

Related Clinical Learning Experiences and Level of Competencies of Fourth Year Student Nurses Affiliates

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Abstract

Related clinical learning experience is a fundamental component of nursing education, enabling students to apply theoretical knowledge, develop clinical skills, and cultivate professional values through direct patient care. A supportive clinical learning environment plays a crucial role in shaping students' competence, particularly in the context of evolving educational modalities and varying levels of clinical exposure.

This study is anchored on Patricia Benner's Novice to Expert Theory and Kolb's Experiential Learning Theory, which explain how nursing students progressively acquire competence through experiential learning and repeated clinical exposure. The study aimed to assess the related learning experiences and level of clinical competency of fourth-year student nurses affiliating in a primary hospital in Legazpi City. Specifically, it examined the related clinical learning experience in terms of the role of the nurse teacher, learning atmosphere, and nursing care in clinical areas, as well as the level of competency in safe and quality nursing care, health education, and research. It also determined the significant relationship between RLE and clinical competency.

A descriptive correlational research design was employed. A total of 105 Level IV nursing students from six colleges of nursing in Albay were selected using convenience sampling. Data were collected from December 4, 2025 to January 13, 2026 through a structured questionnaire using a five-point Likert scale. Descriptive statistics and Pearson's Product-Moment Correlation Coefficient were utilized for data analysis.

Findings revealed that the related clinical learning experience was generally perceived as supportive (mean = 4.16), with the role of the nurse teacher receiving the highest rating. Students demonstrated a high level of clinical competency, particularly in safe and quality nursing care (mean = 4.54), while health education and research were rated as competent. A moderate and statistically significant positive relationship was found between RLE and clinical competency ($r = 0.511-0.655$, $p < 0.05$).

The study concludes that clinical competence is significantly influenced by the quality of RLE. Strengthening clinical instruction, enhancing learning environments, and improving competencies in health education and research are essential in developing competent and practice-ready nursing graduates.

Keywords: Clinical Learning Experience, Clinical Competency, Student Nurses, Experiential Learning, Primary Hospital Setting

1. Introduction

Healthcare waste management is a core component of infection prevention, occupational safety, environmental protection, and quality health service delivery. Healthcare facilities generate both hazardous and non-hazardous waste. Hazardous waste may transmit disease, cause injuries, or contaminate the environment when segregation, handling, treatment, storage, and disposal are not properly performed. Non-hazardous waste is comparable to domestic waste, but it still requires appropriate handling because poor segregation can increase cost, workload, and the risk of contamination.

Global evidence shows that most healthcare waste is general or non-hazardous, while a smaller but significant portion is hazardous and requires special control. Sharps, infectious materials, pathological waste, chemical waste, pharmaceutical waste, and pressurized containers are important concerns in health facilities. Improper disposal of sharps and infectious waste can expose health workers, patients, visitors, waste collectors, and the surrounding community to preventable harm.

In the Philippines, healthcare waste management is guided by national environmental and health regulations, including Republic Act No. 9003 and the Joint DENR-DOH Administrative Order No. 02, Series of 2005. These policies emphasize segregation at source, proper collection, treatment, storage, transport, and disposal. In local facilities, compliance depends not only on written policies but also on awareness, supplies, budget support, personnel behavior, and sustained monitoring.

1.1 Background of the Study on Related Clinical Learning Experience and Clinical Competency

The study focused on Level IV nursing students affiliating in Legazpi City Hospital, a primary hospital setting where students are exposed to actual clinical duties and patient care activities. The clinical setting provides opportunities for student nurses to develop competence through supervision, patient interaction, documentation, health teaching, and participation in nursing care.

In Albay, nursing students come from several colleges of nursing with different institutional backgrounds and training approaches. The study involved students from six colleges of nursing and examined their related clinical learning experience in terms of the role of the nurse teacher, learning atmosphere, and nursing care in clinical areas. It also assessed their level of clinical competency in safe and quality nursing care, health education, and research. The findings were intended to provide evidence-based insights that may help nursing schools and clinical institutions improve clinical instruction, strengthen student support, and enhance competency development.

1.2 Themes and Insights from Related Literature on Related Clinical Learning Experience and Clinical Competency

Related literature emphasizes that clinical learning experience plays a significant role in the development of nursing students' competence. A supportive clinical learning environment allows students to gain confidence, apply theoretical knowledge, develop decision-making skills, and build professional identity. Studies reviewed in the manuscript identify supervision, mentorship, ward leadership, learning atmosphere, staff-student interaction, feedback, and diversity of clinical cases as important factors that influence student learning.

The literature also shows that clinical competence is affected by the quality and consistency of clinical exposure. Students who receive structured supervision, constructive feedback, and sufficient opportunities for patient care are more likely to demonstrate competence in nursing practice. However, challenges such as limited hands-on exposure, inconsistent supervision, online learning limitations, resource constraints, and reduced opportunities for direct patient care may hinder the development of psychomotor and interpersonal skills.

Recent studies also highlight the role of simulation, virtual learning, and blended learning in supporting nursing education. These strategies can enhance knowledge, critical thinking, and confidence, but they cannot fully replace actual clinical experience. Therefore, the literature supports the need to continuously assess the quality of clinical learning environments and their relationship to student competency, particularly in local and primary hospital settings.

1.3 Local, National, and Institutional Context of Related Clinical Learning Experience and Clinical Competency

The study is situated in Legazpi City, Albay, where Level IV nursing students from six colleges of nursing affiliate in a primary hospital for clinical training. In this context, the hospital serves as an important learning environment where students are expected to apply nursing concepts, perform clinical responsibilities, and develop readiness for professional practice.

At the national level, nursing education in the Philippines is guided by policies and standards that emphasize competency-based education and supervised clinical learning. The Commission on Higher Education requires nursing programs to provide quality clinical experiences that prepare graduates to deliver safe, effective, and patient-centered care. Republic Act No. 9173, or the Philippine Nursing Act of 2002, also underscores the importance of proper education, training, and professional competence in nursing practice.

Within the institutional setting, the study examined how clinical instruction, learning atmosphere, and nursing care practices contribute to the competency development of student nurses. Since primary hospitals may have different resources and clinical exposure opportunities compared with tertiary institutions, the study provides localized evidence on how student nurses develop competence in a specific healthcare setting.

1.4 Theoretical or Conceptual Basis of the Study

The study is anchored on Patricia Benner's Novice to Expert Theory and Kolb's Experiential Learning Theory. Benner's theory explains that nursing competence develops progressively through repeated clinical exposure and experience. As students move from novice toward competent practitioners, they gradually improve their clinical judgment, technical ability, confidence, and ability to apply theoretical knowledge in real patient-care situations.

Kolb's Experiential Learning Theory supports the idea that learning occurs through a cycle of concrete experience, reflective observation, abstract conceptualization, and active experimentation. In nursing education, this means that students learn best when they actively participate in clinical tasks, reflect on their experiences, understand the principles behind their actions, and apply what they have learned in future clinical situations.

Together, these theories explain how related clinical learning experience influences the development of nursing competency. A supportive and well-structured clinical environment provides students with meaningful experiences that enhance knowledge integration, skill performance, critical thinking, and professional growth.

1.5 Research Gaps and Rationale

Although many studies have examined clinical learning environments and nursing competency, most were conducted in tertiary hospitals, large academic institutions, or international settings. Many Philippine-based studies focused on online learning, learning styles, self-efficacy, or general competency assessment rather than the direct relationship between related clinical learning experience and competency development in a primary hospital.

The manuscript identified a gap in localized research involving Level IV nursing students affiliating specifically in Legazpi City Hospital. No previous study had examined the association between related clinical learning experiences and the level of competency of fourth-year student nurses in this particular primary hospital setting. This study addressed that gap by assessing students' clinical learning experiences, measuring their competency levels, and determining whether a significant relationship exists between these variables.

1.6 Alignment with Relevant Sustainable Development Goals (SDGs)

The study supports SDG 3 on good health and well-being by promoting the preparation of competent, practice-ready nurses who can contribute to safe and quality healthcare delivery. By strengthening clinical competency, nursing education helps improve patient safety, health education, and quality of care.

The study also supports SDG 4 on quality education by emphasizing effective clinical instruction, experiential learning, competency development, and continuous improvement in nursing education. It further aligns with SDG 8 on decent work and economic growth by preparing future nurses for professional practice and supporting the development of a skilled healthcare workforce.

Additionally, the study contributes to SDG 16 on strong institutions by encouraging collaboration between nursing schools and healthcare facilities, promoting standardized clinical training, and strengthening accountability in student learning and competency assessment.

1.7 Importance of the Study to Multidisciplinary Sustainability

The development of competent nursing graduates is a multidisciplinary concern involving nursing education, hospital administration, clinical supervision, public health, patient safety, research, and healthcare workforce development. Strengthening related clinical learning experiences can improve students' readiness for professional practice, enhance patient care outcomes, and support the production of capable nurses who can respond to the needs of healthcare institutions and communities.

The study is important because it provides evidence that clinical competence is influenced by the quality of clinical exposure, instructional support, and learning environment. Its findings may guide nursing schools in improving curriculum delivery, help clinical instructors enhance supervision and mentorship, and assist hospitals in creating more supportive learning environments for student nurses. By improving clinical learning and competency development, the study contributes to the sustainability of nursing education and the delivery of safe, effective, and patient-centered healthcare.

2. Material and methods

2.1 Research Design

The study used a descriptive-correlational quantitative research design. This design was appropriate because the study described the profile of the respondents, their related clinical learning experiences, and their level of clinical competency using numerical data. It also determined whether a significant relationship existed between related clinical learning experience and clinical competency among fourth-year student nurse affiliates. The data were analyzed using descriptive statistics and Pearson's Product-Moment Correlation Coefficient.

2.2 Locale of the Study

The study was conducted in a primary hospital in Legazpi City, specifically involving student nurse affiliates assigned for related clinical learning experiences. The locale was selected because it provided actual clinical exposure where Level IV nursing students could apply theoretical knowledge, perform nursing procedures, interact with patients and healthcare staff, and develop clinical competency in a real healthcare setting.

2.3 Respondents of the Study

The respondents were Level IV nursing students from six colleges of nursing in Albay who were affiliating in the selected primary hospital in Legazpi City. These students were included because they were in their final year of nursing education

and were expected to demonstrate clinical readiness, professional behavior, and competency in patient care. Their clinical exposure made them appropriate respondents for assessing related clinical learning experience and level of competency.

2.4 Sample and Sampling Procedure

The study used convenience sampling. The total population consisted of 1,015 Level IV nursing students from six colleges of nursing in Albay. From this population, 105 respondents participated in the study based on their availability and willingness to answer the questionnaire during the data-gathering period. This sampling method allowed the researcher to efficiently collect data from students who were accessible and qualified to participate in the study.

2.5 Research Instrument

The study used a structured questionnaire adapted from established tools. The instrument was divided into three major parts. The first part gathered the respondents' profile in terms of age, sex, and school affiliation. The second part assessed the respondents' related clinical learning experience in terms of the role of the nurse teacher, learning atmosphere, and nursing care in clinical areas. The third part measured the respondents' level of clinical competency in terms of safe and quality nursing care, health education, and research. Responses were measured using a five-point Likert scale.

2.6 Data Gathering Procedure

The researcher first secured permission from the appropriate institutional authorities of the six colleges of nursing in Albay. Permission to use the adopted questionnaire was also obtained from the original author. The respondents were informed about the purpose of the study and were provided with informed consent forms before participation. Data were collected from December 4, 2025 to January 13, 2026 through a structured questionnaire administered either in person or through an online platform, depending on respondent accessibility. The completed responses were gathered, organized, and prepared for statistical analysis.

2.7 Data Analysis Techniques

The data were analyzed using descriptive and inferential statistics. Frequency and percentage were used to describe the respondents' profile. Mean and standard deviation were used to determine the respondents' related clinical learning experience and level of clinical competency. A five-point Likert scale was used to interpret the responses. Pearson's Product-Moment Correlation Coefficient was used to determine the significant relationship between related clinical learning experience and clinical competency. The level of significance was set at 0.05.

2.8 Ethical Considerations

The study observed ethical standards in research involving human participants. Approval was obtained from the appropriate institutional authorities before data collection. The respondents were informed about the purpose, nature, and scope of the study, and informed consent was secured before participation. Participation was voluntary, and respondents were allowed to withdraw at any time without penalty. Confidentiality and anonymity were strictly maintained, and the names of the participating schools were coded to protect institutional identity. All collected data were used solely for academic and research purposes.

3. Results and Discussion

3.1 Profile of the Respondents

The study included 105 Level IV nursing students who were affiliating in a primary hospital in Legazpi City. The respondents came from six colleges of nursing in Albay. In terms of age, the largest group belonged to the 22–23 years old age range, followed by those aged 20–21 years old. This shows that most of the respondents were within the usual age range of graduating nursing students.

In terms of sex, the respondents were mostly female, while a smaller number were male. This reflects the continuing predominance of female students in nursing education. In terms of school affiliation, the respondents came from different nursing institutions, with School E and School F having the highest representation. The diversity of school affiliation suggests that the respondents had different academic backgrounds and training exposures before their clinical affiliation.

These findings indicate that the respondents were at a critical stage of transition from student nurse to professional nurse. As Level IV students, they were expected to consolidate theoretical knowledge, refine clinical skills, and develop confidence in actual patient care. Their profile makes them appropriate participants for assessing related clinical learning experience and level of clinical competency.

3.2 Related Clinical Learning Experience of the Respondents

The findings showed that the respondents generally perceived their related clinical learning experience as supportive and conducive to learning, with an overall weighted mean of 4.16, interpreted as Agree. This suggests that the clinical setting provided favorable conditions for the development of nursing competencies among Level IV student nurses.

Among the three domains, the role of the nurse teacher obtained the highest rating, with an overall weighted mean of 4.22, interpreted as Agree. This indicates that clinical instructors played an important role in helping students connect theoretical knowledge with actual nursing practice. The respondents recognized the ability of their clinical instructors to guide learning, collaborate with the clinical team, and support students during clinical exposure.

The domain of nursing care in clinical areas was also rated positively. This means that students observed and participated in nursing care activities that followed clinical standards, including patient care, documentation, confidentiality, and supervised handling of patient-related concerns. These experiences helped students apply classroom learning in real clinical situations.

The learning atmosphere received the lowest rating among the related clinical learning experience domains, although it was still interpreted as Agree. This suggests that while the clinical environment was generally supportive, there were still areas that needed improvement, particularly in encouraging student participation, improving comfort during endorsements, and strengthening interaction between students and healthcare staff.

These findings imply that the clinical instructor remains a key figure in shaping students' learning experiences. However, the learning atmosphere should be further enhanced to make students feel more included, confident, and actively involved in clinical activities. A supportive clinical environment can help improve student engagement, professional confidence, and competency development.

3.3 Level of Clinical Competency of the Respondents

The respondents demonstrated a generally high level of clinical competency, with an overall weighted mean of 4.49, interpreted as Competent. This means that the Level IV nursing students were generally prepared to perform essential nursing functions in the clinical setting.

Among the competency domains, safe and quality nursing care obtained the highest rating, with an overall weighted mean of 4.54, interpreted as Highly Competent. This indicates that students were highly capable of performing important clinical responsibilities such as observing infection control practices, endorsing patients properly, obtaining informed consent, carrying out doctors' orders, and documenting nursing care accurately. This finding suggests that the respondents had developed strong foundational skills in patient safety and quality nursing care.

The domain of health education was rated as Competent, with an overall weighted mean of 4.47. This shows that students were able to participate in information dissemination, identify patient learning needs, encourage positive behavior change, and explain procedures to patients and families. However, because this area received a slightly lower rating than safe and quality nursing care, it suggests the need to further strengthen communication and patient teaching skills.

The domain of research was also interpreted as Competent, with an overall weighted mean of 4.49. This means that students were capable of participating in evidence-based practice, data gathering, identifying researchable problems, and suggesting practical solutions to patient-care concerns. However, research remains an area that may require further development because it involves higher-level skills such as analysis, critical thinking, and evidence-based decision-making.

Overall, the findings suggest that the respondents were most competent in direct patient care and safety-related practices. However, further improvement is needed in health education and research to ensure a more balanced development of nursing competencies. Nursing schools and clinical institutions should provide more opportunities for patient teaching, case analysis, evidence-based discussions, and research-related clinical activities.

3.4 Significant Relationship Between Related Clinical Learning Experience and Clinical Competency

The study found a moderate and statistically significant positive relationship between related clinical learning experience and level of clinical competency. The correlation values ranged from 0.511 to 0.655, with a p-value of 0.000, which is less than the 0.05 level of significance. This means that the null hypothesis was rejected and the alternative hypothesis was accepted.

The results indicate that better related clinical learning experiences are associated with higher levels of clinical competency. In other words, when students experience effective clinical instruction, a supportive learning atmosphere, and meaningful exposure to nursing care in clinical areas, their competency in safe and quality nursing care, health education, and research also improves.

Among the related clinical learning experience domains, nursing care in clinical areas showed the strongest relationship with competency, with an overall correlation of $r = 0.655$. This highlights the importance of direct hands-on clinical exposure in developing nursing skills. Actual patient care experiences allow students to practice clinical judgment, perform nursing procedures, communicate with patients, and apply professional standards under supervision.

These findings support the idea that clinical competence is not developed through classroom instruction alone. It is strengthened through guided practice, meaningful clinical exposure, feedback, and active participation in patient care. The results also affirm the relevance of Benner's Novice to Expert Theory and Kolb's Experiential Learning Theory, which both emphasize that competence develops through experience, reflection, and repeated application in real clinical situations.

4. Conclusion and Recommendations

The study concludes that Level IV nursing students generally had a supportive related clinical learning experience and were clinically competent. The role of the nurse teacher was the strongest aspect of the learning experience, while the learning atmosphere still needs improvement. Students were highly competent in safe and quality nursing care, but health education and research require further strengthening. The study also found a significant positive relationship between related clinical learning experience and clinical competency, showing that better clinical exposure contributes to higher competency.

It is recommended that nursing schools and hospitals strengthen clinical instruction, improve student participation, and provide more hands-on patient care opportunities. Clinical instructors should continue giving guidance, feedback, and mentorship. Health education and research skills should also be enhanced through patient teaching, case studies, and evidence-based activities. Future studies may include other hospitals, larger samples, or the perspectives of clinical instructors and hospital staff.

Compliance with ethical standards

This study complied with applicable academic and institutional ethical standards. The researcher obtained permission from the hospital and relevant agencies before data gathering. Participation was voluntary, informed consent was secured, and respondents were assured that their answers would remain confidential and anonymous. Data were used only for academic purposes and were reported in summary form.

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