been reported when students had someone to ensure that their learning needs were addressed, when the clinical staff were well briefed and when the students were treated with respect and appreciation as well as being included as part of the health care team.

Concerning to INs` satisfaction with supervisors' support for experiential learning at their clinical training areas; the present study revealed that, more than half of the INs` perceived that, they were did not get full support of learning during their internship experience from the direct nursing supervisors or head nurses in all their areas of clinical training. From researcher point of view this explanation might be due to the nursing supervisors or head nurses didn't know the role of INs` so, there was ambiguity in their duties and responsibilities towards the INs` as well as a communication gap between them.

In addition, nursing supervisors or head nurses at INs` clinical areas did not care about what INs` learn especially during the night shifts, they were busy with their duties and could not get an educational and service role. Finally, INs` didn't found support from nursing supervisors when they need to and didn't help them connect academic concepts to the training experience which left them feeling frustrated and unsatisfied.

The previous result on the line with the finding of various studies firstly **Chandler, (2012)** which cataloged several approaches to be taken to develop the new nurse; these approaches involve supportive as well as inquisitive environment which characterized by familiarity and good staff relationships, and a smart preceptor who having supportive behaviors and constructive criticism. **Price &price, (2015)** mentioned that, a common practice to support recent graduates for employment was to use preceptors, experienced clinical nurses who guide new nurses through mentorship. During this stage, nursing preceptors can facilitate acquisitions a professional role as a nurse for the new graduate without insufficient feelings or frustration.

In addition, the previous results in the same line **Papastavrou et al., (2016)** who stated that, discrimination is a subcategory that most students had experienced and complaining about a series of discriminatory behaviors they were seeing at the bedside that irritated them. According to what the students claimed, the greatest discrimination in the clinical setting was apparent in behaviors of nurses towards students. In addition, some students were also upset and complained about discrimination in the use of educational facilities.

Finally, the study of **Mlek, (2011)** concluded that, there was a lack of communication between INs and clinical staff. The students found that, they were ignored by the staff every time they tried to communicate and at times the staff spoke their local language making the trainees feel confused. Students also transferred exploitation from staff through improper delegation of tasks not within the scope of their learning objectives.

On the other hand, the previous results incongruent with the **Sundler et al., (2016)** stated that, there were certain factors that influenced the quality of CLE as follows; ward/unit area where staff were valued, highly motivated and deliver quality patient/client care; supportive relationships, good staff morale and a team spirit; good communication and interpersonal relations between registered nurse/midwife and student ; acceptance of the INs as a learner who can contribute to the delivery of quality patient care.

Other possible clarification to the previous findings could be because nursing supervisors in the clinical training areas consider INs a complementary persons to the basic nursing staff and cover the nursing shortage in their units, so they have not helped them to meet their clinical learning need and didn't help them in dealing with conflicts and an unfamiliar situation. In addition, sometimes makes unfair assignments by assigning the student more patients than the basic staff, which causes psychological and physical burden on students.

Also, the previous result was congruent to **Baraz et al., (2015)** who concluded that, the incompetence of instructors, negative attitudes, and poor students support can cause detrimental effects on learning. Hence, the students expressed that clinical environment with poor psychosocial conditions can have a negative impact on their learning. For fear of encountering threatening health situations, the students were less involved in clinical activities.

Regarding INs` satisfaction with faculty advisors' support for experiential learning, the present study revealed that the majority of INs` perceived that, the faculty advisors weren't supportive of learning during the internship experience in all areas of their clinical training. The faculty's advisors did not provide ongoing constructive feedback about students' professional performance, nor did they help them solve training-related problems. While provide minimal on-the-job training when INs need it. Finally, they didn't help the INs to relate academic concepts to the internship experience.

This result was congruence with **Makhlof & EL-Saman, (2017)** who had observed in their study that most interns felt that teachers didn't provide them with regular feedback on their strengths and weaknesses. Consequently, the teacher has to assign a short time to a practical procedure for each student. Therefore, the students are deprived of practical lessons, which lead to more difficulties during the internship period.

Additionally, several studies congruent with previous explanation that reported that, the supervision provided by nurses, the level of cooperation with the nurse teacher, and the student-supervisor-nurse relationships among the most important external factors influencing students' clinical learning experiences (**Cremonini et ., 2015 and Papastavrou et al., 2016 and).** Conversely, students complained about their teachers' lack of clinical skills and experience. The consequence of the teachers' insufficient scientific capability was losing her credibility in front of the personnel and students. So, learning opportunities would be lost for the students.

While, the previous result in contrasted with **Al-Mamari et al., (2015)** who had observed in their study that most nurse interns indicate they received constructive feedback from their preceptors. They concluded that those preceptors provided emotional support and nurtured interns with the sense of responsibility and accountability that in turn led to increase level of graduates' independence and maturity.

Regarding INs` satisfaction with aids for learning at all areas of their clinical training, the present study revealed that, only less than one third of INs perceived that, they satisfied with aids offered for learning in all their areas of clinical training. This result evidenced by the majority of INs` get support of learning during their internship from the faculty advisors, immediate supervisors, staff nurses, friends, observation and trial and error in all their areas of clinical training.

The previous result came in compatible with **Seacrist & Noell, (2016)** who reported that, INs expressed satisfaction with effective levels of mentoring and counseling experience, continuous feedback on their professional performance, frequent clinical conferences with frequent clinical conferences with their teacher and the alignment of clinical practice with theory. Qualitative approaches by Baraz, **Hakim, (2017)** also shown that, the insufficient qualification of nurse teachers and the lack of a supportive learning environment are among the most important factors influencing students' clinical learning

In addition, **Janet et al., (2018)** highlighted some challenges for preparation of INs was enhancing communication and finding inter-professional support. Moreover, peer learning appears to enhance the student experience in clinical training and can help maximize opportunities for learning and support (**Morphet et al., 2014).**

Additionally, the study findings also illustrate that there was significant positive correlation between INs` working hours/week and faculty support domain, also significant positive correlation between INs age and Learning opportunity and total domains, but there was insignificant correlation between the rest of total working hours and age variables and dimensions of INs` satisfaction with CLE. The findings could be related to the faculty member is responsible for calculating working hours, vacations and absences for students to facilitate the attendance of students with the same working hours set by the college, as well as making support and facilities for students who fail to attend.

In accordance with these results of the study of Casey et al., (2015) who proved that the relationship among the nursing students and mentor or teacher have been considered as the most noteworthy elements for the effectiveness of the CLE with reference to nursing students' learning and professional development. Hence, the previous explanation congruent with **Sundler et al., (2016)** who conducted a cross-sectional study about interns' satisfaction with the clinical learning environment, the study affirmed that, there was a statistically significant negative correlation between expressed needs of nursing interns and their satisfaction with CLE.

On the other hand, the current study noticed that, there were statistically significant positive correlation among five INs`

satisfaction dimensions and total INs` satisfaction. These results were in harmony with the study of **Papastavrou et al., (2016) and Seacrist & Noell, (2016)** which proven that, there are many factors that together can cause the people are satisfied with their discipline. Numerous studies have shown that prior information of student discipline, social support, relationship coaches and university teachers and hospital personals with student, educational facilities of the relevant administrative procedures was the main causes of the degree of satisfaction among students.

Conclusions:

The current study concluded that, there was a significant unsatisfactory level in the overall total mean percentages of INs` satisfaction with CLE at clinical training areas was the highest mean percentage (31.2%) in critical area followed by administration area; surgery and emergency area (24.3%, 21.5%), Respectively. Meanwhile the lowest INs` satisfaction level with CLE at clinical training areas were in obstetrics and gynecology area, in choice area and pediatric area (17.9%, 17% & 16.9%) respectively.

Unfortunately, these results illustrated unsatisfactory or not acceptable level of INs` satisfaction with CLE at all clinical training areas. In other ward, all of the INs` in all dimensions (learning opportunities and support for experiential learning, satisfaction with experiential learning, supervisors' support for experiential learning, faculty advisor's support for experiential learning and aids for learning) had perceived a low level of satisfaction with CLE.

Recommendations:

Based on the study results the following recommendations are suggested:

1. Faculty`s administrators and staff should try to improve the quality and quantity of services that provided to INs at their clinical training areas through frequent visits to INs at their clinical areas to monitor the standards of CLE.

2. Hold pre-internship sessions with INs at which give INs lectures to make

refreshment to their knowledge before starting internship year.

3. Hold sessions and lectures during internship year with INs to strong their knowledge in clinical training areas` specialties.

4. Make periodic evaluation for all INs` clinical training areas to detect early any weakness points.

5. Holding periodic meetings with the medical and nursing directors of clinical training areas at Cairo University Hospitals that to identify the weaknesses points about students` training and work to solve it to improve the training period for INs.

6. Holding periodic meetings with the INs to assess and evaluate their training clinical areas through certain perceptions and questionnaires to identify the weaknesses in each training area from the point of view of INs and work to reach practical and applicable solutions.

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