



Lived Experiences on Clinical Exposure among Nursing Students in Nepal

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Abstract

Clinical learning is a challenging aspect of nursing education which affords the nursing student an opportunity to practice the theory that is learned in classroom. The aim of this paper is to explore the lived experiences on clinical exposure of B.Sc. Nursing first year students. Qualitative phenomenological research design was used. The total sample size was 10 students based on the saturation of the information that was determined by the samples. Purposive sampling method was used for the selection of the samples. Face-face in-depth interview was taken with a help of semi-structured interview guide. Analysis of data was carried out by using the thematic analysis. The findings reveal that the nursing students experience the inefficient communication, lack of team work, difficulty in socialization that increased their stress and anxiety in their workplace. In addition, language barrier, empty feeling towards patient care and discrimination in care.

The study concluded with the nursing students experience insufficient knowledge, skill towards patient's care which creates stress and anxiety among students. However, to provide support in the clinical learning may enhance knowledge and skill among students.

Keywords: lived experiences, nursing students, situational violence, thematic analysis, skill acquisition

Introduction

Clinical learning is an essential and challenging aspect of nursing education. Nursing students' first clinical exposure may raise anxiety as individuals prepare to the clinical learning surroundings, they begin to doubt their skills and feel insecure. Evidence shows that one-fifth (18%) of students had mild anxiety; more than one-tenth (11%) of the students are suffering with moderate anxiety whereas one students had a mild depression, one to two student had moderate to mild stress during their learning (Hiremath et al., 2016). Clinical learning is an important component of nursing education that can support the development of competence. This is especially important because taking care of patient is essentially translating the knowledge acquired in the classroom into practice (Farzi et al., 2018).

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Clinical exposures are important because taking care of patients which are essentially translating the knowledge acquired in the classroom into practice (Farzi et al., 2018). Clinical experiences are a good illustration of practical nursing which develops their psycho motor and affective skills. It is an important component of nursing education that can support the development of competence. A core component of nursing education is the clinical experience. However, the challenges of clinical education in nursing students were fear, insufficient readiness of student, incompetency of clinical educators, and unpleasant atmosphere of clinical environment Farzi et al., (2018). Although, utilizing nursing education models and approaches, enhancing communication between faculty and practice, and including an orientation phase at the start of training were approaches used for enhancing clinical nursing education are needs today. In addition, Nursing is a practice profession and for efficient care delivery which includes two crucial components as theoretical and practical nursing education (Nabolsi et al., 2012). Clinical experiences are a good illustration of practical nursing which develops their psychomotor and affective skills. Likewiser, Ngozika et al., (2023) reported that nursing students experiences were resource limitations (limited resources, innovate with resources); unhealthy human attitudes and behaviors (including those of nurse practitioners, nurse educators, and student nurses); environmental system difficulties (contradictory academic organization and design, contradictory clinical environment); Integration inadequacy (lack of teamwork, little surveillance, and improper clinical placement timing); effects of the theory-practice gap being seen. The objective to explore lived experiences on clinical exposure among B.Sc. first year nursing students.

For this paper phenomenological study was conducted for how does B.Sc. Nursing first year students' experiences regarding the first-time clinical exposure? Various study found that resources constants, contradict clinical environment, lack of team work, lack of assistance inappropriate conduct, and shaky communications insufficient planning etc. for effective clinical learning inadequate professional knowledge and skill; stress and emotionally instability and knowledge and skill acquisition is important hindering factors of first-time clinical exposure students . Thus, investigator is interested in conduct this study to fulfill this gap.

Materials and Methods

Research Design: Phenomenological qualitative study design was used to explore the lived experiences on clinical exposure among B.Sc. Nursing first year students. This study was conducted at Biratnagar Nursing Campus, Institute of Medicine Tribhuvan University. The population of the study was those students who have been studying in B.Sc. first years who just finished their clinical posting. Purposive sampling method was used for selecting the samples. The total sample size was 10 students based on the saturation of the information that was determined by the samples. A semi-structured interview guide Who consisted of part I: socio-demographic characteristics and part II: consisted of in-depth interview guide of participants. The credibility of the instrument was enhanced with the opinion of the subject matter experts, colleagues/ peer feedback. Dependability of the study was maintained through collected information from the participants was transcribed, listening to the audio recording, tallying with the note taking and observations. Trustworthiness: for enhancing the quality of the research findings which was maintained by repeated contacts with the related participants. Inter-coder reliability was maintained by development of codes and themes with coordination in other colleagues.

Ethical consideration: A proposal was approved from the faculties of Graduate School of Education Tribhuvan University in Kirtipur before proceeding with data. Written permission was taken from concerned college and each participant. Confidentiality of the collected

information was ensured by coding the interview records of participants. Permission for recording the interview via audio recorder was obtained from the participants verbally and in written form.

Techniques of data collection: The data was collected via face to face in-depth interview. During in-depth interviewed; the researcher performed note taking, tape recording and observation of student's gesture and facial expression was noted down. Responses corresponding to the concerned matter were followed by probing questions. Until the data gets saturated, further repeated interviews was carried out with participants for the assurance of clear information.

Data analysis: Analysis of data was achieved with the thematic analysis which developed by Gibson (2006). It had 6 phases. **Phase 1:** At the initial phase of analysis, the transcripts were read and re-read in order to become familiar with what the data entails, paying specific attention to patterns that occur. **Phase 2:** In this stage, coding was done where large data sets were condensed into smaller units permitting further analysis of the data by creating useful categories. **Phase 3:** Based on self-reported experiences, efforts were made to get collective meaning from those categories where they were merged based on their semantic meaning in order to form concepts. **Phase 4:** Out of those identified concepts, further analysis were done by combining related terms to create a "cluster of themes" which were refined and reviewed to form coherent patterns. **Phase 5:** At this stage, the identified codes were refined, and then new names were given by addressing the collective meaning as "theme". **Phase 6:** The narrative statements to capture the full meaning of points with each theme were included that made meaningful contributions to answering the research questions.

Theoretical underpinning

The present study is linked with the theory of constructivism in which B.Sc. Nursing first year students as a constructor of knowledge. New learning is shaped by scheme in which the learners bring to the learning process. This theory based on Lev Vygotsky believed that learning is a collaborative process, and that social interaction is fundamental for cognitive development. Vygotsky thinks that students learn best when they collaborate with others whose competency level is greater than their own, allowing them to perform tasks they are not yet capable of doing individually. In the context of present study the B.Sc. Nursing first year students were learned their clinical knowledge skill and attitudes by collaborative process and social interaction in between teachers nursing staffs, their senior colleagues, doctors and patients. As a constructivism process the nursing students collaborate and with teachers their colleagues, among teams of health care patients and their attendants for their cognitive development. They learned by instructional scaffolding that the role of teachers and others in supporting the learner's development and providing support structures to get to that next stage. The students learned different skills as communication skill, humanistic skill as interpersonal relationship, technical skills through collaborative and social interactive process. In this study, during knowledge and skill cognitive development process the students were experienced inadequate professional knowledge and skill, stress and emotional instability and knowledge and skill acquisition.

Result**Table 1***Emerged Code, sub-theme and theme of lived experiences of students***n=11**

Coding	Sub -theme	Theme
Initial posting feel tiredness, weakness	Lack of communication skill	
Discrimination in care	Lack of knowledge and skill competency on care	Inadequate professional knowledge and skill
Emotionally instability	Lack of knowledge on team work, socialization and new learning situation	
Empathy feeling towards patients	Lack of professional training to address the situation violence	
Realize diversity	Knowledge deficit and anxiety	Stress and emotionally instability
Language barrier	Language barrier	
Lack of competence on care	Empathy feeling towards patients	
Lack of professional training to address the situation, violence	Discrimination in care	
Perceived reality of society	Perceived diversity reality of society	Knowledge and skill acquisition
Lack of knowledge on team work, socialization and new learning	Clinical skill learned from senior	
Clinical skill learned from senior	Supportive environment from teacher, Dr. staff and senior	
Stress	Lack of communication skill	
Knowledge deficit and anxiety		
Supportive environment		
Lack of professional knowledge and skill		
Lack of knowledge of care		

Inadequate professional knowledge and skills

Lack of communication skills and difficulty in communication with doctors and patients is a major concern of nurse during their clinical work. Their expression regarding the lack of communication skill during care was stated: P 1 (p= participant): "I feel difficult to talk with patient at the first time. I felt hesitation during care how to communicate with the patient."

P 3: "I was new for that situation so I was afraid of how to do conversation with patients, doctor's staff and among senior and whole team. They were looking me seriously. I had felt negative feelings to care to him" P 5: "I had felt very difficult to communication with the patient due to language barrier in the beginning. I was afraid to even touch the patient when he was suffering from operation."

The students were reflected that they had lack of knowledge and skill competency during patient care in the clinical first time posting. The students lived experiences of clinical posting regarding the lack of knowledge and skill competency during care was stated as: P 5. "In the first clinical posting, I didn't know anything about patients care. The staff wanted me to work in the ward, because I did not have good knowledge of the work, I was worried and afraid. "The staff told me you did not know anything."

P 2: "I never went in hospital before I had in nursing field. I had seen so many critical cases, so many difficulties of life of the people. I had no ideas to deal with this patient's problem. My mind was totally empty." P. 9: "I had felt excited when first time clinical posting. However, in the first time, I felt hesitation to take vital sign because of lack of knowledge to take. I had done practiced insufficient in the skill lab although when I was posting in real situation I felt fear anxiety and faced very difficult to take vital signs. I lacked knowledge and skills due to insufficient practice in the skills lab. I felt difficult to talk with patient at the first time. I felt hesitation during care to the patients. I had no knowledge about communication with patient for care."

The nursing students were reflected that they had lack of knowledge on team work, socialization and new learning situation that makes them difficult to adjust in the clinical area. For example, the nursing student shared her experiences in this way: P 3, 4 "When I was exposed first to the clinical area I felt an empty mind for this area. I felt very difficult during my posting. During my surgical ward's posting one patient was admitted with a critical wound so he was referred to Dharan but the patient was very poor so he could not go to Dharan. In this situation I felt so sad, difficult to breathe. If I had the money I would help to support him." P 7: "I was on duty in the surgical ward. The patient was being operated on and I was unable to do anything other than sit and watch. I had no idea how to take care of a patient brought in after surgery."

This sub-theme was the emerged from lived experiences on clinical posting of B.Sc. first students. The students were reflected that they had new learning situation and lack of professional training to address the situation violence was stated as; P (p= person) 7: "I was on duty in the surgical ward. The patient was being operated on and I was unable to do anything other than sit and watch. I had no idea how to take care of a patient brought in after surgery." P 8: "I didn't know anything about the hospital. I could not take care of the patient because I had no knowledge about the practical aspects of nursing. The people of the patient asked me why I studied nursing as a boy. That made me feels discouraged. There was a problem in Ortho Ward." P 3: "I faced negative emotions to take care of a male patient they wanted to abuse me and all my friends too. I felt a negative life while taking care of him."

Stress and emotionally instability

Knowledge deficit and anxiety sub-theme was the emerged from lived experiences of B.Sc. first students during clinical posting. The students were reflected their experiences that they had knowledge deficit and anxiety were stated as verbatim: P 1: "I was very excited about the first clinical posting. It's not as real as I thought. Many poor patients are being admitted there, even though they do not have money to buy medicine. Seeing this suffering made me feel very sad. I took a lot of care of the patient, but the next day when I came to the ward, he was dead. This incident made me very sad, guilt and anxiety". P 9: "For the first time, I was surprised to see such a sight in the hospital because there are so many kinds of problems in our society. There were so many hardships, people were so poor, I never thought there would be such sickness. I learned the true picture of society there. I never think that type of patient in there."

The language barrier was experienced by B.Sc. nursing students during their first time clinical posting. The students were reflected as verbatim: P 8: "When I was first posted in the hospital, the patient was suffering but I went to help at that time. I started talking to them but they didn't understand what I said. Again, I spoke in Maithili and that too was not understood. He spoke again in Hindi and I understood him. He understands only Santhal's language. I could not speak the Santhal language. His visitor came and communicated with the patient

through him. I found it difficult to care for the patient when I took care of the patient because of the language.” P 2: “During my first clinical posting in the hospital, I had a lot of language problems. I was able to speak only the Nepali language, but most of the patients in the hospital spoke only Maithili.” P 5: “First time initially I felt difficult to communication with the patient language barrier in the beginning.”

Empathy feeling towards patients was the emerged from lived experiences of B.Sc. nursing first students during clinical posting. These students were reflected their experiences that they had empathy feeling towards patients were stated as verbatim: P 8: “I felt bad when I saw that some patients were coming to the hospital very poor and some were very rich.” P 3: “In the surgical ward, I was looking at a patient with an infected wound on his leg. His son said that it would be better to die than to survive. I loved that sick mother a lot.”

Discrimination in care among the patients was the emerged from lived experiences of B.Sc. nursing first year students during first clinical posting. The students were reflected their experiences towards discrimination in care among the patients which were stated as verbatim: P4: “I felt bad when I saw that some very poor and some rich patients were coming to the hospital. I felt bad when I saw that the staff was discriminating against the poor patients who were discharged without recovery. I felt a lot of responsibility at once.”

Knowledge and skill acquisition

Perceived diversity and reality of society was the emerged from reflection the of B.Sc. nursing first students during first time clinical posting. The students were reflected their experiences as verbatim: P 1: “I never went to the hospital before I had joined the nursing field. I saw so many critical cases and so many difficulties of life of the people. I had no idea how to deal with this patient’s problem. It was not as real as I thought. Many poor patients were being admitted there, even though they did not have money to buy medicine. Seeing this suffering made me feel very sad.” P 2: “I was surprised to see such a scene in the hospital for the first time because I did not realize that there are so many problems in our society. There were so many hardships, people were so poor, and I never thought there would be such a disease. I understood the real picture of the society there.” P 4: “I was surprised when I saw the scene of the hospital for the first time, there were so many kinds of problems in the society, there were so many difficulties, there was so much poverty, and I did not think that there would be such a patient there. I have seen the reality of society.”

Empathy feeling towards patients was the emerged from reflection the of B.Sc. first nursing students during clinical posting. The students were reflected their experiences that they had empathy feeling towards patients were stated as verbatim: P 8: “At the beginning of the clinical posting, I had learned most of the nursing procedures from seniors of our college as well as other college. Learning is best learned from seniors. In my opinion, clinical learning is best learned from seniors.” P 6: I “have learned a lot of practical skills with the seniors in the first time. I had learned tricky ideas about procedures such as shortcut steps of bed making from senior.”

Supportive environment for learning from teacher, Dr. Staff and senior was the emerged from reflection the of B.Sc. first nursing students during clinical posting. The students were reflected their experiences were stated as verbatim: P 6: “The teachers in the ward also supported me and taught me a lot. From the doctors and nurses of the ward also I had learned and they supported me by saying that they are T U students, so it became easy to learn.” P 3: “When blood came from the patient's cannula (device for intravenous medication), I ran away in fear. Because I didn't know how to do cannulation, at that time my seniors taught me about it.”

Discussion

The study was established by extracting the student's information from the in-depth to create meaning of their lived experiences. The objective of this study was to explore lived experiences on clinical exposure among B.Sc. first year nursing students. Present study finding emerged theme was inadequate professional knowledge and skill similar finding Nabolsi et al., (2012) mentioned that students were insufficiently prepared to handle every challenge that came with instruction on a manikin as opposed to a real person. Likewise, this study's emerged sub theme was lack of knowledge and skill competency on care whereas similar finding revealed that study was conducted Amoo et al., (2021) at Central region of Ghana in Africa on bullying in the clinical setting: lived experiences of nursing students were assignment below competency level and lack of confidence. Similarly, lack of knowledge on team work, socialization and new learning situation. similarly study was conducted at three nursing homes affiliated with one Norwegian university similar finding's emerged themes was navigating a new and complex learning context (Dalsmo et al., 2023). This might be the similar types of context and similar types of socio-demographic variable of the participants.

Furthermore, supportive environment from teacher, Dr. Staff and senior is always essential for nursing students to work effectively in the clinically setting. This kind of situation is not only in Nepal but also in other countries. Parva et al., (2018) highlighted that the effective education, poor education, support, interference in the role, self-efficacy development, and inner satisfaction, positive imaging and being a model are essential for clinical learning. In addition, the study finding revealed that stress and emotionally instability were created by knowledge deficit and anxiety, language barrier, empathy feeling towards patients and discrimination in care. In contrast finding from study was conducted in Manipal nursing campus, in Pokhara finding revealed that the most anxious moment during lack of self confidence may create a fear and anxiety among the nursing students (Wangkheimayum & Rana, 2022). Similarly, this study finding emerged theme was stress and emotionally instability similar finding by Hattingh & Downing, (2020) stated that the study was conducted three nursing higher education institutions and placed in critical care in a private healthcare institution in Gauteng finding revealed that the experienced stress related to returning to school and the quick adjustments they needed to make to constantly shifting circumstances and attitudes. Similar finding by Moktan & Mehta, (2020) reported that the feeling in the first clinical posting is fear and nervousness and feeling mentally challenged which study was conducted on perception of nursing students' on clinical experience in the National Referral Hospital of Bhutan .

The knowledge and skill acquisition including is always essential for nursing students to work effectively in the clinically setting. This kind of situation is not only in Nepal but also in other countries. Clinical skilled learned from senior and supportive environment from teacher, Dr. Staff and senior students; similar finding the study was conducted by Sorensen et al., (2023) argued that the nursing students dropping out as resources to make a difference and help others, clinical practice was more demanding than expected and learning environment the social environment was essential for effective learning. In contrast the study finding revealed that beginning negative memories, slowly developing academic and clinical proficiency and self-growth, fruitful positive experiences and general and specific changes that occurred in the students (Nurses Zone, 2023). In contrast in study was conducted among 15 nursing students attending the postgraduate intensive care course at University of L'Aquila was enrolled during the academic year 2018/2019 result expelled that lived as a practical learning experience, emotional path that improved students' capacity to put theory

into practice (Dante et al, 2021). Present emerged was supportive environment from teacher, Dr. Staff and seniors was essential for knowledge and skill acquisition which was experienced by students. Similar finding from study conducted among staff nurse on Dhulikhel Hospital, Kathmandu University Hospital (DH, KUH), Kavre Sheathe & Joshi, (2014) reported that four themes emerged were difficult early days and supportive work environment, and hierarchical work pattern enhance the competence on work. This might be similar country context or socio-cultural background. The reason for stress were feelings of inadequacy, anxiety of making mistakes at work, a lack of ability and confidence, and a sudden loss of monitoring from the teachers.

Conclusion

The results of this study, significant insight were gained which can be used to bring about change in clinical learning as well as for further research. The novel approach applied in this study has been lived experiences as inadequate professional knowledge and skill by B. Sc. first year students, stress and emotionally instability and Knowledge and skill acquisition of B. Sc. first year students. Based on the finding lack of communication, lack of knowledge and skill competency on care; lack of knowledge on team work, socialization, new learning situation and lack of professional training to address the situation violence were the subtheme of emerged theme inadequate professional knowledge as experienced by B.Sc. first year students. However, as the initial clinical learner, to provide early knowledge on team work, socialization and initial practice on skill may enhance knowledge and skill competence among the B.Sc. first year students. To provide initial professional training on situation violence on workplace may reduce the visual, verbal, physical and other types of violence against the patient and the other people to the students. Similarly, stress and emotionally instability was emerged from subtheme knowledge deficit, stress and anxiety; language barrier, empathy feeling towards patients and discrimination in care were emerging subtheme which was experienced by B.Sc. first year students explored that insufficient knowledge and skill, language barrier empathy towards patients problems, and discrimination on care create them stress and anxiety. Likewise, theme knowledge and skill acquisition was emerged subtheme perceived diversity reality of society, clinical skilled learned from senior and supportive environment from teacher, Dr. Staff and senior which were gained from lived experiences from B.Sc. first year students. to provide initial good learning environment, developed good supportive team culture among teachers, staffs, doctors and first year students may improve the clinical learning environment which reduced stress and emotional instability as well as knowledge and skill acquisition.

Author's Self Reflection

In the beginning of the study, I felt quiet overwhelming. Although I remember I have learned theory of the qualitative research design, methodology tools and technique such as how to do in-depth interview, field notes, observation more practical bases. They had gain one level of confidence on our theory class of M- Phil qualitative class so I have the study accordingly. However, I had always conscious about the subjectivity of researcher so it has tried to do member checking for result is more trustworthiness and minimized the biases. I have always tried to triangulate the information of interview with information of observation so finding based on multiple realities.

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References

- Amoo, S. A., Menlah, A., Garti, I., & Appiah, E. O. (2021). Bullying in the clinical setting: Lived experiences of nursing students in the Central Region of Ghana. *PloS one*, 16(9), e0257620.
- Bazrafkan, L., & Najafi Kalyani, M. (2018). Nursing students' experiences of clinical education: A qualitative study. *Investigacion y educacion en enfermeria*, 36(3).
- Dalsmo, I. E., Brodtkorb, K., Laugaland, K. A., Slettebø, Å., & Ekra, E. M. R. (2023). Learning in nursing home placement: A phenomenological study of student nurses' lived experience. *Journal of Clinical Nursing*, 32(3-4), 452-464.
- Dante, A., Masotta, V., Marcotullio, A., Bertocchi, L., Caponnetto, V., La Cerra, C., ... & Lancia, L. (2021). The lived experiences of intensive care nursing students exposed to a new model of high-fidelity simulation training: a phenomenological study. *BMC nursing*, 20(1), 154.
- Farzi, S., Shahriari, M., & Farzi, S. (2018). Exploring the challenges of clinical education in nursing and strategies to improve it: A qualitative study. *Journal of education and health promotion*, 7, 115. https://doi.org/10.4103/jehp.jehp_169_17_
- Gibson, W., (2006). Thematic analysis. https://avetra.org.au/resources/Documents/The%20research%20process/Thematic_analysis.pdf.
- Hattingh, H., & Downing, C. (2020). Clinical learning environment: Lived experiences of post-basic critical care nursing students. *International Journal of Africa Nursing Sciences*, 13, 100263.
- Hiremath, P., Mohite, V. R., Naregal, P., Pawar, S., Mulik, M., Katti, A., & Bhosale, T. (2016). Depression, anxiety and stress among newly admitted undergraduate nursing student at Krishna Institute of Nursing Sciences Karad. *International Journal of Health Sciences & Research*, 6(6), 233-237.
- Moktan, M., & Mehta, V. K. (2020). Perception of nursing students' on clinical experience in the National Referral Hospital of Bhutan. *Journal of education and health promotion*, 9, 94. https://doi.org/10.4103/jehp.jehp_551_19_.
- Nabolsi, M., Zumot, A., Wardam, L., & Abu-Moghli, F. (2012). The experience of jordanian nursing students in their clinical practice. *Procedia-Social and Behavioral Sciences*, 46, 5849-5857.
- Nair, R., Mohan, K., Jayakrishnan, K., Srinivasan, P., Javeth, A., Sharma, S., & Kumari, B. (2022). Lived experience of nurses in COVID-19 units-a phenomenological study from Eastern India. *Journal of Caring Sciences*, 11(4), 197.
- Ngozika Ugwu, S., Ogbonnaya, N. P., Chijioke, V. C., & Esievo, J. N. (2023). Causes and effects of theory-practice gap during clinical practice: the lived experiences of baccalaureate nursing students. *International Journal of Qualitative Studies on Health and Well-being*, 18(1), 2164949.

- Nurses Zone (2023). Lived experiences of graduating nursing students: a phenomenological focus group study. <https://www.nurseszone.in/nurseszone/lived-experiences-of-graduating-nursing-students-a-phenomenological-focus-group-study/185.html>.
- Parvan, K., Shahbazi, S., Ebrahimi, H., Valizadeh, S., Rahmani, A., Jabbarzadeh Tabrizi, F., & Esmaili, F. (2018). Nurses' Lived Experience of Working with Nursing Students in Clinical Wards: a Phenomenological Study. *Journal of caring sciences*, 7(1), 41–45. <https://doi.org/10.15171/jcs.2018.007>.
- Shrestha, S., & Joshi, S. (2014). Lived experiences of the staff nurses during first six months of their employment in a university hospital, Kavre.
- Sorensen, J., Nielsen, D. S., & Pihl, G. T. (2023). It's a hard process—Nursing students' lived experiences leading to dropping out of their education; a qualitative study. *Nurse Education Today*, 122, 105724.
- Wangkheimayum, A., D., & Rana M., (2022) Lived experiences of nursing students during their clinical practices. *International Journal of Scientific and Research Publications*. 12(6): 159- 168. DOI: 10.29322/IJSRP.12.06.2022.p12617.