ISSN: 2230-9926

Available online at http://www.journalijdr.com

IJDR

International Journal of Development Research
Vol. 16, Issue, 06, pp.70564-70566, June, 2026
https://doi.org/10.37118/ijdr.30923.06.2026

RESEARCH ARTICLE OPEN ACCESS

STRUCTURED PEDIATRIC CLINICAL SUPPORT STRATEGY FOR STUDENT NURSES

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ARTICLE INFO

Article History:
Received 12th March, 2026
Received in revised form
24th April, 2026
Accepted 20th May, 2026
Published online 30th June, 2026

Key Words:

Pediatric nursing, Student nurses, Clinical Support strategy, Pediatric clinical posting, Clinical anxiety, Clinical confidence.

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ABSTRACT

Student nurses frequently experience anxiety, worry, and lack of confidence during pediatric clinical postings due to unfamiliarity with pediatric procedures, fear of harming children, and communication challenges with pediatric patients and parents. These concerns adversely affect clinical learning and skill acquisition. To address this issue, a structured pediatric clinical support strategy was implemented among third-year B.Sc. Nursing students. The intervention included supervised instruction by clinical mentors, pediatric procedure demonstrations, return demonstrations, guided supervision, and the use of a clinical procedure record book. Students underwent pre-assessment using the Pediatric Nursing Student Clinical Comfort and Worry Assessment Tool on the first day of posting, followed by post-assessment after three weeks of exposure. The innovation aimed to enhance comfort, confidence, and competency while reducing worry and anxiety in the pediatric clinical learning environment. The strategy required minimal cost as existing institutional resources, faculty supervision, and hospital facilities were utilized. Effectiveness was measured through pre- and post-test comfort and worry scores, clinical competency evaluation, student participation, and reduction in reported anxiety. Findings showed improvement in mean comfort scores from 21.84 to 22.21 and reduction in worry scores from 12.48 to 11.32, with significant reduction in worry after intervention ($t = 2.52$, $p < 0.05$).

Citation: Premlata Prakash and Jatinder Kaur. 2026. "Structured Pediatric Clinical Support Strategy for Student Nurses". *International Journal of Development Research*, 16, (06), 70564-70566.

INTRODUCTION

Background of the Study: The education and training of nurses became professional after Florence Nightingale established a nursing school in 1860. Nightingale considered that the axiom of nursing was patient care. Subsequently, this led to nurses being educated in the classroom and trained in the clinical settings (American Association of Colleges of Nursing, 2014). Contemporary nurse education comprises theoretical courses and practical training where student nurses are holistically prepared to be healthcare professionals (Nasrin et al., 2012). The practical training allows students to develop a better understanding of the nursing research, principles and theories, and strengthen their professional nursing skills.Student nurses are exposed to a wide range of academic and clinical demands in an increasingly crowded curriculum. Perhaps as a result, many student nurses (up to 67% or beyond) report significant levels of distress.Clinical placement is a fundamental aspect of student learning and skill development across healthcare disciplines. Pediatric nursing students experience a great deal of stress and worry over clinical performance in the pediatric setting (Elliott, 2002; Kleehammer, Lassche, Al-Qaaydeh, Macintosh, & Black, 2012; Moscaritolo, 2009;). These worries may contribute to decreased performance and overall skill acquisition (Coetzee, 2004; Oermann & Lukomski, 2001). Alleviating these worries may contribute to better student outcomes in the pediatric clinical setting. This study sought to identify core worry provoking elements of the pediatric clinical experience with nursing students. This was done through the use of the Pediatric Student Comfort and Worry Assessment Tool, a instrument designed to identify the worries of students experiencing pediatric nursing rotations. The tool was created by the Sharifa Al-Qaaydeh MS, RN, as an attempt to identify specific worries that were present in many students during pediatric nursing rotations.

Problem statement*:* A descriptive study to assess the change in the perception of comfort and worry with interventional strategy related to pediatric clinical learning environment among student nurses in a tertiary care hospital, Ludhiana, Punjab, India.

Purpose of the Study*:* The purpose of the study to examine the source of comfort and worry during clinical posting in pediatric area and influence of interventional strategies over the change in perception of comfort and worry in pediatric clinical learning environment among student nurses.

Objectives

- To assess the perception of comfort and worry among student nurses on the first day of clinical posting in pediatric area.

- To administer interventional strategy during clinical posting in pediatric ward.
- To assess the perception of comfort and worry among student nurses on the last day of clinical posting in pediatric area.
- To compare the difference between Pre and Post perception of comfort and worry among student nurses following pediatric clinical learning environment.

Operational definitions: Comfort: refers to the knowledge, confidence and familiarity which student nurses are possessing related to pediatric nursing procedures and is measured through Comfort dimension of Pediatric Comfort and Worry Assessment Tool.

Worry: refers to excessive amount of concern related student nurses are possessing related to pediatric nursing procedures and is measured through Comfort dimension of Pediatric Comfort and Worry Assessment Tool.

Interventional strategy: refers to the combination of supervised instructions by clinical mentors, demonstration of pediatric nursing procedures in the form of pediatric procedure week and clinical record book as a guide to perform adequately and effectively in the pediatric clinical learning environment.

Clinical learning environment: refers to the pediatric clinical posting which allows the student nurses to perform nursing procedures related to care of pediatric patients.

Delimitations:

- Only Baccalaureate students were the part of the study.
- Student nurses who were in third year at the time of data collection.
- Student nurses who were willing to participate in the study.

RESEARCH METHODOLOGY

Research Approach: In this study quantitative research approach was used.

Research Design: One group pre-test post- test design was used to accomplish the stated objectives.

Variables

Independent variable: Interventional strategy was the independent variable for the present study.

Dependent variable: Comfort and worry related to pediatric clinical posting.

Setting of the research*:* Research setting was selected inpatient and outpatient departments of pediatrics, CMC & Hospital, Ludhiana. It is one of the leading health and teaching institution in Northern India with bed strength of 700. Over the years it has grown in every sphere and is rendering services for all specialties and is recognized as Tertiary level Hospital in the Northern India.

Target Population*:* The population of the study consisted of student nurses on whom findings of the research study would be generalized.

Sample and Sampling Technique*:* Non probability, purposive sampling technique was used and the sample size was 64 student nurses.

Instrument: The Pediatric Nursing Student Clinical Comfort and Worry assessment tool was used to assess the perception of comfort and worry related to clinical placement in pediatric areas. This tool was created by Madeline Lassche to identify specific concerns that many nursing students exhibit or express during pediatric clinical rotations. It's a Likert scale with 11 items in which each item had five responses: strongly agree, agree, disagree, strongly disagree, and not applicable. Tool is divided in two dimensions: 1. Comfort dimension consists of 6 items, and 2. Worry dimension, consisting 5 items. Maximum score of the tool was 44 and minimum score was zero.

Data Collection Procedure*:* The data collection was conducted in the pediatric ward in the academic session 2017-2018 (Between September 2017 and July 2018). The investigators met the student nurses in the pediatric ward and explained the need of the study. After taking the consent on the first day of clinical posting, first stage data was collected with the help of "Pediatric Nursing student clinical comfort and worry assessment Tool". During the posting (3 weeks) students were exposed with interventional strategies which included a one week of pediatric procedure demonstrations and return demonstrations, they were provided with the clinical procedure book as a guide to complete all the clinical requirements in the clinical area. Apart of this students were supervised while caring for pediatric patients by the clinical mentors. On the last day of clinical posting second stage of data was collected with the same tool to assess the change in the perception of comfort and worry related to clinical placement in the pediatric area.

RESULTS

Means and standard deviations for individual items and summary scores are reported in Table 1. An independent sample t test was run to evaluate changes in student comfort from the beginning of the pediatric posting to the end of the posting. Students reported more comfort at the end of the posting when compared with the beginning of the posting. An independent sample t test was run to evaluate changes in student worry from the beginning of the posting to the end of the posting. Students reported significantly less worry at the end of the posting when compared with that at the beginning of the posting.

Table 1. Mean & Standard Deviation of Comfort & Worry Scale's Items

Domains	Items	Pre/Post	N	Mean	SD
Comfort	1	Pre	64	4.14	0.49
		Post	64	4.1	0.59
	2	Pre	64	4.12	0.54
		Post	64	4.03	0.85
	3	Pre	64	2.79	0.73
		Post	64	3.01	0.8
	4	Pre	64	3.78	0.74
		Post	64	3.98	0.54
	5	Pre	64	2.98	0.96
		Post	64	3.17	1.01
	6	Pre	64	4.01	0.98
		Post	64	3.9	0.75
Worry	7	Pre	64	2.53	0.89
		Post	64	2.31	0.73
	8	Pre	64	2.34	0.83
		Post	64	2.17	0.72
	9	Pre	64	2.34	0.87
		Post	64	2.14	0.7
	10	Pre	64	2.4	0.84
		Post	64	2.2	0.62
	11	Pre	64	2.85	0.7
		Post	64	2.5	0.69

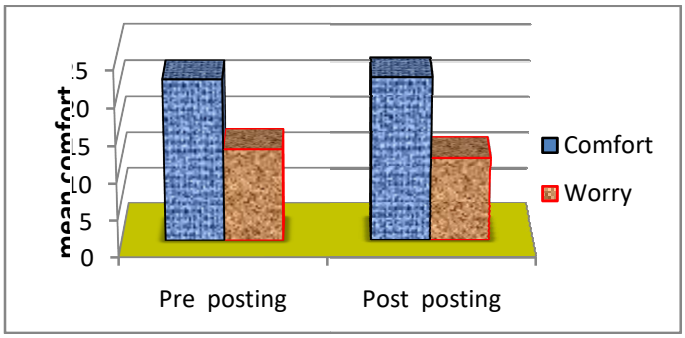

Figure 1. Comparison of pre and post comfort and worry score of student nurses

Table 2: Comparison of Pre and Post Comfort and Worry Score of Student Nurses in Clinical learning Environment

		Pre		Post			
Domains	n	Mean	SD	Mean	SD	df	t
Comfort	64	21.84	2.39	22.21	2.51	63	0.82
Worry	64	12.48	2.88	11.32	2.39	63	2.52*

*=significant at $p<0.05$

DISCUSSION

The results of the present study suggest that before posting in the pediatric area, student nurses reported low comfort and high worry. Prior to the pediatric clinical rotation, student nurses reported the least comfort with performing pediatric assessment, administering therapies, and carrying out procedures on pediatric patients (Table 1). Unfamiliarity with the pediatric setting, fear of harming children, communication difficulties with pediatric patients and parents, and lack of previous exposure may have contributed to these findings. These findings are consistent with the studies conducted by Elliott (2002), Moscaritolo (2009), and Kleehammer et al. (2012), who reported that pediatric clinical areas are perceived as stressful and anxiety provoking among nursing students. The findings of the present study revealed that after implementation of the interventional strategies, student nurses demonstrated improvement in comfort scores and reduction in worry scores. The post-test mean comfort score (22.21 ± 2.51) was higher than the pre-test mean comfort score (21.84 ± 2.39), indicating improved confidence and familiarity with pediatric nursing care following the clinical experience and supportive interventions. Although the increase in comfort score was not found to be statistically significant ($t = 0.82$), a positive trend toward improved comfort was observed. In relation to worry, the post-test mean worry score (11.32 ± 2.39) was lower than the pre-test mean worry score (12.48 ± 2.88). The obtained t value ($t = 2.52$, $p < 0.05$) indicated a statistically significant reduction in worry among student nurses after exposure to the interventional strategies. This suggests that structured supervision, procedure demonstrations, return demonstrations, and guidance through clinical record books were effective in decreasing anxiety and enhancing preparedness during pediatric clinical posting. The reduction in worry may be attributed to continuous support from clinical mentors and opportunities for repeated practice in the pediatric setting. Supportive learning environments have been identified in previous studies as important factors in reducing stress and promoting competence among nursing students. Oermann and Lukomski (2001) and Coetzee (2004) also emphasized that guided clinical experiences improve confidence and reduce fear related to clinical performance. The present study highlights the importance of planned clinical guidance and supportive educational strategies in pediatric clinical learning environments. Nursing educators and clinical instructors should focus on creating opportunities for skill practice, mentorship, and emotional support to improve student learning experiences and clinical competence.

CONCLUSION

The study concluded that student nurses initially experienced lower comfort and higher worry during pediatric clinical posting. Implementation of interventional strategies such as supervised instruction, pediatric procedure demonstrations, return demonstrations, and clinical guidance contributed to increased comfort and significantly reduced worry among student nurses. Therefore, structured clinical support systems should be incorporated into pediatric nursing education to enhance students' confidence, reduce anxiety, and improve overall clinical learning outcomes.

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