Association of the Clinical Learning Setting with Nursing Students' Therapeutic Communication during Hospital-Based Clinical Practice at Universitas Advent Indonesia

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Abstract

This research examined whether the clinical learning environment was associated with therapeutic communication among nursing undergraduates at Universitas Advent Indonesia during hospital placements. A quantitative correlational study was conducted using a cross-sectional approach. The participants were 43 third-year nursing students enrolled in the Bachelor of Nursing Program. Information regarding the clinical learning environment was obtained through the Clinical Learning Environment, Supervision and Nurse Teacher (CLES+T) instrument, while therapeutic communication was assessed using a separate questionnaire. Spearman's Rank correlation was applied to examine the association between the two variables. The findings indicated that 29 participants (67.4%) perceived their clinical learning environment as high, whereas 33 participants (76.7%) achieved high therapeutic communication scores. Statistical analysis produced a correlation coefficient of 0.428 and a p-value of 0.004 ($p < 0.05$). This result demonstrates a moderate, positive, and statistically significant association between the clinical learning environment and therapeutic communication among the participants.

Keywords: *Clinical Learning Environment, Therapeutic Communication, Nursing Students, Clinical Practice, Hospital.*

A. INTRODUCTION

The integration of classroom instruction and hospital-based learning is an essential part of nursing education. Through direct clinical exposure, students have the opportunity to translate theoretical concepts into practical nursing skills while developing appropriate professional attitudes. During these placements, they engage with patients, nursing personnel, clinical instructors, and other members of the healthcare team. Such interactions make the clinical setting an important context for strengthening students' professional abilities and preparing them for nursing practice.

The clinical learning setting is shaped by several elements, including the atmosphere of the ward, interactions with clinical supervisors, approaches to student guidance, assistance from healthcare personnel, and opportunities to participate in

patient care. When these elements are supportive, students can benefit from appropriate direction, constructive feedback, and practical learning experiences that connect classroom knowledge with actual healthcare situations. Previous studies have also highlighted how supervisory practices, the clinical environment, and guidance from preceptors contribute to students' experiences during clinical education (Priyanti & Nahariani, 2016; Putra et al., 2025)..

One key competency to be developed during clinical practice is therapeutic communication. Therapeutic communication is a deliberate and purposeful form of interaction designed to establish a professional relationship between a nurse and a patient, understand the patient's needs, and facilitate the achievement of nursing care goals. Students are expected to apply structured communication phases, demonstrate empathy, provide clear information, and build a relationship based on mutual trust when interacting with patients.

The development of therapeutic communication is intrinsically linked to learning experiences and opportunities for interaction within the clinical setting. Students can observe communication models demonstrated by nurses, receive guidance, and obtain feedback on their own interactions. Nevertheless, students may also encounter challenges in internalizing these communication skills and managing anxiety when interacting with patients (Mercan & Mersin, 2025).

Previous investigations conducted at Universitas Advent Indonesia have examined how nursing students implement therapeutic communication after completing clinical placements. Nevertheless, the association between the clinical learning environment and students' ability to communicate therapeutically remains an area that requires further examination. Therefore, this study was undertaken to explore the relationship between the clinical learning environment and therapeutic communication among Universitas Advent Indonesia nursing students during their hospital-based clinical practice.

B. METHOD

A quantitative correlational approach with a cross-sectional design was adopted for this investigation. The research involved undergraduate nursing students at Universitas Advent Indonesia who participated in clinical placements at Bandung Adventist Hospital. Responses were obtained through an online Google Forms questionnaire during November 2–9, 2026.

1. Population and Sample

The target population included third-year undergraduate nursing students at Universitas Advent Indonesia who were assigned to clinical practice at Bandung Adventist Hospital during the first semester of the 2026/2027 academic year. All 43 eligible students were included as research participants through total sampling. Participation was limited to active students with previous direct patient interaction experience who voluntarily agreed to take part in the study.

2. Research Instruments

Assessment of the clinical learning environment was performed using the Indonesian adaptation of the Clinical Learning Environment, Supervision and Nurse Teacher (CLES+T) scale. The questionnaire contains 34 items, with each response evaluated on a five-point Likert scale. Its assessment domains comprise the ward's learning atmosphere, leadership practices of the head nurse, nursing care within the ward, the quality of supervisory relationships, and the contribution of nurse educators. Previous testing of the Indonesian instrument demonstrated a Scale Content Validity Index (S-CVI) of 0.9405 and an internal consistency coefficient (Cronbach's alpha) of 0.786 (Priyanti & Nahariani, 2016).

Students' therapeutic communication was evaluated through the questionnaire developed by Safitri (2019). This instrument contains 30 items, scored according to four response categories: Always (3), Often (2), Sometimes (1), and Never (0). The assessment addresses four communication stages: pre-interaction, orientation, working, and termination. It also considers three communication characteristics, namely empathy, warmth, and sincerity. According to the original thesis, the instrument achieved a Cronbach's alpha value of 0.978.

3. Data Collection and Analysis

Before completing the questionnaire, participants were informed about the purpose and procedures of the research and were asked to indicate their agreement through the online informed consent form. Following data collection, the responses underwent verification, coding, data entry, and cleaning to ensure their readiness for statistical analysis.

The prepared dataset was transferred into statistical software for further examination. Descriptive analysis summarized the findings through frequency distributions, percentages, averages, and standard deviations. Data distribution was assessed through the Shapiro–Wilk procedure. Subsequently, Spearman's rank correlation was applied to evaluate the association between the research variables, with statistical significance determined at the 0.05 level.

4. Ethical Considerations

The research was conducted with due regard for respondent consent, data confidentiality, respect for respondents' rights, the principles of beneficence and non-maleficence, and fairness. The ethical approval number is not included in the thesis manuscript upon which this article is based; it should be added if available.

C. RESULT AND DISCUSSION

1. Respondent Characteristics

A total of 43 third-year nursing students participated in this research. Among them, the largest age group was 20 years, accounting for 19 participants (44.2%). Female students represented 27 participants (62.8%), while 22 respondents (51.2%) reported having between three and six months of clinical practice experience. The complete distribution of participant characteristics is provided in Table 1.

Table 1 Respondent characteristics

Characteristic	Category	n	%
Age	19 years	5	11.6
	20 years	19	44.2
	21 years	12	27.9
	22 years	3	7.0
	23 years	3	7.0
	25 years	1	2.3
Gender	Male	16	37.2
	Female	27	62.8
Clinical practice experience	Less than 3 months	18	41.9
	3–6 months	22	51.2
	7–12 months	2	4.7
	More than 12 months	1	2.3

The respondent profile provides a description of the students who participated in the study. The duration of clinical practice is relevant as a background characteristic because clinical placement provides opportunities to become familiar with the healthcare environment and to apply nursing knowledge. However, these characteristics were not separately tested for their relationship with therapeutic communication.

2. Clinical Learning Environment

Participants obtained clinical learning environment scores between 95 and 169. The average score was 133.09, accompanied by a standard deviation of 17.670. Regarding the established classification, 29 students (67.4%) fell into the high category, whereas 14 students (32.6%) were categorized as moderate. None of the participants received a score within the low classification.

Table 2. Distribution of clinical learning environment

Category	Score range	n	%
Low	34–79	0	0.0
Moderate	80–124	14	32.6
High	125–170	29	67.4
Total	—	43	100.0

The distribution of scores indicates that a large proportion of participants experienced favorable conditions for clinical learning. The CLES+T instrument evaluates five components: the educational atmosphere within the ward, leadership

by the ward manager, the quality of nursing care, interactions with clinical supervisors, and the involvement of nurse teachers. Collectively, these components provide an overview of the educational conditions and support that students encounter throughout their clinical placements. These findings are supported by previous discussions emphasizing the contribution of supervision and educational assistance to clinical learning experiences (Priyanti & Nahariani, 2016; Putra et al., 2025).

3. Therapeutic Communication

The therapeutic communication assessment produced scores between 45 and 90, yielding an average of 74.23 and a standard deviation of 12.869. Of the 43 participants, 33 (76.7%) achieved scores within the high category, while the remaining 10 (23.3%) fell into the moderate category. None of the participants were placed in the low category.

Table 3. Distribution of therapeutic communication

Category	Score range	n	%
Low	0–29	0	0.0
Moderate	30–59	10	23.3
High	60–90	33	76.7
Total	—	43	100.0

The distribution demonstrates that high therapeutic communication scores were more common among the participating students. The questionnaire examined communication across four phases, namely pre-interaction, orientation, working, and termination, alongside the characteristics of empathy, warmth, and genuineness. However, the presence of participants in the moderate category suggests that further development of these abilities remains important. Opportunities for repeated practice, exposure to clinical situations, self-reflection, and constructive guidance from supervisors may support the improvement of students' communication performance. This consideration is consistent with previous literature concerning difficulties experienced by nursing students when using therapeutic communication in healthcare environments (Mercan & Mersin, 2025).

4. Normality and Correlation Analysis

Based on the Shapiro–Wilk assessment, the clinical learning environment variable produced a p-value of 0.798, indicating a normal distribution. In contrast, the therapeutic communication variable yielded a p-value of 0.004, demonstrating a non-normal distribution. Considering these results, Spearman's Rank correlation was selected as the appropriate statistical procedure for examining the association between the two variables.

Table 4. Shapiro–Wilk normality test

Variable	Statistic	df	p-value	Interpretation
Clinical learning environment	0.984	43	0.798	Normal
Therapeutic communication	0.914	43	0.004	Not normal

Table 5. Spearman Rank correlation test

Variables	Spearman's ϱ	p-value	N
Clinical learning environment and therapeutic communication	0.428	0.004	43

The statistical analysis using Spearman's Rank correlation demonstrated a coefficient of 0.428, accompanied by a p-value of 0.004 ($p < 0.05$). These results confirm the presence of a statistically significant positive association with moderate correlation strength between the clinical learning environment and therapeutic communication. Among the participants, more favorable perceptions of the clinical learning environment were generally accompanied by higher therapeutic communication scores.

Several learning-related conditions within clinical placements may help explain this association. An encouraging atmosphere in the ward can provide students with greater opportunities to seek clarification, take part in nursing activities, and learn from interactions between healthcare professionals and patients. In addition, guidance and constructive feedback from clinical supervisors can help students evaluate and improve their communication approaches. These aspects are reflected in the dimensions assessed by CLES+T. Previous studies have likewise discussed the contribution of clinical learning conditions and educational support to students' learning experiences (Priyanti & Nahariani, 2016; Putra et al., 2025).

The observed association does not demonstrate that improvements in the clinical learning environment directly produce better therapeutic communication. Since both variables were examined using a correlational cross-sectional approach, the findings represent their association at the time of data collection rather than a causal effect. Other aspects, including students' knowledge, self-confidence, communication-related anxiety, interpersonal skills, and previous clinical exposure, could also be associated with therapeutic communication. However, these factors were not independently examined in the present research.

D. CONCLUSION

The findings showed that 67.4% of participants perceived their clinical learning environment as high, while 76.7% achieved high therapeutic communication scores. Statistical testing revealed a moderate positive association between the two variables,

with Spearman's ϱ of 0.428 and a p-value of 0.004 among 43 participants. This indicates that more favorable clinical learning conditions were associated with higher therapeutic communication scores in the group studied. Nevertheless, the cross-sectional correlational approach does not provide evidence of a direct causal relationship.

E. RECOMMENDATIONS

Nursing education institutions may strengthen therapeutic communication learning through simulation, structured skills practice, and regular feedback before and during clinical placements. Hospitals and clinical supervisors may support students by providing consistent guidance, role modelling professional communication, and opportunities to interact with patients according to students' competencies. Students are encouraged to apply the stages of therapeutic communication and reflect on their interactions. Future studies may involve larger samples from multiple institutions and combine questionnaires with direct observation or interviews.

F. LIMITATIONS

The research was conducted with 43 third-year nursing students at a single educational institution and within one hospital-based clinical practice setting. Consequently, the results should be interpreted within this specific context and may not fully represent nursing students in other institutions or healthcare facilities. Furthermore, information for both study variables was obtained through participants' self-assessments. As a result, the findings describe students' reported experiences and perceptions rather than communication practices verified through direct observation. The use of a cross-sectional approach also restricts the interpretation of the findings, as it cannot establish cause-and-effect relationships or identify developments in the variables over an extended period.

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