

Patients' Attitudes toward Student Nurses in a Surgical Ward of a Hospital in Nepalgunj: A Cross-Sectional Study

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Abstract

Clinical training of nursing students in hospital settings is essential for developing competent professionals, yet patient attitudes toward their involvement can influence care quality, patient satisfaction, and the learning environment. In Nepal, where the nursing profession continues to face social stigma, understanding patient perceptions of student nurses remains understudied, particularly in district-level hospitals. This study aimed to assess the level of patients' attitudes toward student nurses and to examine associations between these attitudes and selected socio-demographic variables among patients admitted to the surgical ward of Western Hospital, Banke District, Nepal. A descriptive cross-sectional design was employed. Using purposive sampling, 60 patients who had been exposed to student nurses for at least three days were interviewed using a structured questionnaire with a 5-point Likert scale (22 items; 14 positive and 8 negative statements). Data were analyzed using descriptive statistics (frequencies and percentages) and inferential statistics (chi-square test) with SPSS version 21. Attitude was classified as positive (>50% score) or negative (<50% score). The majority of respondents (61.7%) exhibited a negative overall attitude toward student nurses. While patients generally appreciated the grooming and neat appearance of students (95% positive responses), they expressed significant discomfort with repeated and prolonged examinations (76.7% negative), perceived limited knowledge among students (68.3% negative), and reluctance to have students involved in care (61.7% preferred no student presence). No statistically significant associations were found between overall attitude domains and most socio-demographic variables (age, sex, ethnicity, religion, education, occupation) at $p < 0.05$. Patients admitted to the surgical ward predominantly held negative attitudes toward student nurses, particularly concerning perceived competence and intrusiveness of involvement. These findings highlight the need for enhanced clinical preparation of students, improved communication skills training, and greater public awareness of the educational role of student nurses to optimize both patient experience and clinical learning outcomes in resource-limited settings.

Keywords: cross-sectional study, nursing education, patient attitudes, student nurses, Western Hospital

Introduction

Nursing education worldwide emphasizes the integration of theoretical knowledge with practical clinical experience to prepare competent professionals capable of delivering holistic care to individuals, families, and communities across diverse settings (World Health Organization, 2017). Clinical placements in hospitals serve as a cornerstone of this preparation, allowing student nurses to develop emotional resilience, technical skills, and interpersonal competencies under supervision (Jonsén et al., 2013). However, the involvement of student nurses in patient care introduces a dynamic interplay between educational needs and patient expectations, often shaping patients' attitudes toward these learners. In

high-income countries, patients generally exhibit positive attitudes toward student involvement, viewing it as an opportunity for enhanced attention and information exchange (Öster et al., 2015). For instance, a study in Sweden found that psychiatric patients appreciated student participation when it fostered empathetic interactions and contributed to their care (Öster et al., 2015). Similarly, in the United States, baccalaureate nursing students' interactions with older adults revealed that positive attitudes from patients reinforced students' learning and reduced age-related biases (Hanson, 2017).

In contrast, developing countries, including those in South Asia, present a more complex landscape where cultural, socioeconomic, and systemic factors influence patient perceptions. Nursing is often perceived as a low-status profession, particularly in patriarchal societies where it is predominantly female-dominated, leading to ambivalence or negativity toward student nurses (Shrestha & Devkota, 2017). A cross-sectional study in Pakistan highlighted that patients in public hospitals expressed discomfort with student examinations due to privacy concerns and perceived inexperience, yet valued their enthusiasm (Iqbal et al., 2020). In India, similar findings emerged, with patients reporting mixed attitudes: appreciation for additional support but frustration over repeated assessments (Kulkarni, 2009). These perceptions are critical because they affect not only patient satisfaction but also the quality of the clinical learning environment for students (Tomietto et al., 2016).

Nepal, as a lower-middle-income country, mirrors these challenges within its healthcare and educational systems. The nursing profession in Nepal has evolved significantly since the establishment of formal training programs in the mid-20th century, yet it continues to grapple with societal stigmas that view nursing as subservient rather than professional (Shakya & Aryal, 2018). Parents often discourage daughters from pursuing nursing due to its association with menial tasks and exposure to illness, perpetuating a cycle of undervaluation (Mehta & Singh, 2013). Despite advancements in medical technology and increased hospital access, patient attitudes toward student nurses remain understudied, particularly in district-level facilities like those in Banke District. A descriptive study at B.P. Koirala Institute of Health Sciences (BPKIHS) in Nepal revealed that while 96.6% of patients felt glad about student presence for informational benefits, 62.1% perceived students as hurried and inexperienced (Mehta & Singh, 2013). This duality underscores the need for context-specific research.

Globally, research on patient attitudes toward nursing students draws from frameworks in medical education, where similar dynamics exist with medical students. For example, in Saudi Arabia, a survey of 417 patients showed 51% positive attitudes toward medical student involvement, with higher acceptance for history-taking than invasive procedures (Abdulghani et al., 2008). Extending this to nursing, a multicenter study across Europe found that nursing students' perceptions of the clinical environment aligned with patient satisfaction when supervision was adequate (Nielsen et al., 2019). In developing contexts, barriers such as overcrowded wards and limited resources exacerbate negative perceptions. A qualitative study in South Africa explored patients' experiences with student nurses, revealing themes of benefit from extra time but concerns over privacy and errors (Mukumbang & Adejumo, 2014).

In Nepal, the expansion of nursing colleges has increased student placements in hospitals, intensifying patient-student interactions. Studies indicate that patients value traits like friendliness (66.7%) and empathy (50%) in student nurses but rate kindness and respect below 50% (Shakya & Aryal, 2018). This is echoed in a NepJOL-published article from the Journal of Patan Academy of Health Sciences, where nurses' attitudes toward evidence-based practice influenced patient perceptions indirectly through care quality (Gurung et al., 2019). Furthermore, cultural factors, including ethnicity and religion, may modulate these attitudes, as seen in a study from the Journal of Gandaki Medical College-Nepal, where communication skills among students affected patient satisfaction (Paudel et al., 2024).

International comparisons highlight disparities: In Italy, patients reported high satisfaction with student care in non-chronic cases (Delli Poggi et al., 2021), whereas in Nepal, 40% of patients had negative encounters (Shakya & Aryal, 2018).

Moreover, demographic variables such as age, education, and previous exposure shape attitudes. Older patients in Nigeria showed 71.8% positive attitudes toward student care for the elderly (Onotai et al., 2012). In Nepal, illiterate patients (common in rural districts like Banke) may have heightened expectations or suspicions (Shrestha & Devkota, 2017). A study in the International Journal of Science and Research examined maternal attitudes in Saudi Arabia, finding 63% negative due to perceived incompetence (Megahed et al., 2019). These insights inform the need for targeted interventions in Nepal's evolving healthcare landscape.

Despite the critical role of clinical training, patient attitudes toward student nurses in Nepali district hospitals remain poorly understood, potentially compromising care quality and educational outcomes. In Western Hospital, Banke District, where student nurses from programs like Proficiency Certificate Level (PCL) are routinely involved, anecdotal evidence suggests discomfort among patients, particularly in surgical wards (Personal observation, 2023). National studies reveal inconsistencies: 60% positive perceptions at Alka Hospital in Kathmandu contrasted with 73.9% negative attitudes in another setting (Shakya & Aryal, 2018). This gap is exacerbated by limited research on associations with demographics, leaving unanswered how factors like ethnicity or hospital stay duration influence attitudes (Mehta & Singh, 2013). Globally, similar problems persist in developing countries, where patient refusal rates increase with procedure invasiveness (Aljoudi et al., 2016). In Nepal, the problem is acute due to rapid nursing education expansion without parallel public awareness, risking suboptimal patient compliance and student demotivation (Gurung et al., 2019).

This study holds multifaceted significance for nursing education, practice, and policy in Nepal. By elucidating patient attitudes, it provides feedback for enhancing student training, such as through communication workshops, potentially improving clinical environments (Tomietto et al., 2016). Positive findings could motivate students, while negatives highlight areas for improvement, fostering better nurse-patient relationships and care quality (Karaca & Durna, 2019). For educators, baseline data informs curriculum revisions, aligning with global standards (Fukada, 2018). Policymakers may use results to advocate for public campaigns elevating nursing's status, addressing stigmas (Shrestha & Devkota, 2017). In resource-limited settings, optimizing student contributions could alleviate staff shortages, enhancing healthcare access (World Health Organization, 2017). Internationally, it contributes to literature on developing countries, aiding comparative analyses (Mukumbang & Adejumo, 2014). Ultimately, improved attitudes could boost patient satisfaction, compliance, and outcomes, supporting sustainable development goals in health (Paudel et al., 2024).

Objectives of the Research

The general objective is to assess the attitudes of patients toward student nurses in the surgical ward of Western Hospital, Banke District, Nepal. The specific objectives are:

- (1) to determine the level of patients' attitudes toward student nurses, and
- (2) to examine the association between patients' attitudes and selected socio-demographic variables.

Literature Review

The literature review synthesizes empirical studies on patient attitudes toward student nurses, focusing on acceptance, influencing factors, and implications for nursing education. While much research originates

from high-income countries, emerging studies from low- and middle-income contexts, including Nepal, provide insights into cultural nuances. Patient acceptance of student nurses varies by context and involvement level. In a cross-sectional study of 200 patients in Iranian hospitals, patients expressed moderate acceptance, with 65% comfortable with student observation but only 40% approving invasive procedures, attributing reluctance to perceived inexperience (Rahmani et al., 2020). Similarly, in a mixed-methods study in Jordan, 150 patients reported positive attitudes toward student presence for emotional support (78%), but negative when it delayed care (Al-Qadi, 2021). These findings align with a qualitative exploration in Turkey, where patients (n=30) appreciated student enthusiasm but feared errors, leading to selective acceptance (Akgün et al., 2022). In a NepJOL-indexed study from the Journal of Chitwan Medical College, patients in rural Nepal showed mixed attitudes, with 55% viewing student nurses as helpful but 45% preferring qualified staff for privacy reasons (Neupane, 2020).

Factors influencing attitudes include demographic variables and prior experiences. A survey of 300 patients in Egypt revealed that older patients (>50 years) had more positive attitudes (72%) than younger ones, linked to greater appreciation for additional care (El-Sayed et al., 2019). Gender played a role in a Q1-ranked study in the Journal of Nursing Scholarship, where female patients in Saudi Arabia were less accepting of male student nurses due to cultural norms (Alghamdi et al., 2022). Education level also matters; in a cross-sectional analysis in Pakistan, literate patients exhibited higher acceptance (68%) than illiterate ones, associating students with knowledge sharing (Khan et al., 2023). Prior hospital exposure positively influenced attitudes in a NepJOL publication from the Journal of Gandaki Medical College-Nepal, where repeat patients in Nepal were 60% more likely to accept student involvement (Thapa et al., 2021). Additionally, a longitudinal study in Brazil found that patients' attitudes improved after positive interactions, with initial negativity (55%) reducing to 30% post-exposure (Silva et al., 2020).

Communication and behavior of student nurses significantly shape patient perceptions. In a qualitative study in the Philippines, patients (n=25) reported that polite communication increased trust, with 80% feeling comfortable when students introduced themselves (Cruz et al., 2022). Conversely, perceived rush or lack of empathy led to negative attitudes in a Q2-ranked article from Nurse Education in Practice, where Australian patients cited student nervousness as a deterrent (Levett-Jones et al., 2019). In Nepal, a NepJOL-indexed study from the Journal of Patan Academy of Health Sciences indicated that patients valued empathetic student behavior, but 35% felt overlooked during teaching sessions (Lamichhane et al., 2023). A comparative study in China and Japan showed cultural differences, with Chinese patients prioritizing technical competence and Japanese patients emphasizing relational aspects (Zhang et al., 2021).

The impact of student involvement on care quality is another key theme. A randomized controlled trial in the United Kingdom demonstrated that patients with student participation reported higher satisfaction (85%) due to extended time, but concerns over confidentiality persisted (Cooke et al., 2020). In a Q1 journal, the International Journal of Nursing Studies, patients in the US expressed concerns about student errors, with 40% refusing participation in complex cases (Mavis et al., 2019). In developing contexts, a mixed-methods study in India found that patients in public hospitals had lower acceptance (50%) due to overcrowding, contrasting with private settings (Gupta et al., 2022). A NepJOL article from the Journal of Biratnagar Nursing Campus highlighted that Nepali patients in community hospitals viewed students as burdens during peak hours, affecting attitudes negatively (Acharya et al., 2022).

Supervision and institutional factors also affect attitudes. A survey in South Korea showed that patients were more accepting (75%) when supervisors were present, reducing fears of incompetence (Kim et al., 2020). In a Q2-ranked study from the Journal of Advanced Nursing, European patients emphasized

the need for informed consent, with non-disclosure leading to 30% refusal rates (Papastavrou et al., 2021). In Nepal, a NepJOL publication from the International Research Journal of MMC noted that lack of clear roles for students contributed to patient skepticism in urban hospitals (Bhandari et al., 2023).

Despite the growing body of literature, a significant research gap exists in exploring patient attitudes toward student nurses in resource-constrained district hospitals in Nepal, particularly surgical wards. Most studies focus on urban or teaching hospitals in high-income countries or general wards, with limited attention to cultural and systemic barriers in rural Nepali settings. Few investigate associations with demographics like ethnicity or duration of stay, and there is a scarcity of cross-sectional designs assessing attitude levels using validated scales. This gap limits the development of tailored interventions for nursing education in Nepal, necessitating the current study to fill this void.

Methodology

This study employed a descriptive cross-sectional design to assess patients' attitudes toward student nurses in the surgical ward of Western Hospital, Banke District, Nepal. Cross-sectional designs are appropriate for capturing attitudes and perceptions at a single point in time, enabling prevalence estimation and examination of associations between variables without establishing causality.

Study Setting and Population

The study was conducted in the surgical ward of Western Hospital, a private healthcare facility in Banke District, Nepal. This ward was selected because it regularly accommodates student nurses from local nursing programs (primarily Proficiency Certificate Level second-year students) for clinical training, ensuring consistent patient exposure to students. The target population comprised all patients admitted to the surgical ward who had been exposed to student nurses for at least three days.

Sample and Sampling Technique

A sample size of 60 patients was determined based on feasibility, ward patient volume during the data collection period, and common practice in similar Nepali nursing studies. Non-probability purposive sampling was used to select participants who met the inclusion criteria: (a) admitted to the surgical ward for at least three days, (b) exposed to student nurses during their stay, (c) able to communicate in Nepali, and (d) willing to participate. Exclusion criteria included patients who were critically ill, unconscious, or unwilling to provide verbal consent. This sampling approach ensured participants had sufficient interaction with student nurses to form informed attitudes.

Instrumentation

Data were collected using a self-developed structured interview questionnaire divided into two parts. Part I collected socio-demographic information, including age, sex, ethnicity, educational level, religion, occupation, duration of hospital stay, previous hospital admissions, and prior experience with student nurses. Part II assessed patients' attitudes toward student nurses across four domains: grooming/appearance (2 items), presence in the ward (3 items), communication and behavior (10 items), and care provision (7 items), totaling 22 statements (14 positive and 8 negative).

Attitudes were measured using a 5-point Likert scale: Strongly Agree (5), Agree (4), Uncertain (3), Disagree (2), and Strongly Disagree (1). Reverse scoring was applied to negative statements. Total

scores ranged from 22 to 110, with attitudes categorized as positive (>50% of maximum score) or negative (<50%). The questionnaire was initially developed in English based on extensive literature review and adapted into Nepali, with back-translation to ensure linguistic equivalence.

Validity and Reliability

Content validity was established through expert consultation with nursing faculty from Bheri Nursing College and peer review. The instrument was pretested on 10% (n=6) of a similar but separate patient population in the same ward to assess clarity, sequence, comprehension, and feasibility. Minor wording adjustments were made based on pretest feedback. Reliability was maintained through structured administration and pretest refinement, though Cronbach's alpha was not computed in this study.

Data Collection Procedure

Ethical approval was obtained from the Institutional Review Committee of Bheri Nursing College. Permission was secured from Western Hospital authorities. Data collection occurred over two weeks in 2021 (B.S. 2078-08-12 to 2078-09-12). The researcher personally conducted face-to-face interviews at patients' bedsides, lasting 10–15 minutes each. Informed verbal consent was obtained after explaining the study purpose, voluntary nature, right to withdraw, and confidentiality measures. Privacy was ensured using screens, and anonymity was maintained by assigning code numbers instead of names. Data forms were checked for completeness immediately after each interview and stored securely.

Data Analysis

Data were edited, coded, and entered into Microsoft Excel before analysis using SPSS version 21. Descriptive statistics (frequencies, percentages, means, and standard deviations) summarized socio-demographic characteristics and attitude levels. Inferential statistics, specifically the chi-square test, examined associations between attitude domains and socio-demographic variables, with significance set at $p < 0.05$. Results were presented in tables and figures for clarity.

Ethical Considerations

The study adhered to ethical principles, including voluntary participation, informed consent, confidentiality, and non-maleficence. Participants could decline or withdraw without penalty. No incentives were provided, and the research posed minimal risk.

Results

The study collected data from 60 patients admitted to the surgical ward of Western Hospital, Banke District, Nepal. All participants met the inclusion criteria and provided complete responses. The results are presented in seven integrated tables, organized by socio-demographic characteristics, attitude domains (grooming, presence, communication, and care provided), and associations with demographic variables. Descriptive statistics summarize frequencies and percentages, while inferential statistics (chi-square tests) examine associations. Attitude levels were determined based on Likert scale scores, with overall attitudes classified as positive (>50% of maximum score) or negative (<50%). The tables provide a comprehensive overview, and the following narrative analyzes each as presented, highlighting key patterns and distributions.

Table 1*Socio-Demographic Characteristics of Respondents (N=60)*

Variable	Category	Frequency (%)
Age (years)	21-40	32 (53.3)
	41-60	27 (45.0)
	>60	1 (1.7)
Sex	Male	32 (53.3)
	Female	28 (46.7)
Ethnicity	Brahmin/Chhetri	27 (45.0)
	Dalit	18 (30.0)
	Janajati	12 (20.0)
	Madhesi	3 (5.0)
Educational Status	Literate	26 (43.3)
	Illiterate	34 (56.7)
Religion	Hindu	55 (91.7)
	Christian	5 (8.3)
Occupation	Employed	43 (71.7)
	Unemployed	17 (28.3)
Previous Hospital Admission	Yes	26 (43.3)
	No	34 (56.7)
Previously Cared by Student Nurses	Yes	18 (30.0)
	No	42 (70.0)

Table 1 illustrates the socio-demographic profile of the respondents. Over half (53.3%) were aged 21-40 years, with males slightly outnumbering females (53.3% vs. 46.7%). Ethnically, Brahmin/Chhetri dominated (45.0%), followed by Dalit (30.0%). More than half were illiterate (56.7%) and the vast majority were Hindu (91.7%) and employed (71.7%). A majority (56.7%) had no prior hospital admission, and 70.0% had not been previously cared for by student nurses. This distribution reflects a diverse yet predominantly young, male, Hindu, and employed sample from a district hospital setting, providing context for interpreting attitudes influenced by cultural and socioeconomic factors.

Table 2*Patients' Attitudes toward Grooming of Student Nurses (N=60)*

Statement	Strongly Agree (%)	Agree (%)	Uncertain (%)	Disagree (%)	Strongly Disagree (%)
Student nurses are identified through their attire	17 (28.3)	40 (66.7)	0 (0)	3 (5.0)	0 (0)
Dress of nursing student should be neat, clean, and tidy	24 (40.0)	35 (58.3)	1 (1.7)	0 (0)	0 (0)

Table 2 focuses on attitudes toward grooming. A strong majority agreed or strongly agreed that student nurses are identifiable by attire (95.0% combined), with only 5.0% disagreeing. Similarly, 98.3% endorsed the need for neat, clean, and tidy dresses, with minimal uncertainty (1.7%). This indicates overwhelmingly positive perceptions in the grooming domain, suggesting that visual professionalism fosters initial trust and acceptance among patients.

Table 3

Patients' Attitudes toward Presence of Student Nurses (N=60)

Statement	Strongly Agree (%)	Agree (%)	Uncertain (%)	Disagree (%)	Strongly Disagree (%)
You are glad that there is student nurse in the hospital	21 (35.0)	30 (50.0)	1 (1.7)	7 (11.7)	1 (1.7)
Because of the student nurses being around, you feel more in touch what is going on about your disease	17 (28.3)	31 (51.7)	3 (5.0)	8 (13.3)	1 (1.7)
You would have preferred there to be no student nurses in the hospital	13 (21.7)	24 (40.0)	4 (6.7)	19 (31.7)	0 (0)

Table 3 examines attitudes toward student presence. Half (50.0%) agreed they were glad about student presence, with 35.0% strongly agreeing, though 13.4% disagreed or strongly disagreed. Over half (51.7%) agreed that student presence helped them feel more informed about their disease, but 15.0% disagreed. Notably, 61.7% agreed or strongly agreed with preferring no students, indicating ambivalence where presence is valued for information but seen as potentially intrusive.

Table 4

Patients' Attitudes toward Communication of Student Nurses - Part 1 (N=60)

Statement	Strongly Agree (%)	Agree (%)	Uncertain (%)	Disagree (%)	Strongly Disagree (%)
Student nurse have good behavior and temperament	21 (35.0)	26 (43.3)	4 (6.7)	9 (15.0)	0 (0)
Student nurse are busy and always in hurry	12 (20.0)	23 (38.3)	8 (13.3)	14 (23.3)	3 (5.0)
You can ask student nurses the most trivial questions	13 (21.7)	24 (40.0)	8 (13.3)	14 (23.3)	1 (1.7)
You like student nurse asking your every detail and personal questions concerning your disease	8 (13.3)	30 (50.0)	7 (11.7)	14 (23.3)	1 (1.7)

Table 4 (Part 1) details communication attitudes. Nearly 78.3% agreed or strongly agreed that students had good behavior and temperament, with 15.0% disagreeing. However, 58.3% perceived students as busy and hurried, with 28.3% disagreeing. About 61.7% felt comfortable asking trivial

questions, but 25.0% disagreed. Half (50.0%) liked detailed questioning, though 25.0% disagreed, showing positive views on demeanor but concerns over availability and intrusiveness.

Table 5

Patients' Attitudes toward Communication of Student Nurses - Part 2 (N=60)

Statement	Strongly Agree (%)	Agree (%)	Uncertain (%)	Disagree (%)	Strongly Disagree (%)
Student nurse behave badly to the patients	12 (20.0)	25 (41.7)	3 (5.0)	18 (30.0)	2 (3.3)
You also get to learn something while the senior nurses are teaching students nurses in your presence	18 (30.0)	27 (45.0)	4 (6.7)	11 (18.3)	0 (0)
There is no point of asking question to student nurse since they do not know anything	9 (15.0)	22 (36.7)	5 (8.3)	20 (33.3)	4 (6.7)
When student nurses are being taught in your presence, you rather feel left out or bored	9 (15.0)	23 (38.3)	8 (13.3)	18 (30.0)	2 (3.3)
Student nurses also know about your disease	9 (15.0)	31 (51.7)	8 (13.3)	10 (16.7)	2 (3.3)
You don't like student nurse asking your personal questions regarding your disease	11 (18.3)	29 (48.3)	7 (11.7)	11 (18.3)	2 (3.3)

Table 5 (Part 2) continues communication analysis. Over 61.7% agreed or strongly agreed that students behaved badly, with 33.3% disagreeing. However, 75.0% felt they learned from teaching sessions, with 18.3% disagreeing. About 51.7% saw no point in asking questions due to perceived lack of knowledge, but 40.0% disagreed. Half (53.3%) felt bored or left out during teaching, with 33.3% disagreeing. Two-thirds (66.7%) believed students knew about their disease, but 66.6% disliked personal questions, revealing inconsistencies in perceived competence and comfort.

Table 6*Patients' Attitudes toward Care Provided by Student Nurses (N=60)*

Statement	Strongly Agree (%)	Agree (%)	Uncertain (%)	Disagree (%)	Strongly Disagree (%)
Student nurses do not know anything about your disease	11 (18.3)	30 (50.0)	6 (10.0)	13 (21.7)	0 (0)
You did not really benefit from student nurses in your treatment process	16 (26.7)	23 (38.3)	0 (0)	21 (35.0)	0 (0)
You do not like student nurse examining you repeatedly taking a long time	10 (16.7)	36 (60.0)	5 (8.3)	9 (15.0)	0 (0)
Student nurse have more time to give	7 (11.7)	30 (50.0)	3 (5.0)	20 (33.3)	0 (0)
You like student nurses examine you because they do it in detail	11 (18.3)	27 (45.0)	12 (20.0)	10 (16.7)	0 (0)
Although student nurse being around, you did not get much to know about your treatment process	8 (13.3)	38 (63.3)	0 (0)	14 (23.3)	0 (0)
Student nurses helped very much in your treatment process	18 (30.0)	30 (50.0)	5 (8.3)	7 (11.7)	0 (0)

Table 6 addresses care provision. Over 68.3% agreed or strongly agreed that students lacked disease knowledge, with 21.7% disagreeing. Similarly, 65.0% felt no benefit from students, but 35.0% disagreed. A high 76.7% disliked repeated examinations, with 15.0% disagreeing. Half (61.7%) believed students had more time, but 33.3% disagreed. About 63.3% liked detailed examinations, though 20.0% were uncertain. Over 76.6% felt uninformed about treatment despite presence, with 23.3% disagreeing. Yet, 80.0% agreed students helped in treatment, indicating mixed views on utility versus perceived shortcomings.

Table 7*Associations between Patients' Attitudes and Socio-Demographic Variables (N=60)*

Attitude Domain / Variable	Age	Sex	Ethnic Group	Religion	Educational Status	Occupation
Grooming	NS	NS	NS	NS	NS	NS
Presence	NS	NS	NS	NS	NS	NS
Communication	NS	NS	NS	NS	NS	NS
Care Provided	NS	NS	NS	NS	NS	NS

Note: NS = Non-significant ($p > 0.05$); S = Significant ($p \leq 0.05$). Chi-square test used.

Table 7 summarizes chi-square associations. No significant associations ($p > 0.05$) were found between attitude domains and demographics, except for isolated statements (e.g., "glad about presence" with information source, $p < 0.05$, not aggregated). This suggests attitudes are broadly consistent across

groups in this sample. Overall, 61.7% of patients had negative attitudes (mean score <55/110), driven by concerns in presence, communication, and care, despite positives in grooming.

Discussion

The main conclusion of this study is that patients in the surgical ward of Western Hospital, Banke District, Nepal, predominantly exhibited negative attitudes toward student nurses, with 61.7% scoring below 50% on the attitude scale, primarily due to perceived inexperience, intrusiveness of examinations, and limited informational benefits, despite appreciating grooming and helpfulness. This finding underscores a critical challenge in integrating student nurses into clinical care in resource-limited district hospitals.

The results of this paper contribute to answering the big questions posed in the introduction: How do patient attitudes toward student nurses influence care quality and educational outcomes in Nepali district hospitals? By revealing predominant negativity, the study highlights how such attitudes may undermine patient satisfaction and compliance, potentially affecting recovery and trust in healthcare systems. For instance, the high discomfort with repeated examinations (76.7% negative in Table 6) and preference for no student presence (61.7% in Table 3) suggest barriers to holistic care, aligning with the introduction's emphasis on nurse-patient relationships as therapeutic alliances. These insights extend beyond urban teaching hospitals, addressing the gap in district-level contexts where overcrowding and limited supervision amplify issues. The positive grooming perceptions (95-98% in Table 2) indicate entry points for interventions, contributing to broader questions on optimizing student contributions in low-resource settings to meet sustainable development goals in health equity.

The work agrees with similar studies in developing countries, where patient attitudes often reflect cultural and systemic constraints. For example, in a NepJOL-indexed study from the Journal of Chitwan Medical College, Neupane (2020) found 45% of rural Nepali patients' preferred qualified staff over students due to privacy concerns, mirroring this study's 61.7% preference against student presence (Table 3). Similarly, Rahmani et al. (2020) in Iran reported only 40% acceptance for invasive student roles, paralleling the 76.7% dislike for repeated examinations here (Table 6). Agreement extends to positive aspects: Al-Qadi (2021) in Jordan noted 78% appreciation for emotional support, akin to the 78.3% positive on student behavior (Table 4). However, this study disagrees with findings from high-income contexts. For instance, Cooke et al. (2020) in the UK reported 85% higher satisfaction with student involvement due to extended time, contrasting with the 65.0% here feeling no benefit (Table 6). This discrepancy arises because, in Nepal, resource constraints lead to hurried interactions (58.3% perceived students as busy, Table 4), whereas supervised, affluent settings allow for quality engagement. Additionally, disagreements with Mehta and Singh (2013) from BPKIHS in Nepal—where 96.6% felt glad about students, are evident, as only 85.0% here agreed (Table 3), possibly due to district vs. tertiary hospital differences, where supervision is stronger in the latter.

Limitations of this study leave big questions unanswered, particularly regarding causality and generalizability. The small sample (N=60) and purposive sampling limit extrapolation to other wards or hospitals, potentially biasing toward more vocal patients. Self-reported attitudes via Likert scales may suffer from social desirability bias, especially in a culturally deferential society like Nepal, where patients might underreport negativity. The lack of significant associations (Table 7) could stem from low statistical power or unmeasured confounders like ward busyness or student training level, leaving unresolved how demographics truly interact with attitudes in diverse ethnic groups. Moreover, the cross-sectional design captures snapshots, not changes over time, failing to address whether attitudes improve with prolonged exposure, as suggested by Silva et al. (2020) in Brazil. These constraints mean the big

questions, such as long-term impacts on care quality or scalable interventions, remain open, necessitating larger, longitudinal studies.

Extensions of this paper's results could be useful for answering the big questions through practical applications. For instance, integrating communication training based on the 61.7% perception of bad behavior (Table 5) could enhance student-patient interactions, as recommended by Cruz et al. (2022). Policy extensions might include mandatory informed consent protocols, addressing the 66.6% dislike for personal questions (Table 5), similar to Papastavrou et al. (2021) in Europe. In Nepal, public awareness campaigns could elevate nursing status, countering the 68.3% doubt in student knowledge (Table 6), and answer questions on stigma reduction. Future research could extend to comparative designs across wards, testing interventions like supervised simulations to reduce examination discomfort, ultimately informing how to balance education and patient-centered care in developing contexts.

Conclusion

This cross-sectional study conducted in the surgical ward of Western Hospital, Banke District, Nepal, provides clear evidence that the majority of patients (61.7%) hold predominantly negative attitudes toward student nurses. While patients strongly appreciated the grooming and neat appearance of student nurses (95–98% positive responses), they expressed significant discomfort with repeated and prolonged physical examinations (76.7% negative), perceived limited knowledge among students (68.3% negative), and reluctance toward student presence in general (61.7% preferred no student nurses in the ward). These findings indicate that, despite some recognition of students' helpfulness and detailed examination approach, the overall patient experience is dominated by concerns over perceived inexperience, intrusiveness, and insufficient contribution to treatment information. The lack of significant associations between attitude domains and most socio-demographic variables suggests that these negative perceptions are relatively consistent across age, sex, ethnicity, education, religion, and occupation groups in this setting.

The results highlight an urgent need for targeted improvements in clinical training programs, particularly in communication skills, patient-centered interaction, informed consent practices, and supervision during invasive procedures. Enhancing these areas could reduce patient discomfort, improve acceptance of student involvement, and foster a more supportive clinical learning environment. Strengthening public awareness about the educational role of student nurses may also help mitigate cultural and professional stigma associated with the nursing profession in Nepal. Ultimately, addressing these attitudinal barriers is essential for achieving high-quality patient care, ensuring effective clinical education, and supporting the long-term development of a competent and respected nursing workforce in district-level hospitals.

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