



## Clinical Role Perceptions of Nursing Students in Selected Health Facilities in Central and Eastern Kenya

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### Abstract

Training of nursing students entails classroom theory and clinical practice in a clinical learning environment. Over 70% of the time in nursing training is spent in hospital practicing provision of patient care. This is the most crucial part of the training since nursing students get opportunities to put theory into practice. Therefore, when their roles are clear, there is an assurance of patient safety and enriched learning experience. The main objective of this study was to assess the role of nursing students in the clinical learning environment. This study used cross-sectional quantitative study and was conducted in Meru, Nyeri, and Chuka Teaching and Referral Hospitals. Data was collected from 235 undergraduate nursing students from four selected universities who had been to at least one clinical placement. A structured questionnaire was used to obtain the data. Descriptive statistics was used to analyze data and presented in frequencies, percentages, tables, and figures. The results showed



the mean age of the participants was 23 years. Approximately 61.8% (n=107) were female and 38.2% (n=66) were male. The majority of participants 100% (n=173) indicated doing assignments, caring for patient and applying theory to practice. 86.7% (n=150) indicated reporting to the ward as scheduled while 75.7% (n=131) indicated interact with other health workers in the wards. The results revealed that nursing students were aware of their roles in the clinical setting. The implication of these findings impacts students as they cultivate their future profession, patients who require safe healthcare provision, other healthcare providers who work as a team in healthcare provision, and general public who expect protection from malpractice. The study recommends to the nursing training institutions to outline roles of nursing student with the aid of clear objectives and scope of practice before clinical placement.

**Keywords:** Roles, Clinical Learning Environment, Undergraduate Nursing Students, Patient Care

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## Introduction

### Background Information

Nursing education is a dual-process construct involving theoretical instruction and clinical practice. In the Kenya, over 70% of a nursing student's training is situated within hospital wards and community health settings. This clinical component represents the real-world transition where students move from abstract concepts to direct patient engagement. It is a critical period for integrating theoretical knowledge with live clinical scenarios, fostering the clinical reasoning necessary for professional practice.

However, the transition from classroom to bedside is often fraught with role ambiguity. Students may fall into a "task-oriented" routine, performing procedures without the requisite clinical reasoning or, conversely, overstepping their professional boundaries. Role blurring where students assume responsibilities reserved for doctors or clinical officers, such as prescribing medications or authoring discharge summaries poses a significant risk to patient safety and the legal standing of the health facility. When students lack clarity regarding their clinical scope, they risk progressing through their education without achieving the core competencies required for safe, independent practice. Hence, this ambiguity jeopardizes patient outcomes and undermines the integrity of the nursing profession.

Clear role definitions do not merely limit a student's experience, they provide a structured framework that maximizes learning while safeguarding the patient. As Newton et al. (2010) and Kamolo et al. (2017) argue, hands-on experience is the primary vehicle for competence, but it must be guided by



professional identity and role awareness. Furthermore, as Jamshidi (2012) notes, role clarity is directly linked to student confidence and successful integration into multidisciplinary healthcare teams.

### **Problem Statement**

Clinical learning for nursing students is the other component of nursing education. Nursing students should understand what they should do and how to do it once they are in the clinical learning environment. Adequate preparation should be completed rigorously prior to reporting to the clinical placement. The absence of distinct duties is not a minor administrative issue; it is a significant flaw in the system that would result in a hazardous, wasteful, and ineffective clinical learning environment. These roles should be defined and communicated to students via relevant paperwork, orientation at clinical settings, and ongoing induction to ensure patient safety, support for student growth, and nursing staff. When students are unsure of their responsibilities, the nursing care they give, significantly influence the student, the patient, the healthcare team, and the whole clinical setting. These issues are substantial and have the potential to jeopardize patient safety as well as the aim of nursing education. As a result, assessing nursing students' roles is critical because the findings enable identification of the gaps that will necessitate the need to identify strategies to address these issues.

### **Significance of the Study**

The findings of this study can be utilized to build strategies for reforming nursing education, hence improving the quality of nursing students in the patient care process. The findings can also benefit students as they prepare to shift from being student to being a nurse. The findings of this study can help drive future research to improve clinical learning.

### **Purpose of the Study**

The main objective of this study was to assess whether nursing students were aware of their roles in the clinical learning environment and the effect of inadequate awareness.

## **Literature Review**

### **Roles of Nursing Students in the Clinical Learning Environment**

The clinical component of nursing education is an indispensable phase where undergraduate students transition from abstract theory to direct patient engagement. As the foundation of healthcare services, nursing students must learn to navigate the clinical learning environment (CLE) to



acquire the critical information, skills and attitudes necessary for professional judgment (Kaphagawani et al., 2013). In Kenya, this journey typically commences in the second year of a four-year Bachelor of Science in Nursing program, following intensive skills laboratory sessions designed to prepare students for basic clinical procedures. Throughout their rotations, which span general wards, community settings, and specialized units, students are expected to internalize their roles in patient care, advocacy, health education, and multidisciplinary teamwork, all of which are essential for the formation of a robust professional identity (NCK, 2014; Prosen, 2022).

In the clinical setting, undergraduate students are expected to apply a scientific approach to nursing, utilizing critical thinking and decision-making skills to provide comprehensive care. This involves not only psychomotor competencies such as assisting with hygiene, nutrition, and thermoregulation but also cognitive and affective skills. A primary ethical responsibility is the establishment of a therapeutic relationship grounded in respect for patient rights; students must identify themselves, clarify their roles, and obtain informed consent before performing any interventions (NCK, 2012a). This transparency ensures that patient autonomy is honored, as individuals have the right to choose whether to receive care from a student in training (NCK, 2019).

Regulatory standards set by the Nursing Council of Kenya (NCK) further delineate the student's scope of practice. Students are mandated to perform health assessments, implement care based on medical plans, and provide both verbal and written reports during clinical handovers. Their role extends to medication management, where, under the strict guidance of a clinical instructor, they must determine the pharmacological effects and verify the "rights" of administration using drug cards for reference (Bradshaw et al., 2021). Furthermore, students are responsible for the meticulous documentation of clinical data, symptoms, and nursing interventions in the patient's Kardex or notes. As these are legal records, students must ensure their entries are accurate and countersigned by supervisors to maintain accountability and professional standards within the healthcare team (NCK, 2014; McCray, 2012).

### **Importance of Clear Roles for Nursing Students in the Clinical Learning Environment**

Role clarity within the clinical learning environment (CLE) is a fundamental prerequisite for achieving educational objectives and ensuring patient safety. Adherence to defined tasks is not merely a matter of following regulatory protocol, it serves as a critical safeguard for the patient and the general public during the formative stages of a nurse's professional



development. When students operate within clear parameters, they can effectively apply theoretical principles to real-world practice, maximizing their skill development and understanding of the rationale behind various nursing processes. This engagement is rooted in active learning principles, where full participation in clinical activities is essential for academic and professional growth (Ghasemi et al., 2020). Consequently, structured clinical facilitation and clear role definitions have been shown to significantly enhance student confidence, competence, and integration into the broader healthcare team (Mclellan et al., 2024).

As students internalize and follow their prescribed roles, they undergo a psychological transition, gradually replacing clinical anxiety with professional proficiency. This transition is vital for satisfying regulatory requirements, such as those set by the Nursing Council of Kenya (NCK), which mandate that students demonstrate progress toward core competencies to be deemed fit for safe practice (NCK, 2012c). Methods such as clinical simulation further bolster this self-confidence, allowing students to refine their decision-making and communication skills in a controlled setting before engaging in direct patient care (Alrashidi et al., 2023). Through consistent practice and role adherence, students internalize the ethics and behaviors of the profession, building the necessary confidence to provide compassionate care while using their scope of practice as a safety net to avoid significant clinical errors (Sellar, 2025; Watin et al., 2024; NCK, 2014b).

Furthermore, clear roles facilitate a supportive socialization process, allowing students to build trust and rapport with clinical instructors, unit staff, and patients. A well-defined scope of practice enables students to provide more holistic care, including intensive patient education and emotional support that primary nurses may struggle to offer due to high workloads. In high-pressure environments, such as emergency departments, role clarity allows students to learn prioritization and maintain emotional calm without endangering patient safety (University of Pittsburgh, 2023). When the learning environment is structured and pedagogical, with approachable staff and explicit expectations, students are better able to advocate for patients and communicate limitations to their preceptors, thereby reducing the risks associated with stepping into uncharted clinical territory (Ekstedt et al., 2019; Bradshaw et al., 2021).

Hence, the professionalism and role adherence of nursing students have a profound institutional impact. Students who understand their limitations and act responsibly become valuable assets to their units, positively influencing productivity and fostering a culture of mentorship (Zhang et al., 2022). This professional conduct strengthens the partnership between training institutions and clinical sites, ensuring the continued



availability of high-quality placements for future cohorts. On the other hand, role ambiguity or violations of conduct can imperil these vital relationships and jeopardize a program's reputation and accreditation. Thus, role awareness is the cornerstone of generating safe, competent graduates who are prepared to meet the demands of the nursing workforce (Newton, 2010).

### **Preparation Required for Nursing Students to Undertake their Roles in the Clinical Learning Environment Effectively**

The preparation of nursing students for the clinical learning environment is a multi-dimensional, active process involving the student, the academic institution, and the clinical facility. Effective preparation is the primary mechanism for facilitating role adherence and mitigating the practice shock that often accompanies the transition from theory to bedside (Bradshaw et al., 2021). Academic institutions must lay the groundwork by providing a comprehensive clinical logbook and a curriculum recognized by the Nursing Council of Kenya (NCK) and the Commission for University Education (CUE). These resources serve as essential guides, outlining explicit clinical objectives and the scope of practice appropriate for the student's level of education. Understanding these legal and professional boundaries allows students to confidently engage in patient care while recognizing when a task exceeds their training, thereby protecting both the student and the patient (Mutair, 2015; NCK, 2012b).

A critical link in this preparation is the clinical instructor, who acts as a mediator between the university and the hospital ward. Instructors and preceptors are responsible for enforcing role boundaries, assisting students with complex procedures, and facilitating the integration of classroom knowledge into real-world nursing care (NCK, 2019). Students are expected to engage in a reflective practice model, composing written reflections to improve clinical judgment and decision-making. Before any patient interaction, students must revisit their basic science knowledge and laboratory skills, ensuring they understand the rationales behind each procedure. This includes mastering documentation policies; students must be clear on which clinical data they can chart and ensure all entries are verified and countersigned for accountability purposes (Bradshaw et al., 2021; NCK, 2022).

Before a student ever enters a ward, a formal orientation and induction process must occur to bridge the gap between classroom theory and clinical reality. Induction reduces stress by familiarizing students with hospital policies, infection control protocols, and ward routines, fostering a sense of belonging and professional identity (Najafi Kalyani et al., 2019). This process also involves the clinical facility ensuring that the ward is adequately staffed



and that the unit culture is supportive rather than punitive. Unit managers and staff nurses should be apprised of the students' learning objectives to prevent role displacement, where students are incorrectly utilized as auxiliary labor instead of active learners. A supportive environment encourages students to ask questions and report changes in patient conditions without fear of repercussions (Jeffries et al., 2013; Zhang et al., 2022).

Finally, the success of clinical preparation depends heavily on the student's own proactivity and professional socialization. Students must demonstrate accountability by reviewing guidelines, preparing detailed nursing care plans, and participating in daily pre-conferences to discuss patient assignments (Bradshaw et al., 2021). Socialization into the profession occurs through observation and interaction with the healthcare team, allowing students to internalize the ethics and behaviors expected of a registered nurse. Through maintaining an open attitude toward feedback and strictly adhering to their scope of practice, students build the trust of their mentors and peers. This collaborative preparation ensures that the student is not merely a helper in the ward but a competent, safe, and professional member of the healthcare team (Billings & Halstead, 2016; Ekstedt et al., 2019).

### **Effect of Role Ambiguity among Nursing Students in the Clinical Learning Environment**

Clinical rotations are an important part of nursing education because they provide students with practical experience in real-world healthcare settings. They are supposed to learn in variable and ever-changing conditions. During clinical rotations, nursing students spend time in various wards, guided by clinical learning objectives. These rotations include general wards, medical-surgical wards, maternity wards, and intensive care units. However, for many nursing students, entering a clinical setting can be daunting. Unclear roles lead to frustration, reduced motivation, and poor clinical outcomes. Students often report feeling undervalued and excluded from decision-making processes when role expectations are not communicated (Jamshidi, 2012). In Kenya, Wachira (2014) noted that 60% of new nursing graduates lack adequate clinical judgment, a deficit frequently linked to inadequate supervision and inconsistent feedback from distracted or absent instructors. This lack of one-on-one guidance fosters self-doubt and a fear of failure, which significantly limits a student's capacity to offer safe, compassionate patient care (Saller, 2025; Ramoeletsi et al., 2024).

The interpersonal climate of the ward further exacerbates the effects of unclear roles. Unsupportive environments characterized by teaching by humiliation, horizontal violence, or ineffective communication can intimidate



students, discouraging them from asking critical questions (Jamshidi et al., 2016). Furthermore, role blurring occurs when understaffed units utilize students as extra hands for routine chores such as universal vital sign monitoring rather than focusing on specialized learning objectives. This shift from learner to auxiliary labor causes students to lose sight of professional standards and prioritize task completion over scientific nursing approaches (Thamara, 2023).

Psychological tension and practice shock are common outcomes when students feel unprepared to bridge the gap between classroom theory and clinical reality. Barriers such as insufficient equipment and a lack of professional modeling by staff supervisors further impede this integration (Waweru et al., 2016). High levels of anxiety and low self-efficacy often cause students to adopt avoidance behaviors, shying away from performing skills or advocating for patients to avoid perceived incompetence. When coupled with external stressors and the steep learning curve of hospital-specific technology (EHR systems), this cognitive overload impairs judgment and prevents students from seeking out valuable learning opportunities (Alrashidi et al., 2023; Negm et al., 2024).

Therefore, persistent role ambiguity leads to role strain, where the student struggles to balance the conflicting identities of student, helper, and caregiver. This internal conflict results in inconsistent performance and can diminish a student's long-term commitment to the nursing profession. Research suggests that identity development is a gradual process that depends heavily on role clarity and supportive experiential learning (Trede et al., 2012). Without explicit structure and collaborative supervision, students remain silent about clinical ambiguities, posing a significant risk to patient safety and the reputation of the nursing program (Bradshaw et al., 2021; Zhang et al., 2022).

## Methodology

The study was conducted in Meru, Nyeri, and Chuka Teaching and Referral Hospitals, which represent three of the nine Level Five hospitals recognised by the Ministry of Health in Kenya. Four universities offering Bachelor of Science in Nursing programmes in Central and Eastern Kenya, Kenya Methodist University, Chuka University, Kenyatta University, and Dedan Kimathi University of Technology were selected through random sampling from a total of nine eligible institutions operating at the time of the study.

A cross-sectional quantitative design was adopted to examine undergraduate nursing students' roles within the clinical learning environment in selected health facilities. The target population consisted of undergraduate nursing students who had completed at least one clinical



placement. University records indicated a total population of 569 eligible students across the four institutions. From this population, a sample of 235 students was drawn using the Taro Yamane (1967) formula to obtain a representative sample size.

Participants were drawn from second, third and fourth-year cohorts, as these groups had prior exposure to clinical practice and could provide informed responses on clinical role engagement. Random sampling guided participant selection, and recruitment occurred at the clinical placement sites during routine learning activities. Participation depended on voluntary consent, and all students who agreed to take part were enrolled in the study.

Data collection relied on a pre-coded, self-administered questionnaire that captured socio-demographic characteristics and variables aligned with the study objectives. A pilot test was conducted at the University of Embu with 18 undergraduate nursing students to refine item clarity and structure. The instrument underwent internal consistency testing using Cronbach's alpha, which yielded a coefficient of 0.85, exceeding the acceptable threshold of 0.70 as recommended by Cooper and Schindler (2014). Subject experts from the Department of Medical Education at Moi University reviewed the tool to assess face and content validity, particularly the suitability of the Likert-scale items for measuring nursing students' roles in clinical settings.

The principal researcher, supported by two trained research assistants, carried out data collection. The assistants received orientation on the study objectives, ethical requirements, and questionnaire administration procedures before fieldwork commenced. Only students who provided written consent received questionnaires. Participants completed the instruments within allocated time, after which the researcher or assistants collected them for verification. The completed questionnaires were checked for completeness and accuracy prior to data entry.

Data entry and analysis were performed using SPSS version 26. The analysis focused on descriptive statistics, including frequencies and percentages, to summarise responses in line with the study objectives. The findings were presented using tables and figure to support interpretation.

Permission to conduct the study was obtained from Institutional Review and Ethics Committee (IREC/2016/93) in Moi University and NACOSTI (NACOSTI/P/18/71046/22658), selected universities: KeMU (KeMU/A/VC/SM/PhDME), Kenyatta University (KU/DVCR/RCR/VOL.3/261), Dedan Kimathi University of Technology (DEKUT/DVC/2019). Chuka University (CU/RADP/GENE/158/5), selected health facilities: Meru Teaching and Referral Hospital (MRU/MED/GEN/R.14), Nyeri Teaching and Referral Hospital (CGN/HEALTH/HRM/5/VOL.II), Chuka Teaching and Referral Hospital (CKA/MED/G/5/VOL.V/600) before the study. Written informed consent was



obtained from the study participants and confidentiality was assured. The participants were provided with essential information for informed consent and their signatures were taken on the consent form. The questionnaires were number coded to ensure anonymity. All questionnaires were kept in locked cabinets.

## Results and Discussion

This study was carried out to assess the roles of undergraduate nursing students in clinical learning environment in selected hospitals in Central and Eastern Kenya. In this study the rate of usable questionnaires was high. Out of 235 questionnaires distributed, 173 were usable giving a rate of 73.7%.

### Socio-demographic Characteristics of the Respondents

Table 1 presents the socio-demographic characteristics of the undergraduate nursing students who participated in the study. It summarises key respondent attributes, including age, gender, religion, year of study and number of clinical placements completed.

**Table 1: Socio-Demographic Characteristics of Undergraduate Nursing Students (n = 173)**

Variable	Category	Frequency (n)	Percentage (%)
<b>Questionnaire response</b>	Usable questionnaires	173	73.7
	Distributed questionnaires	235	100
<b>Age (years)</b>	18–20	43	25.0
	21–24	98	57.0
	25–28	11	6.0
	≥29	21	12.0
<b>Gender</b>	Male	66	38.2
	Female	107	61.8
<b>Religion</b>	Protestant	100	57.8
	Catholic	48	27.7
	Muslim	14	8.1
	Seventh Day Adventist	11	6.4
<b>Year of study</b>	Second year	60	34.7
	Third year	60	34.7
	Fourth year	53	30.6



<b>Clinical placements completed</b>	First placement	50	28.9
	Second placement	61	35.3
	Third placement	37	21.4
	Fourth placement	25	14.5

Participants between the age of 18 and 20 were 25%(n=43), between 21 and 24 were 57%(n=98), between 25 and 28 were 6%(n=11) and 29 and above were 12%(n=21). This shows that the majority of the participants were in the age bracket of 21 to 24 years.

Approximately 61.8% (n=107) of the respondents were female and 38.2% (n=66) were male indicating that the female students were the majority. This is in agreement with Okoroafor et al. (2022) who indicated that the female gender dominates the nursing field probably because nursing has always been associated with women and the caring aspect of nursing. Regarding religion, approximately 57.8%(n=100) were protestants, 27.7%(n=48) were Catholics, 8.1%(n=14) were Muslims and 6.4%(n=11) were of Seventh Day Adventists as shown on Table 1 above.

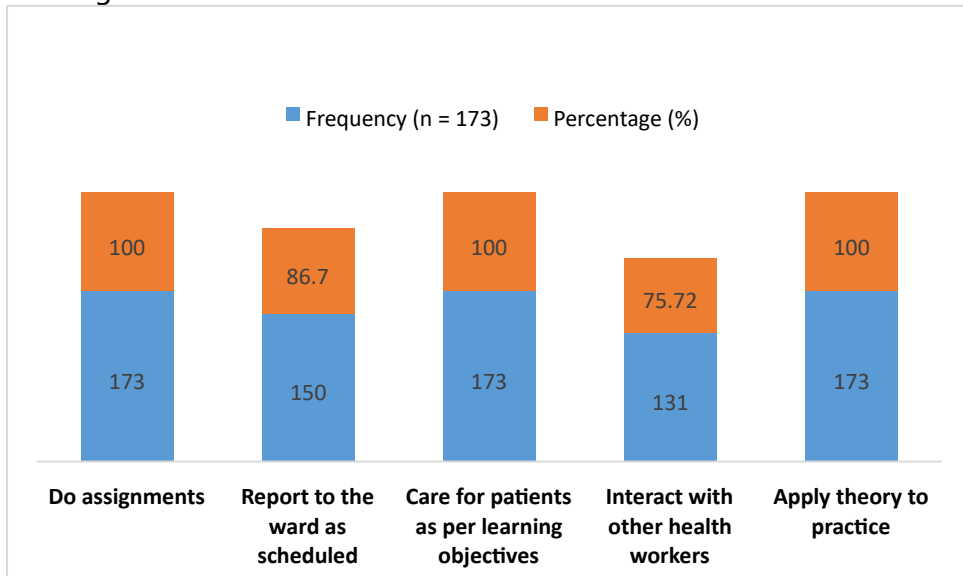
Regarding the year of training, the findings indicated that 34.7% (n=60) of the participants were in their second year of training, 34.7%(n=60) were in their third year of training while 30.6%(n=53) were in their fourth year of training. This is in line with the Nursing Council of Kenya (NCK) whose guidelines state that nursing education requires that undergraduate nursing students are exposed to patients in the clinical setting during their training. The majority of practical sessions for a 4-year Bachelor of Science in Nursing degree begin in the second year of training, spreading out at intervals to the end of the year four. This is when students have been taught theory in class and have had skills laboratory session to prepare them for basic nursing procedures. Clinical rotations in the hospital wards cover all areas of nurse training as stipulated in the NCK students' training manual (NCK, 2014).

On the number of clinical placements, the results indicated that 28.9%(n=50) were in their first clinical placement, 35.3%(n=61) were in their second clinical placement, 21.4%(n=37) were in their third clinical placement while 14.5%(n=25) were in their fourth clinical placement. Clinical placements are divided into four to enable the nursing student to accomplish the needed practical experience. The Nursing Council of Kenya give the outline to guide the categorization of clinical experiences (NCK, 2014).



## Roles of Nursing Students in the Clinical Learning Environment

Figure 1 illustrates nursing students' reported roles within the clinical learning environment.



**Figure 1: Roles of Nursing Students in Clinical learning Environment**

The study revealed very high rates of role awareness, with all respondents (100%, n = 173) indicating that providing patient care in line with clinical learning objectives forms part of their responsibilities. This is in line with Bradshaw et al. (2021) who stated that the nursing students are expected to extract daily objectives from the logbook before providing nursing care to the patients. Once they have set their objectives for the day, they should discuss their plans and notify their nurse preceptors before performing any care under indirect supervision. They should also be willing and prepared to discuss their patient assignments and care plans with the nurse preceptors before providing direct patient care as well. This is supported by Bradshaw et al (2021) who stated that nursing students should provide care to the patients by carrying out procedures like assisting with baths, feeding them and making their beds to ensure that the patient is comfortable. Furthermore, quite a number of training institutions and regulatory bodies outline the expectations for nursing students in the students' clinical logbooks and training files as outlined by University of Pittsburgh (2023) and NCK (2014). This is very important since the main reason for clinical placements is to put into practice the theoretical aspect of nursing. Majority of nursing students 100% (n = 173) mentioned doing assignments as one of their roles in the clinical learning environment. This is in support of ecpi clinical log book (2023), which stated that it is the responsibility of the nursing students to acquire patient



assignments, hence enabling them to have an understanding of the medical conditions and treatment these patients need. Another role that was mentioned by 100% (n=173) of the respondents is applying theory to practice, which Mutair (2015) supported by stating that clinical practice improves nursing students' understanding and capacity to integrate academic knowledge and nursing care.

Clinical rotations in the hospital wards cover all areas of nurse training as stipulated in the NCK students' training manual (NCK, 2014). Mutair (2015) stated that nursing students require more than the traditional classroom teaching as there is so much in the nursing field that is best learned by doing not just by talking. Clinical practice increases nursing students' knowledge and their capability to synthesize theoretical knowledge and nursing care. This is also in line with the Nursing Council of Kenya students' training manual which gives an outline of what is expected of undergraduate nursing students (NCK, 2014). The expectations include nursing students putting their classroom learning into practice by participating in clinical rotations under supervision. Approximately 86.7% (n=150) of the respondents indicated that it is their role to report to the ward as scheduled, which is in line with Bradshaw et al. (2021) who stated that nursing students should report to the clinical learning environment and participate in the provision of care to the patients. Approximately 75.7% (n=131) indicated that it is their role to interact with other health workers in their clinical learning environment. This is supported by Billing and Halstead (2016) who stated that socialization into the clinical learning environment is very significant because nursing students are expected to joint other health care providers during the provision of nursing care to patients. This shows that nursing students are aware of basic roles that would enhance adequate nursing experience leading to a competent nurse after finishing their training.

### **Preparation of Nursing Students for Clinical Learning**

Student preparation for clinical learning was determined by using nine parameters. Table 2 presents nursing students' responses on their preparation for clinical learning before placement. The results on preparation indicated that approximately 56.1% of the participants agreed that all the necessary paperwork for practice assessment and clinical logbooks were issued at the beginning of the clinical placement. This is contrary to a study by Negm (2024), students reported that they were not given hand-on instruction, which undermined their capacity to perform assigned duties. However, another 4.6% disagreed. Regarding availability of appropriate reference and research materials e.g. books and journals, 47.4% of the participants agreed, while 19.7% disagreed. The Nursing Council of Kenya offers procedure manuals and



booklets, which give details of the scope of practice for nurses (NCK, 2012b). This brochure serves as a resource for nursing students as they prepare to practice independently as qualified nurses following their training. During training, nursing students' scope of practice focuses primarily on the application of skills, allowing them and their mentors to focus on applying classroom information to deliver care to patients in hospital wards. When nursing students are put in a hospital, the first step is to walk them through the scope of practice for a nursing student at their level of education.

A comprehensive unit orientation and induction of nursing student into the clinical learning environment is very important. The study findings showed that approximately 59% of the participants agreed that they were oriented and given induction on the type of placement, learning opportunities and learning outcomes. However, 9.2% disagreed to this even though, orientation and induction prepare student to engage confidently in patient care. It introduces them to hospital policies, ward routines, and professional expectations, thereby reducing stress and enhancing learning outcomes as stated by Kalyani et al., (2019). Approximately 60.75% of the participants agreed that clear directions on their responsibilities to patients and other employees were given. This reinforces the preparation required for effective performance in the wards. However, 7.5% disagreed. The participants who did not receive orientation, meant they had to perform the wrong roles or placed the patients' health in jeopardy as supported by (Jamshidi, 2012) who stated that unclear roles lead to frustration, reduced motivation, and poor clinical outcomes. Students often report feeling undervalued and excluded from decision-making processes when role expectations are not communicated.

Approximately 59% of the participants agreed that clear direction on issues related to confidentiality were given, while 5.2% disagreed. According to Bradshaw et al., (2021), when role expectations are unclear, students' adherence suffer since they are unsure of what is expected of them. Many students enter nursing school with limited understanding of what the nursing profession requires. This can provide difficulties in transitioning from training to practice as a professional nurse. Approximately 54.9% of the participants agreed that clear directions on legal issues of record keeping were given, while 7.5% disagreed. Role ambiguity reduces opportunities for experiential learning leaving students reporting a feeling of being undervalued and excluded from decision-making processes and the legal implication of poor decision that affect patient care negatively. Students need proper mentorship and structured guidance mitigate these challenges (McLellan et al., 2024). This is shown by table 2 below.



**Table 2: Preparation of Nursing Students for Clinical Learning**

S/No	Item	Agreed		Disagreed	
		n	%	n	%
1.	All the necessary paper work for practice assessment, logs were issued to students.	54	31.8	8	4.6
2.	I was oriented and given an induction on the type of placement, learning opportunities and learning outcomes.	39	22.5	16	9.2
3.	Your mentor discussed expectations in terms of attitudes and standards required from you.	93	53.8%	36	20.8%
4.	Clear directions on your responsibilities to patients and other employees were given.	105	60.7%	13	7.5%
5.	Clear directions on issues related to confidentiality were given.	102	59%	9	5.2%
6.	Clear directions on legal issues of record keeping were given.	95	54.9%	13	7.5%

### **Effects of Role Ambiguity among Nursing Students in the Clinical Learning Environment**

Table 3 summarises student responses across ten indicators that capture how unclear role expectations influence learning, confidence and engagement during clinical placement.

The findings from this study showed that approximately 56.1% of the participants strongly agreed that they were welcome to the placement and helped to feel part of the team while 4% disagreed. That welcoming of nursing students to the clinical learning environment serves as part of the socialization that contributes significantly to the development of professional behavior and interpersonal relationships. During socialization period, nursing students learn about work processes, staff duties, and employer expectations as stated by Bradshaw et al., (2021).

Supervision of students is a very important aspect of their clinical experience. This study findings showed that 34.1% of the participants did not



get to work with the preceptors for a minimum of three shifts each week even though 27.2% agreed that they did. Findings further showed that 53.8% of the participants disagreed being supervised when undertaking new procedures even though 13.3% agreed.

Approximately 15.0 % of the participants disagreed that they were allocated a mentor within the first week of placement while 43.9% agreed. Bradshaw et al. (2021) emphasizes the fact that when nursing students are supervised in a supportive learning environment, they understand they are capable of handling obstacles safely and effectively. Therefore, allocation of mentors immediately would support and enable students to learn with confidence. Approximately 15.6% of the participants agreed that their mentors were aware of the relevant learning opportunities available within the practice setting while 46.1% disagreed. This is in line with Baraz et al (2015) and Ramoetsi et al. (2024) who in their study found out that students feel that instructors' competence, poor teaching tactics, and inadequate mentoring hampered their clinical learning.

Approximately 53.8% of the participants agreed that their mentor discussed expectations in terms of attitudes and standards required from them while 20.8% disagreed. A 20.8% disagreement is significant because it means this number of students are not clear of what is expected of them. A lack of clear objectives and expectations leaves students confused of what is expected of them on a given clinical day. This results in inconsistent performance and commitment to their role. According to Saller (2025), fear of making mistakes, nervousness about engaging with patients, and self-doubt can all limit students' capacity to work properly. Building confidence in nursing student is critical to their professional development and ability to offer safe and compassionate care.

According to Lipinge and Venter (2003), nursing students' expectations are not met because staff are sometimes unaware of the nursing students' learning objectives, frustrations experienced during daily practice. This is in line with the research finds that showed approximately 22.5% of the participants agreed that other team members were informed of students' learning needs while 43.9% disagreed.

Regarding feedback, 27.7% of the participants agreed that their mentor gave them constructive feedback on their progress at regular intervals. However, 36.4% disagreed, yet timely feedback can help students avoid forming inaccurate assumptions about clinical competence and improve future performance as stated by Bradshaw et al. (2021). Nottingham and Henning (2014) mentioned that trained instructors should provide feedback that is consistent, confidential and appropriately formatted.



**Table 3: Effects of Role Ambiguity Among Nursing Students in the Clinical Learning Environment**

S/No	Item	Agreed		Disagreed	
		n	%	n	%
1.	I was welcome to the placement and helped to feel part of the team.	97	56.1	7	4.0
2.	You were allocated a mentor within the first week.	26	15.0	76	43.9
3.	Your mentor is aware of the relevant learning opportunities available within the practice setting.	27	15.6	80	46.1
4.	You were supervised when undertaking new skills for the first time.	23	13.3	93	53.8
5.	Your mentor gave you constructive feedback on your progress at regular intervals.	48	27.7	63	36.4
6.	Clinical instructors were available to support mentors within the placement area.	48	27.7	73	42.2
7.	The practice placement has a favorable culture for learning.	15	8.7	94	54.3
8.	I was encouraged to question practices you felt were unsafe or not research based.	73	42.2	34	19.7

Approximately 27.7% of the participants agreed that clinical instructors were visible and supported mentors and other staff within the placement areas, 42.2% disagreed. Presence and engagement of faculty members is crucial in creating a pleasant atmosphere. Individuals who are in their first clinical rotation require assistance and motivation, and mentors must be attentive to mentorship and coaching prospects (Longwell-Grice et al, 2016). Student centred clinical education is grounded in the understanding that strong partnerships between clinical nurses and faculty are vital to nursing education (Jeffries et al. 2013).

Approximately 8.7% of the participants agreed that the practice placement has a favorable culture for learning while 54.3% disagreed. The pedagogical climate on the ward influences nursing students' motivation to pursue nursing as a career this aspect motivates nursing students to strive hard to complete their education and practice their profession as stated by Zhang et al. (2022). Crowded wards, large student populations, and being considered as "extra pair of hands" hampered student learning as stated by Thamara (2023). Waweru et al (2016) further stated that a study done in Kenya



discovered that important barriers in clinical learning of nursing students included insufficient equipment, personnel not modeling professional practice, and staff supervisors with poor clinical teaching experience making the learning culture unfavorable.

Approximately 19.7% of the participants agreed that they were encouraged to questions practice they felt were unsafe or not research based, while 42.2% disagreed. This is supported by Alrashidi et al (2023) who stated that students can learn more actively when they actively participate by investigating and questioning situations to seek clarification as they provide nursing care to patients in the hospital setting.

## Conclusion

The study assessed the role of undergraduate nursing students in the clinical learning environment. This was with the aim of pointing out the effect of inadequate awareness. The findings of this stud can contribute to the quality clinical training of undergraduate nursing students by unearthing the impact of ill-prepared students. Well prepared nursing students tend to be proactive in clinical learning, which is the key towards holistic address to this gap of confusion, lack of confidence, fear, and stress among undergraduate nursing students during clinical learning. The quality of clinical learning was below average despite demonstrated awareness of nursing students' roles and adequate preparation. Nursing training institutions and healthcare facilities have a key role in ensuring adequate preparation by way of enhancing nursing students' orientation and providing support to the clinical nurses and clinical instructors. This study demonstrates that adequate preparation is an output of many factors that touch on clinical learning experience of the students. Nursing students' awareness of their roles is fundamental to effective clinical learning. Unclear roles create barriers to confidence, skill acquisition, and patient safety. Structured orientation, mentorship, and curriculum reforms are essential to ensure that students develop strong professional identities and contribute meaningfully to healthcare delivery.

## Recommendation

This study recommends that nursing training institutions should emphasize practical skills, role expectations, and strategies to integrate theory into practice before clinical placement. Nursing training institutions should emphasize role awareness through simulation and reflective practices. Structured orientation programs should be used to provide clear role descriptions during student induction. Students should be clear about their roles in the clinical learning environment and how to set clear clinical



objectives for each placement, and ensure students understand that responsibilities can improve adherence and confidence. This study further recommends that nursing training institutions and healthcare facilities should ensure adequate supervision, smaller student-to-instructor ratios, and trained mentors to support students to meet their clinical objectives. Mentorship models should be developed where experienced nurses are assigned as mentors to enhance role clarity and confidence. Collaborative learning environments encourage teamwork and interprofessional collaboration to integrate students into healthcare teams. This would promote nursing students' adherence to their roles while undertaking their clinical experience in preparation to being professional nurses after graduating. The healthcare facilities should create a positive, supportive learning environment where students feel valued, respected, and given feedback that can enhance motivation and role fulfilments. Regular evaluation and feedback help students understand expectations and improve performance. In addition to this, addressing resource and workload issues in clinical settings will enable students to more fully perform their roles and meet their clinical learning objectives. The nursing training institutions and healthcare facilities should also support student psychologically to enable the build confidence, reduce fear of mistakes, and reduce stress as they undertake their roles. This leads to effective performance.

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