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ROLE OF CLINICAL INSTRUCTOR SUPPORT IN REDUCING BARRIERS TO CLINICAL GUIDELINE IMPLEMENTATION AMONG NURSING STUDENTS IN MINGORA, SWAT

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Abstract

Background: *A crucial part of nursing programs is clinical education, which allows students to apply their theoretical knowledge in actual clinical situations. The application of clinical recommendations is frequently hampered by obstacles such as a lack of supervision, a heavy workload, and inadequate direction. Support from clinical instructors is essential for promoting adherence to guidelines and boosting student confidence.*

Objective: *To examine the role of clinical instructor support in reducing barriers to clinical guideline implementation among nursing students in Mingora, Swat.*

Methodology: *A cross-sectional analytical study including 169 undergraduate nursing students from five randomly chosen Khyber Medical University-affiliated colleges was carried out.*

Results: *Participants reported minimal perceived barriers (mean = 43.24 ± 2.836) and good clinical instructor support (mean = 44.11 ± 2.158). Barriers and instructor assistance had a weak, non-significant positive correlation, according to correlation analysis ($r = 0.113$, $p = 0.144$).*

Conclusion: *Strong instructor support and few barriers are experienced by nursing students; however, instructor support by itself does not significantly predict barrier reduction, suggesting the necessity for a holistic approach.*

Introduction

Clinical education is a fundamental component of undergraduate nursing programs, providing students with structured opportunities to apply theoretical knowledge within real clinical environments under professional supervision [1, 2]. In the United States, clinical education is firmly grounded in evidence-based practice and the systematic use of clinical practice guidelines to ensure safe, consistent, and high-quality patient care. Clinical practice guidelines are defined as systematically developed statements designed to assist healthcare professionals and learners in making appropriate clinical decisions based on the best available evidence. In nursing education, these guidelines function as standardized tools

that promote patient safety, improve clinical outcomes, and enhance the professional competence of nursing students [3, 4]. In European countries, particularly Norway, the clinical education emphasizes strong collaboration between academic institutions and healthcare settings to facilitate guideline implementation. The clinical learning environment is viewed as a critical determinant of students' ability to apply evidence-based guidelines effectively. Clinical instructor support in this context is defined as the instructional, supervisory, and emotional assistance provided to students during clinical placements, including clarification of guidelines, demonstration of procedures, and constructive feedback. Quantitative and realistic review studies from Europe indicate that structured instructor support enhances students' confidence and reduces uncertainty when applying clinical guidelines in practice [5]. Clinical instructors are experienced nurses or educators responsible for supervising and guiding students in clinical settings. Their role extends beyond direct supervision to include mentorship, professional role modeling, and evaluation of student performance. European research highlights that when instructors consistently integrate clinical guidelines into daily teaching activities, students demonstrate improved adherence to evidence-based practices. On the opposite side, limited instructor availability and insufficient teaching time are identified as barriers that negatively affect guideline implementation [5, 6]. In the Middle East, including the United Arab Emirates, Saudi Arabia, and Oman, clinical instructor support is increasingly recognized as a key factor influencing effective clinical learning. In these countries, clinical instructor support is closely associated with interpersonal relationships, approachability, cultural sensitivity, and structured guidance. The quantitative studies from the UAE show that students rate personality traits and teaching ability as the most important characteristics of effective clinical instructors, while faculty emphasize interpersonal Relations and nursing competence [7]. A similar research from Saudi Arabia reports that students who perceive higher levels of instructor support demonstrate significantly better adherence to clinical guidelines and reduced clinical anxiety [8]. In Oman and other Middle Eastern countries, clinical instructor support is also linked to professional role modeling and objective evaluation. On the other hand quantitative findings indicate that heavy workloads, staff shortages, and limited institutional resources restrict instructor's ability to provide consistent supervision, thereby creating barriers to guideline implementation [9]. In South Asia, mainly in Pakistan, barriers to clinical guideline implementation are more pronounced due to the system and lack of facilities. Barriers are defined as individual, organizational, and educational factors that hinder nursing students' ability to apply evidence-based guidelines during clinical practice. The quantitative studies from Islamabad and Lahore identify major barriers such as inadequate supervision, heavy workloads, insufficient access to updated guidelines, lack of time, and limited institutional support. These barriers often result in reliance on traditional or routine-based practices rather than guideline-driven care [10, 11]. More quantitative evidence from Lahore and Azad Kashmir highlights organizational barriers, including poor nurse-to-patient ratios, lack of financial incentives, insufficient training opportunities, and resistance to change. Even with these difficulties studies consistently show that supportive clinical instructor involvement significantly reduces individual level barriers by Improving students' knowledge, confidence, and clinical competence [12, 13]. Reduction of barriers refers to a measurable decrease in obstacles that impede nursing students ability to implement clinical guidelines effectively [7, 8].

Methodology

The cross-sectional analytical study was conducted at five different colleges in Swat. Moreover, five different colleges of nursing names National college of nursing, Tasleem college of nursing and health sciences, United college of nursing, Bab-E-Khyber college of nursing and health sciences and Fatima college of nursing and health sciences has

been selected randomly in swat area having affiliation with KMU (Khyber medical university) and data has been collected from their sixth and seven semester students who have high experience on clinical side. Furthermore, 300 undergraduate students who have high experience on the clinical side. The study was conducted in 4 months. A convenient sampling technique was used in this study. The population size is 300, with the sample size calculated by using the WHO Calculator on the parameters of confidence level 95% and confidence interval 5%. The calculated sample size is around 169 according to the WHO online calculator. Undergraduate nursing students of nursing colleges with high experience in the clinical side. Both genders (male & female), students who voluntarily want to participate in the study were included in the study. The Exclusion Criteria were Students of other disciplines than nursing. Students have no clinical rotation. Students who have less than one month of rotation in the hospital. The data collection tool was an adapted questionnaire developed after an extensive review of the literature. The Clinical Instructor Support items were adapted from concepts found in the Clinical Learning Environment, Supervision and Nurse Teacher (CLES+T) scale, while the Barriers to Guideline Implementation items were informed by barriers to evidence-based practice, instruments such as the BARRIERS scale. The tool was modified to suit undergraduate nursing students and the context of clinical guideline implementation. The permission letter was signed by the college's administration for data collection. Students of five colleges of nursing in the Swat area, affiliated with Khyber Medical University, are participating in a research study. Participants were informed about the questionnaires, and they were aware of the objectives, purpose, risks, and benefits of the study.

Result

Table 1 shows the demographic results, which involved 169 individuals in total, with 86.4% of them being men and 13.6% being women. In terms of academic standing, 65.7% of participants came from the eighth semester and 34.3% from the sixth.

Table 1 Demographic Characteristics of Participants n=169

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	146	86.4
	Female	23	13.6
Semester	6th	58	34.3
	8th	111	65.7
Total		**169**	**100**

Table 2 shows that, ranging from 31 to 50, the mean clinical instructor support score was 44.11 ± 2.158, indicating a high degree of felt instructor support among students. The level of barriers was measured using reversed total scores in which higher scores indicate fewer barriers, and the scores between 36 and 50 represent low perceived barriers. The value of the mean barriers score was 43.24, which falls in the low barriers category. This indicates that most students experienced minimal difficulty in applying clinical guidelines.

Table 2: Descriptive Statistics of Clinical Instructor Support and Barriers (N = 169)

Variable	N	Minimum	Maximum	Mean	Standard Deviation
Total Clinical Instructor Support Score	169	31	50	44.11	2.158
Total Barrier Score (reversed)	169	33	49	43.24	2.836

Table 3 shows that barriers and clinical instructor assistance had a weakly positive link, according to the correlation study (r = 0.113). Nevertheless, the correlation was not statistically significant (p = 0.144 > 0.05).

Table 3: Correlation Between Clinical Instructor Support and Barriers (N = 169)

Variables	Correlation Coefficient (r)	p-value	Interpretation
Clinical Instructor Support & Barriers	0.113	0.144	Weak positive correlation; not statistically significant

Discussion

A crucial component of nursing education is clinical education, which allows students to apply their theoretical knowledge in actual clinical settings. However, a lack of confidence, insufficient support, and a lack of supervision frequently make it difficult for nursing students to apply clinical principles [2, 14]. By offering supervision, constructive criticism, and a nurturing learning atmosphere, clinical instructors are essential in assisting students in overcoming these obstacles [15, 16]. Therefore, this study aims to examine the role of clinical instructor support in reducing barriers to clinical guideline implementation among nursing students in Mingora, Swat.

The current findings show that barriers and clinical instructor assistance had a weakly positive link, according to the correlation study (r = 0.113). Nevertheless, the correlation was not statistically significant (p = 0.144 > 0.05). Another study reported that nursing students perceived effective clinical teaching with a significant positive relationship between the clinical learning environment and teaching effectiveness (r = .572, p < .001) [9]. Another study found that students' perceptions of clinical instructor assistance and their level of happiness with their clinical placement were found to be strongly positively correlated [17].

The current study indicates a high degree of felt instructor support among students, with a mean score of 44.11. A study from Saudi Arabia also highlighted that students valued instructors who demonstrated good communication skills, clinical competence, and supportive attitudes [8]. Additionally, another study found that the clinical learning environment was deemed satisfactory by 53.8% of the students[14]. The current study shows that the clinical instructor support score was 44.11 ± 2.158, indicating a high degree of felt instructor support among students. While another study from Karachi shows that 35.5% were extremely satisfied [1]. Establishing instructional objectives that prioritize the development of general abilities and ensuring that students understand these aims are crucial to improving the quality of education and institutions. Additionally, it's critical to keep instructors' workloads reasonable. Clinical educators should constantly provide students with insightful criticism and direction [18].

The present findings show that the value of the mean barrier score was 43.24, which falls in the low barriers category. While another study discovered that while resources, leadership, and organizational culture were external influences, attitudes, perceptions, and knowledge were internal factors [19]. In addition, another study found areas of education/orientation/training, time/staffing/workload, and communication were the most commonly stated facilitators and obstacles [20]. Another study found that subthemes of staff, resources, and student characteristics were found to be obstacles. Time, equipment, knowledge, and access to current literature were among the resource obstacles. Personnel hurdles included coworkers, clinicians, and coaches who refused to acknowledge proof of therapeutic gains [21].

Conclusion

This study concludes that nursing students generally experience high levels of clinical

instructor support and face minimal barriers in implementing clinical guidelines. Based on these findings, instructor support alone does not significantly predict the reduction of barriers. The findings suggest that multiple factors influence students' ability to apply clinical guidelines. As a result, a comprehensive approach involving instructors, institutions, and healthcare systems is required to enhance evidence-based nursing practice.

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