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The Relationship of Midwifery Clinical Learning Environment to Student Academic Anxiety Levels

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ABSTRACT

The clinical learning environment is the context in which students of midwifery or other health professions gain hands-on practical experience in real clinical settings, such as hospitals, health centers, or other health facilities. This environment includes physical, social, and psychological aspects that affect the learning process of students during clinical practice. Purpose this study was to determine the correlation of the clinical learning environment with the level of anxiety in clinical learning for undergraduate midwifery students. This is used a correlative with a cross sectional approach. the sample used total sampling. a sample of 69 students using the SECEE and CTAS-24 questionnaires. instruments to measure the clinical learning environment and Cognitive Academic Anxienty Scale (CTAS) instruments to measure anxiety levels. This study used a sampling technique, namely the total sampling method. The statistical test used was Spearman Rank. The research results of bivariate analysis showed that there was a relationship between the clinical learning environment and anxiety level with spearman rank analysis p=0.000 and r=-0.769 with a negative correlation direction, where the worse the clinical learning environment will increase anxiety. There is a need to improve the quality of the clinical learning environment, which greatly affects the success rate of learning, students' readiness to face clinical situations, and their professional development. Factors such as support from clinical instructors, quality of interactions with patients, and availability of adequate resources and facilities play an important role in creating an effective and conducive learning environment.

Keywords: Anxiety; Clinical learning; Midwifery stundent

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INTRODUCTION

Educational institutions are important places to maintain the values of cultural diversity in a society [1]. Keep in mind, students in culturally diverse learning environments need a variety of supports, whether from an academic, linguistic, or socio-emotional perspective [2]. Academic anxiety arises when a person feels worried about a failure in himself either in the academic or learning process [3]. Anxiety refers to the tension in thinking, tension in behavior and physical responses caused by the concern that a person feels about their abilities when faced with a task in the learning process [4]. Health students in their education escape anxiety [5] because the midwifery profession is always faced with stressful situations [6]. The American Psychological Association (2021) states that anxiety is a feeling that usually appears with tension and worry so that it can affect physically such as increased blood pressure, sweating, trembling, dizziness and increased heart rate. Anxiety has a major effect on student academic achievement, the high education system makes academic anxiety appear in students [7]. The higher the academic anxiety felt by students, the lower the academic integrity of students, academic anxiety has a major effect on school achievement and adolescence has a high level of academic anxiety [8],[9]

Stress, anxiety, depression, and disillusionment are identified as important psycho-social factors affecting student nurses' clinical experiences. According to [10] academic workload, unfamiliar situations in clinical areas, handling clinical emergencies and lack of resources negatively impact student learning. Clinical midwifery education is essentially learning through experience. However, patient needs are the main focus and sometimes interfere with student learning, as students are exposed to many complex and challenging situations. [11] Found that there are many challenges in clinical practice, including student preparedness, inadequate supervisory relationships between students, clinical staff and schools. In addition, according to [12] other challenges are decreased quality of mentorship, lack of interdisciplinary practice, missed opportunities to share learning, lack of focus and decreased motivation to learn and inadequate competence. Based on these problems, it is necessary to conduct a more in-depth study related to the learning experience of nursing students in clinical practice. Therefore, this study aims to identify the form of this experience in order to obtain important information in improving midwifery education development, especially in the implementation of clinical practice learning programs.

In the process of achieving competence, it cannot be separated from the teaching hospital as a vehicle for clinical learning. The preparation of the clinical learning environment, especially hospitals in clinical education, will be more serious so that the quality of the educational process will improve, as well as the graduates who are produced to have more professional competence [13]. This is reinforced by Emilia (2008) who states that the context of practical learning is more unstructured than lectures. Therefore, students may face more anxiety, stress and pressure. For this reason, the clinical environment is an

important learning environment for nursing students. Unfortunately, it can also be a source of anxiety for students [13].

In general, an initial survey conducted by researchers on undergraduate nursing students in the clinical cycle (LTC, pediatric midwifery, maternity midwifery, emergency midwifery, midwifery management) found that students experience anxiety and lack of confidence in providing midwifery services and are still afraid to provide invasive actions (29%), students are afraid of Clinical Instructure (CI) (23%), students feel anxious about bedside teaching clinical exams (42%) students have a fear of the hospital environment or clinic places that are usually associated with scary events (6%).

METHOD

The type of research used is correlative research with a cross sectional approach. The population in this study were all undergraduate midwifery, students in the city of Mojokerto in 2024-2025 who were participating in learning practices in clinics (hospitals), totaling 69 people. Measuring instruments used Student Evaluation of Clinical Education Experience (SECEE). instruments to measure the clinical learning environment and Cognitive Academic Anxienty Scale (CTAS) instruments to measure anxiety levels. This study used a sampling technique, namely the total sampling method. The statistical test used was Spearman Rank.

RESULTS

Spearman Rank test results with a value of p = 0.000 that there is a significant relationship between the clinical learning environment with anxiety levels. The correlation value of Spearman's rho is -0.769, showing a strong correlation with a negative correlation direction, which is in the opposite direction where the worse the clinical learning environment will increase anxiety. Based on the demographic characteristics of respondents, it was found that out of 69 undergraduate nursing students, more than half (87%) were male, and (91.3%) were 18-20 years old, and came from regular programs (61%). The largest number of students (30%) in the cycle of Medical-Surgical midwifery, and midwifery, Management. In the midwifery, cycle. Pediatric, midwifery,. Surgical and midwifery, Management, has been implemented for 7 days, while in the Nursing cycle. Maternity has only been implemented for 2 days.

Based on Relationship between the clinical learning environment and anxiety levels, it was found that out of 34 students who stated that the clinical environment was poor, 30 students had a moderate level of anxiety (43.5%) and obtained from 29 students who stated that the clinical environment was moderate, 20 students had a mild level of anxiety (29%). Spearman Rank test results with a value of p

= 0.000 that there is a significant relationship between the clinical learning environment and anxiety level. The Spearman's rho correlation value is -0.769, showing a strong correlation with a negative correlation direction, which is in the opposite direction where the worse the clinical learning environment will increase anxiety.

DISCUSSION

There were more poor clinical learning environment (49.3%) than adequate and good learning environment. More students in the A program (61%) reported a poor clinical environment (45%) than in the transfer program (27%). Hospitals are generally unfamiliar places for students and are environments with unique and unfamiliar sights, sounds and smells. Students experience clinical stress for reasons such as insufficient knowledge and skills for practice, fear of harming patients and making mistakes, lack of clear expectations from their instructors, unknown environment[14]

To determine the relationship between the independent and dependent variables, it was computerized with the Spearman Rank test. From table 1, it was found that out of 34 students who stated that the clinical environment was bad, 30 students had a moderate level of anxiety (43.5%) and obtained from 29 students who stated that the clinical environment was moderate, 20 students had a mild level of anxiety (29%). The results of the Spearman Rank test obtained a p value = 0.000 and the value of Spearman's rho = -.769 which shows that there is a significant relationship between the clinical learning environment and anxiety level and there is a strong correlation with a negative correlation direction, which is in the opposite direction where the worse the clinical learning environment will increase anxiety.

Based on the characteristics of respondents, regular program students (61%) experienced more moderate anxiety levels. Program A students experienced more anxiety during clinical learning (68%), this was due to the lack of guidance and support from room nurses in learning skills (63%). According to Locken and Norberg (2007), it has been found that the main cause of student anxiety is the fear of making mistakes during clinical procedures.

Students in the Pediatric Nursing, Medical-Surgical midwifery, and midwifery, Management cycles have been practicing for 7 days, while the Maternity Nursing cycle has only been practicing for 2 days. Students in the Maternity midwifery, cycle (84%) and Pediatric midwifery, more (92%) experienced moderate anxiety. According to Lazarus (1999), anxiety is based on an individual's emotional state. Temporary emotional conditions, which arise when individuals are faced with certain situations. This emotional reaction varies in intensity and fluctuates over time.

These anxiety symptoms will appear as long as the situation still exists and does not depend on how long the individual is in a particular environment or situation. Whereas A-trait is more stable than A-state, especially its anxiety tendencies in each person. Anxiety is seen as something that is fixed in individuals. Prolonged anxiety levels have been widely recognized as one of the psychosocial factors that hinder learning and academic and clinical performance of nursing students [15]. In line with the opinion [16] midwifery, students must cope with various types of stressors during professional education In the Pediatric midwifery cycle, more respondents tended to state that the clinical learning environment was poor (86%) as seen in the questionnaire item "room midwifery serve me as a midwifery, student like part of their team and room nurses provide sufficient guidance during clinical learning", more respondents (87%) chose disagree. According to [17] during the clinical learning process, students can learn real nursing practice through clinical supervisors, as well as room nurses who can become role models that can be emulated by students. Unfortunately, this role model is often not facilitated by the clinical practice environment. Students' anxiety levels increase during their first clinical experience, and their anxiety and stress levels decrease as clinical experience increases [18]. Educators are aware of these effects, and it is important to provide support to students in both clinical and academic environments.

The clinical learning environment is a vital component of nursing and other health professions education. It allows students to apply the theory they have learned in real-life situations, face clinical challenges and develop professional competencies. The quality of the clinical learning environment greatly influences the success rate of learninag, students' readiness to face clinical situations, and their professional development. Factors such as support from clinical instructors, quality of interaction with patients, and availability of adequate resources and facilities play an important role in creating an effective and conducive learning environment.

CONCLUSION

The worse of clinic environment will increase anxiety. The place of practice during clinical learning is sought to increase trust, self-esteem, confidence and achievement of nursing student competencies. Before entering the clinical cycle/rotation, it is possible to assess each phase, especially the pre-interaction phase to assess feelings, fantasies and fears so that awareness of learner readiness and minimise the influence of academic anxiety in midwifery clinical practice. The clinical learning environment is a vital component of midwifery and other health professions education. It allows students to apply the theory they have learned in real-life situations, face clinical challenges and develop professional competencies. The quality of the clinical learning environment greatly influences the

success rate of learning, students' readiness to face clinical situations, and their professional development. Factors such as support from clinical instructors, quality of interaction with patients, and availability of adequate resources and facilities play an important role in creating an effective and conducive learning environment.

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