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Liter to Editor (Pages: 1077-1081)

Challenges of Clinical Education for Iranian Nursing Students: A Perspective on the Need to Revise Practical Training Methods

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Dear Editor-in-chief,

Clinical education plays a critical role in training competent professional nurses and has a direct impact on the quality of healthcare delivery. In Iran, clinical education faces several significant challenges, including insufficient competency among clinical instructors, inadequate preparedness of students, a lack of psychological and educational support, and disproportionate student-to-instructor ratios. These challenges undermine the effectiveness of clinical training and contribute to increased anxiety among students. This letter examines these issues using recent evidence and highlights the urgent need for revising clinical training approaches. Key recommendations include improving instructor qualifications, enhancing clinical learning environments, optimizing student-to-instructor ratios, and strengthening psychological and academic support systems. The implementation of these strategies has the potential to substantially improve both nursing education outcomes and the quality of patient care.

Key Words: Challenges, Clinical Education, Iran, Nursing Students.

*Please cite this article as: Bashirian S, Azizi S. Challenges of Clinical Education for Iranian Nursing Students: A Perspective on the Need to Revise Practical Training Methods. Med Edu Bull 2025; 6(1): 1077-81. DOI: **10.22034/MEB.2025.536831.1117**

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Received date: Mar. 23, 2025; Accepted date: Jun.22, 2025

1. INTRODUCTION

Clinical education plays a pivotal role in nursing education by bridging the gap between theoretical knowledge and the practical skills essential for professional nursing practice. The World Health Organization (WHO) emphasizes that effective clinical education empowers nursing students to deliver safe and competent care, thereby playing a vital role in strengthening global health systems (1). This is especially critical for developing countries such as Iran, where healthcare systems are undergoing rapid transformations and face multiple challenges (2).

In Iran, increasing population demands, advancements in healthcare technologies, and evolving patient care needs have intensified the necessity for high-quality clinical education. Research demonstrates that well-prepared clinical instructors and supportive clinical learning environments significantly enhance students' skill acquisition, clinical decision-making, and professional confidence (3, 4). Furthermore, these factors contribute positively to student satisfaction and the overall quality of nursing care (5). Nonetheless, clinical nursing education in Iran continues to encounter persistent challenges, including inadequate instructor competency, insufficient student preparedness, limited psychological and educational support, and disproportionate student-to-instructor ratios, all of which adversely impact learning outcomes (6–9).

2. RESULTS AND DISCUSSION

Comprehensive evaluations of nursing clinical education in Iran reveal several critical challenges impacting the quality and effectiveness of training:

- **Insufficient Competency of Clinical Instructors:** Many clinical instructors lack specialized preparation in both clinical expertise and educational skills, which compromises their ability to provide effective supervision and constructive feedback to nursing students (3, 4, 10, 11). Additionally, some instructors exhibit authoritarian behaviors and demonstrate inadequate clinical proficiency, creating restrictive and unsupportive learning environments. These issues are consistently reported in qualitative studies (3).
- **Student Unpreparedness and Psychological Stress:** Nursing students often enter clinical settings without sufficient mental and practical readiness, resulting in increased anxiety, stress, and fear that negatively affect the learning process. The absence of robust psychological and academic support further exacerbates these challenges, undermining students' motivation and learning efficiency (12–14).
- **Poor Communication and Unsupportive Learning Environment:** Effective communication and a supportive learning atmosphere are essential for fostering clinical competence and confidence among nursing students. Deficiencies in interpersonal skills among clinical educators and unsupportive educational environments diminish student motivation and adversely affect the quality of clinical experiences (15–17).
- **Disproportionate Student-to-Instructor Ratios and Limited Facilities:** Excessive student-to-instructor ratios and inadequate clinical resources restrict opportunities for individualized instruction, tailored feedback, and hands-on learning—key elements for effective skill acquisition (18–20).
- **Deficiencies in Planning, Implementation, and Evaluation:** The lack of structured planning and weak assessment frameworks compromise the effectiveness of clinical education programs and impede students' attainment of required competencies (Attachment: sci.docx). Poor curriculum design and ineffective evaluation systems limit meaningful learning opportunities and the provision of timely feedback, thereby

reducing the development of clinical skills and readiness for practice (21, 22, 23). Furthermore, inadequate integration of formative and summative assessments often results in insufficient monitoring of student progress and delayed identification of learning needs (24).

Collectively, these interconnected challenges hinder nursing students' development of practical competencies, adversely impact their psychological well-being and motivation, and ultimately compromise the overall quality of nursing care provided within the healthcare system.

3. RECOMMENDATIONS

- **Enhanced Training and Continuous Professional Development of Clinical Educators:** Numerous studies highlight that targeted faculty development programs focusing on clinical teaching skills, effective communication, and mentorship substantially improve instructors' competencies and significantly enhance nursing students' clinical learning outcomes. Such initiatives encourage educators to adopt learner-centered approaches and to provide meaningful, constructive feedback (25, 26).
- **Reducing Student-to-Instructor Ratios:** The ratio of students to instructors plays a critical role in the quality of clinical education. Lower student-to-instructor ratios facilitate more personalized supervision, increased hands-on practice, and timely, individualized feedback, all of which contribute to better clinical competence. Systematic reviews strongly recommend smaller group sizes to maximize learning effectiveness (18–20).
- **Psychological and Academic Support:** Provision of counseling services, stress management programs, and emotional support has been demonstrated to reduce clinical anxiety and enhance student motivation and academic performance. These support mechanisms foster psychological resilience and improve students' engagement and outcomes in clinical settings (27, 28).
- **Modernizing Clinical Facilities and Incorporating Simulation Technologies:** Simulation-based education is widely recognized as a highly effective pedagogical method that enhances clinical skills, stimulates critical thinking, and builds confidence before students engage with real patients. Comprehensive systematic reviews have confirmed its positive impact on nursing students' competence and preparedness (29).
- **Improved Evaluation and Feedback Systems:** The implementation of ongoing, structured, formative assessments accompanied by timely and constructive feedback is essential for the continuous development of clinical competencies. Recent educational research advocates broadening the scope of assessment methods to ensure more reliable, valid, and holistic evaluation of student performance (24).

4. CONCLUSION

Effective clinical education forms the cornerstone for developing competent nursing professionals and ensuring high-quality healthcare delivery. In Iran, systemic challenges—including insufficient instructor competency, inadequate student preparedness, suboptimal learning environments, and limited resource allocation—undermine the effectiveness of clinical education. Addressing these multifaceted issues through coordinated reforms, strategic investments, and evidence-based interventions is critical to enhancing nursing education outcomes and, ultimately, improving the quality of patient care.

5. AUTHORS' CONTRIBUTIONS

Study conception or design: SB; Data analyzing and draft manuscript preparation: SB and SA; Critical revision of the paper: SB; Supervision of the research: SA; Final approval of the version to be published: SB, and SA.

6. CONFLICT OF INTEREST: None.

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