"Sharing Load: Exploring the Influence of Student Nurses Clinical Affiliation on Nurse Workload in Partner Institution"

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DOI: https://doi.org/10.47772/IJRISS.2026.101000100

Received: 08 October 2026; Accepted: 13 October 2026; Published: 30 October 2026

ABSTRACT

This study explored the lived experiences of staff nurses working with and supervising student nurses during clinical rotations in selected healthcare institutions in Pangasinan. Specifically, it examined how the presence of student nurses influenced patient care and nursing activities, the challenges encountered in guiding students, the strategies used in providing clinical supervision, and the lessons and realizations gained from these experiences. A qualitative phenomenological research design was employed. Eight (8) staff nurses with direct experience working with and supervising student nurses were selected through purposive sampling. Data were collected through individual, in-depth, semi-structured interviews using open-ended questions. The interviews were audio-recorded with the participants' permission, transcribed, and analyzed using a descriptive phenomenological approach guided by the Giorgi method. The findings revealed four major themes: Multifaceted Impact of Student Nurses in Clinical Practice, with the sub-themes Active Participation in Basic Patient Care and Need for Initiative and Active Engagement; Struggles in Guiding Student Nurses through Clinical Practice, with the sub-themes Variations in Students' Knowledge and Clinical Skills and Limited Confidence in Clinical Performance; Conquering the Demands of Clinical Supervision, with the sub-themes Establishing Clear Expectations and Clinical Boundaries and Providing Clear Instructions and Continuous Supervision; and Life Realization in Guiding Future Nurses, with the sub-themes Being Patient and Understanding in Guiding Student Nurses and Compassionate and Respectful Communication. The study revealed that student nurses can provide support in basic patient-care activities when they are prepared, proactive, and appropriately supervised. However, differences in students' knowledge, skills, confidence, and readiness require staff nurses to provide additional guidance and supervision while maintaining their regular patient-care responsibilities. The study further showed that effective clinical supervision requires clear expectations, appropriate boundaries, communication, patience, and continuous guidance. Working with student nurses also provided staff nurses with meaningful personal and professional realizations, particularly the importance of patience, understanding, compassion, and respectful communication in developing future nurses.

Keywords: staff nurses, student nurses, clinical affiliation, clinical supervision, lived experiences, nursing education, patient care

INTRODUCTION

Nursing education is built on two essential pillars: theoretical instruction and clinical practice. While theoretical learning provides the foundation of nursing knowledge, clinical practice enables student nurses to apply these concepts in real healthcare settings. Clinical affiliation, also referred to as clinical placement or clinical rotation, is a structured program in which nursing students are assigned to partner institutions such as hospitals, community health centers, and clinics. These experiences are designed to develop competencies in patient care, communication, clinical reasoning, documentation, and teamwork, preparing students for professional nursing practice. Clinical experience is therefore essential in bridging the gap between classroom instruction and actual healthcare delivery (Zhang et al., 2022). However, while clinical affiliation provides valuable learning opportunities, it also introduces additional responsibilities for healthcare personnel who assist students in developing their clinical competencies.

Staff nurses play an important role in the clinical education of nursing students by serving as role models, mentors, and facilitators of learning. Their support and willingness to guide students can improve students' confidence, clinical competence, professional identity, and sense of belonging within the healthcare team. According to Pramila-Savukoski et al. (2020), nurses who support students during clinical placements contribute to the development of a supportive learning environment and the students' professional growth. Nevertheless, staff nurses must balance their supervisory responsibilities with their existing duties, including patient assessment, medication administration, documentation, care coordination, and the implementation of nursing interventions. Supervising students with different levels of knowledge and clinical readiness may require additional time, attention, and monitoring, potentially increasing workload, stress, and fatigue. Although clinical affiliation can benefit nursing education, its implications for the daily responsibilities of staff nurses must also be considered.

Globally, clinical practice remains a fundamental component of nursing education, although the structure, duration, and supervision of clinical placements vary across countries. In the United Kingdom, nursing education places considerable emphasis on practice-based learning, with clinical placements forming a substantial part of preregistration preparation (Palmer et al., 2024). In contrast, variations in clinical training arrangements and institutional resources have been reported in other countries, including India (Anupama & Kumar, 2024). These differences demonstrate that clinical affiliation operates within distinct educational and healthcare systems. However, the impact of student placement on the workload of nurses may also depend on staffing levels, patient care demands, the availability of clinical instructors, and the distribution of supervisory responsibilities. Consequently, understanding clinical affiliation requires consideration not only of its educational objectives but also of its operational implications for healthcare institutions.

In the Philippines, nursing education requires students to participate in Related Learning Experiences (RLE) in affiliated healthcare institutions. According to Commission on Higher Education (CHED) Memorandum Order No. 15, series of 2017, the Bachelor of Science in Nursing program integrates theoretical instruction and clinical practice to develop the competencies expected of entry-level professional nurses. Nursing schools and healthcare institutions commonly formalize their partnerships through agreements that establish the arrangements for student placement and clinical training. These partnerships are important for ensuring that students receive appropriate clinical exposure while healthcare institutions continue to provide safe and effective patient care. However, the presence of nursing students also requires coordination among clinical instructors, staff nurses, and hospital administrators to ensure that educational activities are consistent with institutional policies and patient care priorities.

The need to examine nurse workload becomes more significant in the context of nursing workforce challenges in the Philippines. Staffing limitations and demanding working conditions can increase the responsibilities of nurses who remain in clinical practice. Alibudbud (2023) discussed concerns regarding the working conditions of Filipino nurses and the implications of excessive workload for burnout, job satisfaction, and patient safety. In healthcare institutions where nurses already manage substantial patient care responsibilities, the additional demands associated with supervising student nurses may create competing priorities. Although students may assist with selected learning activities under appropriate supervision, they cannot automatically be considered substitutes for qualified nursing personnel. Staff nurses remain accountable for ensuring patient safety while guiding students and monitoring their performance. Therefore, the relationship between clinical affiliation and nurse workload warrants attention as part of broader efforts to promote sustainable nursing workforce management.

Previous studies have acknowledged that supporting nursing students during clinical placements can provide professional satisfaction and opportunities for nurses' personal and professional growth. However, these responsibilities may also increase workload. Leon et al. (2023), for example, reported that nurses involved in supporting students recognized increased workload despite generally positive views of the facility-based support model. These findings suggest that the educational benefits of clinical affiliation may coexist with additional demands on nursing personnel. Nevertheless, the extent of these demands may differ according to institutional arrangements, student placement practices, staffing availability, patient care requirements, and the involvement of clinical instructors. Examining these factors is important because the workload implications of clinical affiliation cannot be fully understood by considering student learning outcomes alone.

Despite the recognition of supervisory workload in existing literature, further context-specific investigation is needed to understand how student nurses' clinical affiliation influences the workload of staff nurses in partner healthcare institutions in Pangasinan. The literature discussed in this introduction establishes the importance of clinical supervision and identifies increased workload as a possible concern; however, it does not sufficiently establish how this relationship operates across the specific partner institutions covered by the present study. In particular, further evidence is needed to determine whether student affiliation primarily increases nurses' responsibilities, redistributes existing tasks, or provides assistance that may reduce selected aspects of their workload. The roles of clinical instructors, the organization of student placements, and the demands of patient care may also influence how nurses experience and manage these responsibilities. This constitutes the central research gap addressed by the present study.

Pangasinan provides a relevant setting for examining this issue because nursing schools and healthcare institutions collaborate to provide clinical training for future nurses. Within these partner institutions, staff nurses must fulfill their professional responsibilities while supporting the educational requirements of nursing students. The clinical instructor also plays an important role by supervising students, evaluating their performance, and coordinating with hospital personnel. Effective collaboration between clinical instructors and staff nurses may help clarify responsibilities and organize learning activities; however, the extent to which these arrangements influence staff nurses' workload requires further examination. Understanding the local context is necessary to develop recommendations that reflect the actual demands and organizational practices of the participating institutions.

The original contribution of this study lies in examining student nurses' clinical affiliation not only as an educational arrangement but also as a concern in nursing workforce management. By focusing on partner institutions in Pangasinan, the study seeks to provide context-specific evidence on how clinical affiliation relates to the workload of staff nurses, particularly in balancing direct patient care with student supervision and support. The study also recognizes the importance of institutional coordination and the respective responsibilities of staff nurses and clinical instructors in managing clinical placements. Its findings may contribute to evidence-informed decisions regarding student placement arrangements, supervision responsibilities, workload distribution, and collaboration between nursing schools and healthcare institutions. In this way, the study aims to support both the preparation of competent nursing graduates and the maintenance of a manageable workload for nurses responsible for patient care.

Therefore, this study aims to examine the influence of student nurses' clinical affiliation on nurse workload in partner institutions in Pangasinan. By investigating this relationship, the study seeks to generate findings that may guide nursing administrators, hospital managers, and nursing education institutions in strengthening clinical affiliation arrangements, improving the coordination of supervisory responsibilities, and promoting sustainable nursing workforce management while maintaining the quality and safety of patient care.

Statement of the Problem

This study seeks to explore the lived experiences of nurses working alongside student nurses in healthcare facilities influencing their workloads. Specifically, it aims to understand:

1. How would you describe your experiences with the presence of student nurses in your clinical area, particularly in terms of how they affect patient care, nursing activities, and the overall work environment?

2. What challenges or difficulties have you experienced when guiding and supervising student nurses, particularly regarding differences in their knowledge, clinical skills, confidence, and readiness?

3. What strategies or approaches do you use to effectively guide, supervise, and support student nurses while maintaining patient safety and fulfilling your responsibilities as a staff nurse?

4. What important lessons or life realizations have you gained from your years of working with and supervising student nurses, particularly regarding patience, understanding, compassion, and respectful communication?

METHODOLOGY

Research Design

This study employed a qualitative descriptive phenomenological research design to explore the lived experiences of staff nurses working with and supervising student nurses during clinical rotations. A phenomenological approach was appropriate because the study sought to understand how staff nurses experienced, perceived, and gave meaning to their responsibilities while providing patient care and supporting the clinical learning of student nurses. The study focused on their experiences in supervising students, providing guidance and feedback, addressing students' learning needs, balancing supervision with patient care responsibilities, managing challenges, and developing professional insights from their experiences.

The study was guided by the descriptive phenomenological approach of Giorgi, which emphasizes understanding participants' lived experiences through systematic examination of their descriptions. The analysis involved reading interview transcripts as a whole, identifying meaning units, transforming these units into research-relevant expressions, synthesizing related meanings, and developing a general structure representing the phenomenon. This approach enabled the researchers to identify common experiences while preserving the meanings expressed by the participants.

Research Setting

The study was conducted in selected healthcare institutions in Pangasinan, Philippines, specifically Bayambang District Hospital, Pangasinan Provincial Hospital, Bayambang Rural Health Unit I, Nazareth General Hospital, and Conrado F. Estrella Regional Medical and Trauma Center. These institutions provide different clinical environments where staff nurses work with and supervise student nurses during clinical rotations. The selected institutions were appropriate for the study because they provided settings in which staff nurses performed their regular professional duties while assisting students in developing clinical competencies. The inclusion of hospital and community-based settings provided opportunities to explore experiences arising from different clinical environments. The study focused on understanding the lived experiences of staff nurses rather than comparing the institutional performance, size, or resources of the participating facilities.

Participants and Sampling Technique

The participants consisted of eight (8) registered staff nurses who had direct experience working with and supervising student nurses during clinical rotations in the selected healthcare institutions in Pangasinan. Purposive sampling was used to recruit participants who possessed the professional experience and knowledge necessary to provide meaningful descriptions of the phenomenon being investigated.

To qualify for participation, individuals were required to be registered nurses currently employed in a hospital or community health center, have direct experience working with and supervising student nurses during clinical rotations, and be willing to participate voluntarily and provide informed consent. Individuals who did not meet the inclusion criteria or were unwilling to participate were not included. The participants were selected based on the relevance of their experiences to the research questions rather than through random selection. This approach was consistent with the purpose of phenomenological research, which emphasizes obtaining detailed descriptions from individuals who have experienced the phenomenon under investigation.

To strengthen the description of the sample, the researchers should present the participants' relevant characteristics, including age range, sex, years of nursing experience, years of experience supervising student nurses, institutional affiliation, and clinical assignment, where these data were collected and can be reported without compromising confidentiality. The distribution of participants across the five institutions should also be specified to demonstrate the coverage of the research settings. Participant profile and institutional distribution. The final manuscript should include the actual number of participants recruited from each institution and a summary of their relevant characteristics. These details should be based on the recruitment records and demographic information collected during the study. Because these figures were not specified in the available methodology, they should be completed using the original study records rather than estimated.

Recruitment Procedures

Participant recruitment was conducted according to the established inclusion criteria. The researchers first identified the selected healthcare institutions relevant to the study and sought the necessary institutional permission to approach eligible staff nurses. Potential participants were then identified based on their professional roles and direct experience working with and supervising student nurses during clinical rotations. Eligible staff nurses were informed about the purpose of the study, the interview procedures, the expected time commitment, the voluntary nature of participation, and the measures intended to protect their privacy and confidentiality. They were given the opportunity to ask questions and decide whether to participate without pressure or coercion. Written informed consent was obtained before each interview. Participation was voluntary, and the decision to participate or decline did not affect the nurses' employment, professional standing, or relationship with their institution. Interviews were scheduled at a mutually convenient time to minimize disruption to their regular duties. The final manuscript should specify how eligible participants were initially contacted, whether recruitment was coordinated through institutional administrators or nursing supervisors, and how many participants were recruited from each institution. Only recruitment procedures that were actually followed should be reported.

Data Collection

Data were collected through individual, in-depth, semi-structured interviews using an interview guide consisting primarily of open-ended questions. The questions explored the participants' experiences in supervising student nurses, providing instructions and feedback, addressing differences in students' knowledge and clinical skills, managing clinical activities, balancing supervision with patient care, responding to challenges, and identifying meaningful professional realizations. The semi-structured format allowed the researchers to maintain consistency across interviews while giving participants sufficient freedom to describe their experiences in their own words. Probing and follow-up questions were used to clarify responses and obtain detailed accounts of specific situations, responsibilities, interactions, and challenges.

Each interview lasted approximately 30–60 minutes and was conducted in a private and appropriate location agreed upon with the participant. With permission, the interviews were audio-recorded to preserve the accuracy of the participants' responses. Field notes were also maintained to document relevant contextual observations and methodological reflections. Participants were allowed to communicate in English, Filipino, Pangasinan, or Ilocano, as applicable. Interviews conducted in languages other than English were transcribed in their original language before being translated into English for analysis and presentation. The researchers compared the original statements with the translated versions to preserve their intended meanings, particularly when local expressions or culturally specific terms were involved.

Data Saturation and Sample Adequacy

The study included eight staff nurses who met the inclusion criteria and had direct experience supervising student nurses during clinical rotations. The adequacy of the sample was considered in relation to the depth, relevance, and richness of the participants' descriptions and their ability to address the research questions. Data collection and analysis were examined iteratively to identify recurring experiences and meanings related to clinical supervision, student participation, workload, communication, patient care responsibilities, and professional realizations. The researchers compared the accounts of participants to determine whether additional interviews provided new experiences, distinct meaning units, or substantial insights relevant to the phenomenon. To establish data saturation more transparently, the researchers should document how saturation was assessed across the interview sequence. This includes identifying the point at which the analysis ceased to produce substantially new meanings relevant to the research questions and explaining whether subsequent interviews confirmed the patterns already identified.

The adequacy of the eight participants should not be justified solely by the sample size. Instead, the final report should describe the actual evidence from the analysis, including whether new meaning units or themes emerged during the later interviews. If the researchers did not systematically document the point at which saturation was

reached, the manuscript should acknowledge this limitation rather than claim that saturation was definitively achieved.

Data Analysis

The interview data were analyzed using Giorgi's descriptive phenomenological method. The analysis followed a systematic process intended to preserve the participants' descriptions while identifying the essential meanings of their lived experiences. Stage 1: Reading for a sense of the whole. The researchers read each transcript repeatedly and in its entirety to develop an overall understanding of each participant's account. At this stage, the focus was on understanding the participant's experience as a whole rather than immediately classifying statements into categories or themes. Stage 2: Identifying meaning units. After becoming familiar with each transcript, the researchers examined the narratives systematically and identified changes in meaning relevant to the phenomenon under investigation. Statements describing student participation, clinical supervision, students' knowledge and skills, communication, workload, patient care responsibilities, and professional realizations were identified as meaning units.

Stage 3: Transforming meaning units. Each meaning unit was examined and transformed into a research-relevant expression that captured its significance within the participant's lived experience. The researchers remained grounded in the participants' descriptions and avoided introducing meanings unsupported by the data. For example, a statement describing the need to repeatedly monitor a student's procedure could be transformed into a description of the responsibility of ensuring safe patient care while guiding a learner. Stage 4: Synthesizing transformed meanings. The transformed meaning units were compared across participants to identify similarities, differences, and relationships. Related meanings were organized into categories and broader themes that represented recurring aspects of the participants' experiences. The researchers repeatedly returned to the original transcripts to verify that the developing categories and themes remained consistent with the participants' accounts. Stage 5: Developing the general structure. The researchers synthesized the essential meanings into a coherent description of the phenomenon. The relationships among the categories and themes were examined to develop an overall understanding of the lived experiences of staff nurses working with and supervising student nurses. The analysis resulted in four major themes: (1) Multifaceted Impact of Student Nurses in Clinical Practice, (2) Struggles in Guiding Student Nurses through Clinical Practice, (3) Conquering the Demands of Clinical Supervision, and (4) Life Realization in Guiding Future Nurses.

Reflexivity

The researchers recognized that their professional experiences, assumptions, and perspectives could influence data collection and interpretation. Reflexivity was practiced throughout the research process to distinguish the participants' descriptions from the researchers' pre-existing beliefs about clinical supervision and nursing workload. The researchers reflected on their assumptions before and during the interviews and analysis, maintained reflexive notes where applicable, and returned to the original transcripts to verify the meanings assigned to participants' statements. Open-ended questions and appropriate probing were used to encourage participants to describe their experiences without being directed toward predetermined conclusions.

Trustworthiness of the Study

The trustworthiness of the study was addressed through credibility, transferability, dependability, and confirmability.

Credibility. Credibility was supported by conducting individual, in-depth interviews, using open-ended questions and follow-up probes, repeatedly reading the transcripts, and comparing the emerging meanings with the participants' original descriptions. Representative quotations should be included in the findings to demonstrate the connection between participants' experiences and the identified themes.

Transferability. Transferability was supported by describing the research settings, participant characteristics, inclusion criteria, recruitment procedures, and data collection and analysis processes. These descriptions allow readers to assess the relevance of the findings to other clinical settings.

Dependability. Dependability was addressed through systematic documentation of the research process, including recruitment, interviewing, transcription, meaning-unit identification, transformation of meanings, and theme development. An audit trail should be retained to document the analytical decisions leading to the final findings.

Confirmability. Confirmability was supported by grounding the findings in participants' accounts, reflecting on researcher assumptions, and retaining relevant research records, including transcripts, field notes, coding documents, and records of thematic development. Where appropriate, participant quotations should be used to demonstrate the evidentiary basis for the interpretations.

Ethical Considerations

Ethical principles were observed throughout the study to protect participants' autonomy, privacy, dignity, and professional interests. Before data collection, the participants were informed about the study's purpose, procedures, potential risks and benefits, confidentiality measures, and voluntary nature. Written informed consent was obtained before each interview. Participants were informed that they could decline to answer questions or withdraw without penalty or adverse consequences. To protect confidentiality, participant names and other identifying information were replaced with codes in transcripts and research reports. Audio recordings, transcripts, field notes, and other research materials were stored securely and access was restricted to authorized research personnel. The researchers took steps to prevent participation from exposing staff nurses to unnecessary professional or organizational risks.

RESULTS AND DISCUSSION

I. Multifaceted Impact of Student Nurses in Clinical Practice

The participants' experiences revealed that the presence of student nurses in clinical practice has a multifaceted impact on patient care, nursing activities, and the overall clinical environment. On one hand, student nurses were recognized as valuable contributors who assist with basic patient care, routine nursing activities, patient monitoring, and communication, particularly during busy shifts or periods of limited manpower. On the other hand, participants also identified challenges associated with their presence, including the need for closer supervision, limited initiative, inconsistent active participation, and responsible use of shared clinical resources. These experiences suggest that the presence of student nurses may provide both supportive and challenging experiences for staff nurses.

A. Active Participation in Basic Patient Care

The participants described student nurses as actively involved in providing basic patient care within the healthcare setting. Their participation included performing appropriate nursing activities such as monitoring vital signs, assisting patients with mobility and hygiene, preparing necessary equipment, and responding to routine patient needs. These experiences showed that student nurses were not merely observers but were able to contribute to daily patient-care activities when tasks were appropriate to their level of training and competence.

Nurse 2: "I perceive the presence of student nurses in our healthcare facility positively. They are eager to learn, and they can contribute to patient care while being properly supervised by experienced nurses. One experience that shaped my perception was when I was working in the emergency room and we had several student nurses assigned to our unit. During a busy shift, I noticed that they were very eager to learn and willing to help with basic patient care, such as monitoring vital signs, assisting patients, and preparing equipment."

Nurse 3: "For me, the presence of student nurses is beneficial because they assist with appropriate nursing activities, while giving us staff nurses an opportunity to share our knowledge and experience. However, there are times when they require close supervision and guidance."

Nurse 6: *"They are a massive help, especially during staffing shortages. They reduce routine tasks when properly oriented, assisting with basic nursing procedures like monitoring vital signs. Furthermore, they display great patience when communicating with patients."*

Nurse 7: "They assist with basic patient care and daily unit tasks. This includes measuring vital signs, assisting with patient mobility, and helping the parents with hygiene with their child. For me students act as an extra set of 'eyes and ears,' often catching early changes in patient status, responding quickly to call lights, and preventing falls."

B. Need for Initiative and Active Engagement

The participants emphasized that while student nurses can provide valuable assistance in the healthcare setting, their contribution is influenced by their willingness to take initiative and actively engage in clinical activities. Some participants observed that student nurses occasionally wait for instructions rather than independently recognizing appropriate opportunities to assist. They expressed the importance of being observant, proactive, and attentive to the needs of patients and the healthcare team while remaining within the limits of their training and competence. Active engagement was viewed as an important aspect of developing clinical responsibility, teamwork, and professional behavior.

Nurse 1 I have noticed that the presence of student nurses can be helpful, but there are also instances when they seem to lack initiative. There are times when they are all seated while we, the staff nurses, continue working and remain on our feet. In these situations, I hope they can become more observant and take the initiative to help when there are activities appropriate to their level of training. It is also important for them to be responsible in using shared resources such as Wi-Fi and electrical outlets, especially when these are needed for work-related activities. For me, student nurses can become more helpful if they are more proactive, attentive, and willing to participate in appropriate activities within the unit.

Nurse 4: Based on my experiences working with student nurses, I have seen that they can be helpful in simple tasks such as providing basic nursing care and monitoring patients. However, since they are still learning, they also need to become more active and attentive to what is happening in the unit. This does not mean that they should perform every task, but it is important for them to know when they can appropriately offer assistance and take the initiative to help. Staff nurses still need to provide guidance and supervision, but it is better when student nurses also demonstrate initiative instead of always waiting to be instructed before taking action

Nurse 5: Based on my experience with student nurses, they are indeed helpful in the unit, especially when there are basic tasks that they can appropriately perform. However, there are instances when I notice that they still need to be instructed before taking action. There are times when we, as staff nurses, are busy with different responsibilities while they simply wait for instructions. For me, it would be better if they learn to observe the situation in the unit and take the initiative when there is a task that they are capable of performing and is appropriate for their level. They do not have to do everything, but we would appreciate seeing them willing to help and actively involved in patient care.

These findings are consistent with Brook and Kemp (2021), who examined nursing students' clinical placement experiences and found that improvements in placement arrangements were associated with positive changes in student attitudes, attendance, and engagement. Their findings suggest that the way clinical placements are organized can influence students' participation and the learning environment. However, their study focused on flexible rostering rather than directly measuring reductions in staff nurses' workload. Therefore, the present findings extend this discussion by highlighting the specific ways staff nurses perceived students as contributing to routine patient care in their respective clinical units

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Table 1. First theme and Sub-themes

Theme	Sub-Themes
I. Multifaceted Impact of Student Nurses in Clinical Practice	A. Active Participation in Basic Patient Care B. Need for Initiative and Active Engagement

II. Struggles in Guiding Student Nurses through Clinical Practice

The participants described various struggles in guiding student nurses through clinical practice, particularly in addressing differences in their knowledge, skills, confidence, and readiness to perform nursing procedures. They encountered students who were able to understand instructions and perform clinical tasks with minimal assistance, while others required repeated explanations, demonstrations, encouragement, and close supervision. These differences required nurses to adjust their teaching and guidance according to the individual needs of each student. The participants also noted that limited student confidence could lead to hesitation, nervousness, slower performance, and repeated questioning during actual patient care.

A. Variations in Students' Knowledge and Clinical Skills

The participants identified differences in students' knowledge, understanding, and clinical skills as one of the challenges encountered when working with student nurses. They observed that students demonstrate varying levels of readiness when performing nursing procedures and applying theoretical knowledge in actual clinical situations. While some students are able to understand instructions quickly and perform procedures with minimal assistance, others require repeated explanations, demonstrations, and closer supervision. These differences require nurses to recognize individual learning needs and adjust their approach when providing guidance and clinical instruction.

Nurse 2: "One of the challenges is the different levels of knowledge and skills among students. Some students understand quickly when taught, while others need repeated explanations and demonstrations. When the ward is busy, it can be difficult to balance patient care with supervising them. You still need to check what they are doing to ensure that the procedure is performed correctly and safely for the patient."

Nurse 6: "One challenge I have noticed is that student nurses do not have the same level of understanding and skills. Some can follow and perform a procedure after one demonstration, while others need repeated explanations and close guidance while performing it. When there are many patients and several tasks to accomplish, it can sometimes be difficult to balance regular duties with guiding the students. You still need to remain attentive and check each procedure they perform to prevent mistakes and maintain patient safety."

Nurse 7: It can really be challenging when students have different backgrounds and levels of clinical skills. Some learn quickly and are comfortable performing procedures, while others become easily confused or nervous when it is their turn to perform them. You need to adjust your teaching approach, and sometimes you have to demonstrate the procedure again before allowing them to perform it. When the area is busy, this adds to the workload because while attending to patients, you also need to monitor and supervise the students to ensure that their activities are performed properly and safely.

B. Limited Confidence in Clinical Performance

The participants described limited confidence among some student nurses as a notable challenge during clinical practice. Although students may possess theoretical knowledge and have been introduced to specific nursing procedures, some still experience hesitation, nervousness, or uncertainty when performing skills on actual patients. This lack of confidence may result in slower performance, repeated questioning, and the need for continuous reassurance and guidance from staff nurses. The participants emphasized that students require encouragement, close supervision, and opportunities to practice in order to become more comfortable with clinical procedures.

Nurse 1*:* "There are times when, even after a procedure has been taught, some students still hesitate to perform it. Perhaps they are afraid of making mistakes or are not yet confident in their skills. You need to talk to them and reassure them that you will assist them while they perform the procedure. The challenge is that when you have many patients, you have to divide your attention between patient care and students who require guidance."

Nurse 3: "One thing I have noticed is that some students understand the theory but become nervous when they have to apply it to an actual patient. In such situations, you need to guide them carefully and sometimes demonstrate the procedure again before they continue. Teaching itself is not a problem, but it becomes difficult when several patient needs arise at the same time. You have to make sure that the student is comfortable while also ensuring that the patient is not neglected."

Nurse 4: "Some students really need encouragement before they become comfortable with clinical procedures. At times, they repeatedly ask questions even after the steps have already been discussed, so you need to be patient when explaining them. When the workload is normal, it is manageable, but during peak hours with many patients, it becomes challenging because you also have to monitor other patients while teaching them."

Nurse 5: "Another challenge is when a student becomes too self-conscious while performing a procedure, which can make the process slower and sometimes cause them to lose focus. You need to stay nearby and provide instructions while they perform the task. However, when the unit is busy, it can be difficult to remain with one student for an extended period because you also have other patients and responsibilities. Good time management is therefore important to provide the supervision they need without compromising patient care."

This finding is consistent with Cusack et al. (2020), who identified insufficient preparation and organizational support as important challenges for nurses involved in clinical teaching. Their study indicated that nurses did not always feel adequately supported in carrying out their supervisory responsibilities. The present study illustrates how these challenges may occur in everyday clinical practice: when students have different levels of competence, staff nurses must determine the amount of guidance required for each learner, potentially increasing the time devoted to supervision.

Similarly, the 2021 systematic review of undergraduate nursing students' clinical placement experiences highlighted the importance of preparation and effective supervision in supporting clinical learning.These findings reinforce the need to assess students' existing knowledge and skills before assigning clinical activities. However, the present findings place greater emphasis on the practical difficulty of providing individualized guidance while maintaining routine nursing responsibilities.

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Table 2. Second theme and Sub-themes

Theme	Sub-Themes
II. Struggles in Guiding Student Nurses through Clinical Practice	A. Variations in Students' Knowledge and Clinical Skills B. Limited Confidence in Clinical Performance

III. Conquering the Demands of Clinical Supervision

The participants' experiences revealed how nurses navigate and overcome the various demands involved in guiding student nurses within the clinical setting. They described the importance of establishing clear expectations, defining appropriate clinical boundaries, and communicating students' roles and responsibilities before allowing them to participate in patient care. The participants also emphasized the need to assess students' knowledge and skills, provide clear instructions, and maintain continuous supervision, particularly when students are performing unfamiliar procedures or require additional guidance. Effective coordination with

clinical instructors and other members of the healthcare team further supported the nurses in providing appropriate supervision and maintaining patient safety.

A. Establishing Clear Expectations and Clinical Boundaries

The participants described the importance of establishing clear expectations and appropriate clinical boundaries when working with student nurses in the healthcare setting. They emphasized the need to orient students regarding unit routines, assigned responsibilities, appropriate activities, and situations that require consultation or permission before proceeding. Clear expectations helped students understand their roles and recognize the limits of their knowledge and clinical authority. The participants also highlighted the importance of maintaining professional boundaries by encouraging students to seek guidance from staff nurses or their clinical instructors, particularly when performing unfamiliar procedures or encountering urgent situations.

Nurse 1: "I believe it is important to establish early what student nurses are expected to do while they are in the unit. I talk to them and explain the basic routines and which activities they need to report or clarify before performing. During emergencies or very busy periods, I also remind them to observe first and not perform procedures without proper instruction. When there is an opportunity, I check if they have questions or need clarification. In this way, I can support them while still maintaining my focus on patient care."

Nurse 3: "One of the things I do is make sure that students know whom they should coordinate with, especially when they want to learn or perform a procedure. I do not allow them to make decisions on their own, particularly when they are performing a procedure for the first time. When time permits, I explain the important points and observe them while they perform the task. However, when there are many patients and urgent responsibilities, I ask them to wait and coordinate with their clinical instructor. Good communication is also important to prevent misunderstandings."

Nurse 5: "My strategy is to remain approachable to students while still maintaining appropriate boundaries. When they have questions about patient care, I answer them when I can, and if they need more detailed instruction, I also coordinate with their clinical instructor. When I am busy, I politely explain that I need to finish my current task first and will attend to them afterward. I also encourage them to be observant and learn when it is appropriate to ask questions. For me, this helps them develop responsibility while still respecting the supervision of their instructor."

Nurse 7: "When students are assigned to the area, I try to maintain good coordination with their clinical instructor. I also observe what they are doing and provide assistance when necessary, especially when they are performing a procedure that they are not yet familiar with. I do not always need to be the one teaching them; sometimes I simply give reminders or corrections when I notice something that needs to be addressed for patient safety. During hectic shifts, I prioritize the patients' critical needs first and attend to the students' concerns when the situation becomes less demanding."

B. Providing Clear Instructions and Continuous Supervision

The participants emphasized the importance of providing clear instructions and continuous supervision when guiding student nurses during clinical practice. They described the need to explain procedures, clarify expected tasks, and identify important safety considerations before allowing students to perform clinical activities. Close supervision was particularly necessary when students were unfamiliar with a procedure or were performing a skill for the first time. The participants also noted the importance of remaining available during the performance of clinical tasks to observe students, provide immediate assistance, and correct practices that may compromise patient safety.

Nurse 2*:* "Before assigning a task to a student nurse, I first determine whether the student is capable of performing it and whether the procedure has already been discussed with them. I do not immediately assign responsibilities unless I am confident that the student has the appropriate level of knowledge and skills. While they perform the task, I also monitor them and provide corrections when necessary. Coordination with the

clinical instructor is also important so that we have a shared understanding of what the student needs to learn and perform."

Nurse 4: "One thing I do is provide clear instructions before students begin an activity. If they are not yet familiar with a procedure, I first explain the important steps and what they need to observe to ensure patient safety. I also do not immediately leave while they are performing the procedure, especially if it is their first time. When I notice an error or something that needs to be corrected, I address it immediately but in a constructive way so they can learn from it. Supervision becomes more effective when staff nurses and clinical instructors work together."

Nurse 6: "For me, it is important to know the student's level of competence before assigning a specific task. Some students can perform with minimal supervision, while others require closer monitoring. Therefore, I adjust my guidance according to their capabilities. I also encourage them to ask questions whenever they are uncertain rather than performing a task they do not fully understand. Good communication within the team and support from other nurses and clinical instructors greatly help in providing effective supervision."

This finding is consistent with Leon et al. (2023), who examined registered nurses' experiences of supporting nursing students through a facility-based clinical placement model. Their mixed-methods study found that nurses experienced professional satisfaction and opportunities for development but also reported increased workload associated with supporting students. This comparison is particularly relevant to the present study because it demonstrates that clinical supervision can provide professional benefits while simultaneously adding responsibilities to nurses' existing duties.

However, the present findings also identify practical approaches nurses used to manage these competing demands. Establishing expectations, adjusting supervision according to student competence, and coordinating with clinical instructors helped participants determine when students could participate and when further guidance was necessary. These strategies suggest that the demands of clinical affiliation may be managed more effectively when supervision is organized rather than left to informal, situation-dependent interactions.

Clustered Data On: Sharing Load: Exploring the Influence of Student Nurses Clinical Affiliation on Nurse Workload in Partner Institution

Table 3. Third theme and Sub-themes

Theme	Sub-Themes
III. Conquering the Demands of Clinical Supervision	A. Establishing Clear Expectations and Clinical Boundaries B. Providing Clear Instructions and Continuous Supervision

IV. Life Realization in Guiding Future Nurses

The participants' experiences of working with and supervising student nurses over the years led to meaningful life realizations about the importance of patience, understanding, compassion, and respectful communication in clinical teaching. They came to recognize that every student has different abilities, learning needs, confidence levels, and ways of responding to the demands of clinical practice. These experiences taught the nurses to become more patient and flexible in their approach, particularly when students required repeated explanations, demonstrations, encouragement, or additional guidance. The participants also realized that effective clinical supervision extends beyond teaching procedures and correcting mistakes; it involves understanding students' fears and difficulties and creating a supportive environment where they feel safe to ask questions and learn.

A. Being Patience and Understanding in Guiding Student Nurses

The participants reflected that patience and understanding are essential when guiding student nurses throughout their clinical rotations. They recognized that students have different levels of knowledge, skills, confidence, and readiness, which may affect how quickly they learn and perform clinical activities. The nurses described the importance of allowing students sufficient time to understand instructions, ask questions, practice procedures, and learn from their mistakes without feeling discouraged.

Nurse 1*:* "Over the years of working with student nurses, I learned that patience is really necessary when teaching. Not all students learn at the same pace. Some can perform after seeing a procedure once, while others need repeated explanations and demonstrations. I learned to be more understanding and not become easily frustrated because this is part of their learning process."

Nurse 2: "What I learned most is that knowing a procedure is not enough; you also need to know how to teach it in a way that the student can understand. Some students become nervous or hesitant to ask questions, so you need to communicate with them properly and give them an opportunity to ask. I realized that being patient and approachable as a nurse makes a significant difference."

Nurse 3*:* "I learned that you need to understand the student first before judging them. There are times when students perform slowly not because they do not want to learn, but because they are nervous or not yet accustomed to working with actual patients. That is why I prefer to identify where they are having difficulty and then help them step by step."

Nurse 7 "Over time, I learned that every student has different learning needs. You cannot use exactly the same approach with everyone. Some students need detailed explanations, while others learn better when you demonstrate first and then allow them to perform the procedure. I learned to adjust and become more flexible in teaching."

B. Compassionate and Respectful Communication

The participants emphasized that compassionate and respectful communication is an important lesson gained from years of working with and supervising student nurses during clinical rotations. They described the importance of communicating with students in a calm, patient, and understanding manner, particularly when students experience fear, uncertainty, or difficulty performing clinical procedures. Rather than responding harshly to mistakes or limitations, the nurses learned to listen to students' concerns, identify the areas where they need assistance, and provide corrections in a constructive manner. The participants recognized that respectful communication helps create a supportive learning environment where students feel comfortable asking questions, expressing their difficulties, and accepting feedback.

Nurse 4: "Over the years of working with student nurses, I learned that compassion is very important in teaching. Some students are afraid to perform procedures because they might make mistakes, so speaking to them harshly does not help. It is better to communicate with them calmly, understand where they are having difficulty, and let them know that it is okay to ask questions. When they feel understood, they become more comfortable and more willing to learn."

Nurse 5: "I learned that we should not focus only on a student's mistake; we also need to understand why the mistake happened. Sometimes they are tired, nervous, or overwhelmed by the unfamiliar environment and responsibilities. As a nurse guiding them, we need to show patience and understanding. When giving corrections, I do so respectfully so they do not lose confidence and can still learn from the experience."

Nurse 6: "One of the most important lessons I learned is that we need to be compassionate not only toward patients but also toward students. They are still in the learning stage, and it is natural for them to encounter things they do not immediately know or know how to perform. When you give them encouragement and show that you are willing to help, they become more open to feedback and improve more effectively. For me, being a compassionate nurse is also part of being a good role model for future nurses."

These findings are consistent with Cant et al. (2021), whose review identified supportive supervision and positive relationships with clinical instructors as important factors in students' clinical learning experiences. The present study reinforces this finding by showing how staff nurses developed a more flexible and understanding approach through repeated interactions with students.

Furthermore, Leon et al. (2023) reported that nurses could experience personal fulfillment and professional development while supporting nursing students, even as they acknowledged the associated workload. This suggests that clinical supervision can offer opportunities for professional growth alongside its practical demands. In the present study, participants' reflections indicate that these opportunities included learning to recognize individual learning needs, explain procedures more effectively, and respond patiently to students' difficulties.

CONCLUSIONS

1. The study concludes that the presence of student nurses may influence the daily clinical activities and responsibilities of staff nurses. Based on the experiences of the participants, student nurses can contribute to basic patient-care activities when they demonstrate appropriate initiative, willingness to participate, and readiness to perform assigned tasks. However, these findings reflect the experiences and perceptions of the participating nurses and do not establish that student nurses consistently reduce staff workload across all clinical settings.

2. The study concludes that differences in student nurses' knowledge, clinical skills, confidence, and readiness may create challenges for staff nurses who provide clinical guidance. The participants described the need for repeated explanations, demonstrations, encouragement, and supervision to address individual learning needs. These findings highlight the importance of appropriate student preparation and competency-based guidance, although the experiences reported may differ among nurses, students, and healthcare institutions.

3. The study concludes that clinical supervision requires staff nurses to balance their teaching responsibilities with their regular patient-care duties. Establishing clear expectations, providing appropriate instructions, assessing students' readiness, and coordinating with clinical instructors were identified as important practices for supporting safe clinical participation. Nevertheless, the extent to which these strategies influence workload management may vary depending on staffing levels, patient-care demands, student assignments, and institutional arrangements.

4. The study concludes that guiding student nurses can provide staff nurses with opportunities for personal reflection and professional development. The participants emphasized patience, understanding, compassion, and respectful communication as important qualities in clinical supervision. These findings suggest that supporting student learning involves both technical guidance and constructive interpersonal relationships. However, the study does not establish whether these experiences produce measurable improvements in teaching performance or student clinical outcomes.

Overall, the study provides an in-depth understanding of how the participating nurses experienced the influence of student nurses' clinical affiliation on their professional responsibilities. The findings identify both the perceived contributions of student nurses to routine patient care and the additional demands associated with clinical supervision. Because the study used a small qualitative sample, the findings are context-specific and are not intended to be statistically generalized to all staff nurses or partner healthcare institutions. Instead, they offer insights that may be relevant to similar clinical settings and provide a basis for further research involving nurses from different institutions, larger and more diverse participant groups, and additional perspectives from student nurses and clinical instructors**.**

RECOMMENDATIONS

The following recommendations were made based on the study's results findings and conclusions.

1. **For Staff Nurses.** Staff nurses are encouraged to continue providing appropriate guidance and supervision to student nurses while maintaining patient safety and quality nursing care. They are encouraged to establish clear

expectations, communicate students' responsibilities and limitations, and provide instructions according to the students' knowledge, skills, confidence, and readiness. Nurses are also encouraged to demonstrate patience, understanding, compassion, and respectful communication when correcting and guiding student nurses. Appropriate delegation, prioritization, and time management may help nurses balance student supervision with their regular clinical responsibilities.

2. **For Student Nurses.** Student nurses are encouraged to actively participate in appropriate clinical activities and demonstrate initiative, willingness to learn, and responsibility in carrying out assigned tasks. They should recognize their individual limitations and seek assistance or clarification when necessary. Students are also encouraged to develop their knowledge, clinical skills, confidence, communication, and professional behavior before and during clinical affiliation. Active engagement and preparedness may help facilitate smoother clinical learning and reduce the need for repeated instructions and close supervision.

3. **For Nursing Schools and Clinical Instructors.** Nursing schools and clinical instructors are encouraged to adequately prepare student nurses before their clinical affiliation by strengthening their fundamental nursing skills, patient-care competencies, communication skills, professional behavior, and confidence. Clinical instructors should clearly communicate students' competencies, learning objectives, responsibilities, and limitations to partner institutions and staff nurses. Regular coordination with clinical areas may help ensure that student activities are appropriate to their level of preparation and that expectations regarding supervision and patient care are clearly understood.

4. **For Hospital Administrators and Partner Institutions**. Hospital administrators and partner institutions are encouraged to establish clear policies and guidelines regarding the clinical affiliation of student nurses. These may include appropriate student-to-nurse arrangements, clearly defined roles and responsibilities, delegation guidelines, supervision requirements, and communication mechanisms between nursing services and educational institutions. Institutions are also encouraged to consider nurses' existing workload, staffing conditions, patient-care demands, and the number and level of student nurses assigned to each clinical area when planning clinical affiliations. Adequate institutional support may help nurses accommodate students while maintaining safe and efficient patient care.

5. **For Future Researchers.** Future researchers are encouraged to further explore the influence of student nurses' clinical affiliation on nurse workload using a broader range of participants and healthcare settings. Future studies may include staff nurses, student nurses, clinical instructors, nurse managers, and other relevant stakeholders to obtain different perspectives regarding clinical supervision and workload. Quantitative or mixed-method studies may also be conducted to examine measurable indicators of workload, such as time spent supervising students, number of students assigned per nurse, patient assignments, overtime, and perceived workload. Comparative studies involving different hospitals, clinical areas, staffing conditions, and student-to-nurse ratios may further provide evidence for improving academic-clinical collaboration and clinical affiliation practices.

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