

## Original Article

# Learning Through Experience: Uncovering the Needs of Nursing Students to Enhance Group Dynamics

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### Abstract

**Background:** Clinical placements are key to nursing education, offering experiential learning in the Clinical Learning Environment (CLE). Students' experiences are shaped by their context and background. In the group practicum model, a unique group dynamic naturally develops and significantly shapes the learning experience. Various CLE factors can influence how these group dynamics unfold. Understanding students' needs is essential to fostering effective group dynamics and ensuring meaningful, supportive learning experiences.

**Aims:** Exploring and describing the needs of nursing students to promote the development of effective group dynamics within the context of experiential learning.

**Methodology:** A qualitative study using interpretive description was conducted with undergraduate nursing students at a French-language university in Canada. Maximum variation purposive sampling ensured diverse clinical experiences. Data were collected through semi-structured interviews and focus groups, then thematically analyzed using Miles, Huberman & Saldaña (2019) iterative framework. Analysis was supported by Dedoose software and conducted collaboratively to enhance credibility.

**Results:** Six themes define nursing students' needs during clinical placements: fostering a sense of belonging, experiencing structured clinical supervision, mobilizing personal resources to navigate the emotional experience of clinical placement, evolving within a clinical placement structure conducive to learning, building connections with nursing staff and developing critical thinking.

**Conclusions:** Understanding the needs of nursing students is essential for promoting effective group dynamics and building a supportive CLE, thereby enriching their learning experiences and fostering professional development. These findings underscore the importance of intentional collaboration between academic and clinical partners to create psychologically safe, well-structured learning settings. Addressing students' interpersonal and contextual needs not only supports their academic and clinical success but also contributes to the formation of compassionate and competent future nurses.

**Keywords:** Nursing; Clinical learning; Group dynamics; Internship experiences; Learning environment.

## **Introduction**

Nursing programs include practical learning experience in real-world settings, thereby fostering a clinical learning environment (CLE) conducive to the integration of theoretical knowledge and the development of professional skills across diverse care contexts (Bourgeois, Drayton & Brown, 2011; Flott & Linden, 2016). This experiential learning is a fundamental aspect of nursing training, offering students invaluable opportunities to engage directly with the complexities of clinical practice. However, while such immersive experiences are enriching, they also pose multiple challenges for students, both emotionally and organizationally.

Research has shown that key components of the CLE including the clinical supervisor, the nursing staff and the environment itself, greatly influence students' learning experiences (Dionne Merlin, Gallagher & Lavoie, 2025; Flott & Linden, 2016; O'Mara et al., 2014). The interplay of these elements shapes the conditions in which learning occurs; either facilitating or hindering it. In group clinical placements, a distinct group dynamic naturally emerges among students. Dionne Merlin and colleagues (2020) identify five core components of group dynamic in clinical settings: engagement, openness, support, quality of communication, and dominant behavioral styles. This dynamic is not static; it evolves throughout the clinical experience and is influenced by various psychosocial factors, including peer support, effective communication, conflict resolution, and overall group cohesion (Channon et al., 2017; Leyva-Moral et al., 2022).

Positive group dynamics enhance clinical learning by promoting knowledge exchange, emotional support, and key collaborative skills (Bourgeois, Drayton & Brown, 2011). They foster belonging, confidence, and active participation, contributing to deeper learning and professional identity development (Dionne Merlin, Gallagher & Lavoie, 2025). Students who feel accepted and supported are more likely to enjoy the nursing profession, persist in their studies, and develop a stronger sense of

commitment to their future role (Al-Daken et al., 2024; Yilmaz, Hancer & Turk, 2025). In contrast, negative group dynamics characterized by poor communication, unresolved conflict, or exclusion can lead to emotional distress, decreased engagement, and diminished learning opportunities, ultimately undermining students' confidence, clinical performance, and overall well-being (Bourgeois, Drayton & Brown, 2011; Dionne Merlin, Gallagher & Lavoie, 2025).

Group dynamics represent a critical yet frequently overlooked aspect of the CLE, particularly in group placement settings where learning is deeply influenced by interpersonal relationships. Despite its significance, this area remains underexplored in literature. Addressing this gap is essential to gaining a deeper understanding of nursing students' needs in cultivating supportive group dynamics. Such insight can guide the development of strategies that foster positive peer interactions and inform both pedagogical approaches and organizational practices aimed at enhancing experiential learning and professional development. The study aims to explore and describe the needs of nursing students to promote the development of effective group dynamics within the context of experiential learning.

## **Methodology**

An interpretive description approach (Thorne, 2016), recognized for its rigor and relevance in health research, was chosen to explore the subjective experiences of nursing students. This method enables a rich, contextual understanding of participants' perspectives (Thompson Burdine, Thorne & Sandhu, 2021; Thorne, 2016).

The study took place at a French-language university in New Brunswick, Canada, offering a four-year Bachelor of Science in Nursing (BScN) program. Each semester, students participate in group clinical placements (5-7 students), with settings and group composition varying, except in third year where group stability is maintained across four placements. This structure fosters evolving group dynamics influenced by interpersonal and contextual factors. Participants were recruited using

maximum variation purposive sampling to capture diverse experiences across academic years and clinical settings. Eligible students were enrolled in the BScN program and had completed at least one group placement. Recruitment was done via posters, social media, and email, with opportunities for in-person discussion.

To explore participants' perspectives, two data collection methods were employed: semi-structured individual interviews and focus group discussions. Focus group discussions not only facilitated the exchange of ideas among participants but also enriched the dialogue through dynamic group interactions (Krueger & Casey, 2015). Nursing students participated in either an individual interview or a focus group discussion, with each option lasting between 60 and 75 minutes. All interviews were conducted by the primary author. The interview guide was developed from existing literature (Dionne Merlin, et al., 2023) and is provided in Appendix A to illustrate their alignment with key themes related to group dynamics in clinical learning. All sessions were audio-recorded, transcribed verbatim, and analyzed through an iterative process. Data collection took place between July and November 2024 and concluded upon reaching thematic saturation, when no new insights emerged (Malterud, Siersma & Guassora, 2016).

The analytical approach proposed by Miles, Huberman & Saldaña (2019) was used and supported by the qualitative analysis software Dedoose. This process evolved alongside data collection. Data was co-analyzed by members of the research team, and collaborative discussions were held to minimize coding bias and ensure consistency between the data and the identified themes.

Ethical approvals were obtained from the relevant institution involved in the study (File nos. 2324-065; 2324-091). All participants provided free, informed, and ongoing consent throughout their involvement. Participant confidentiality was continued at every stage of the research process, in accordance with the Tri-Council Policy Statement (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2022).

**Results**

Twenty-eight nursing students participated in the study, including 13 individual interviews and two focus groups with eight and seven participants, respectively. Convenience sampling was used. Participant characteristics are presented in Table 1

**Table 1: Characteristics of participants (n=28)**

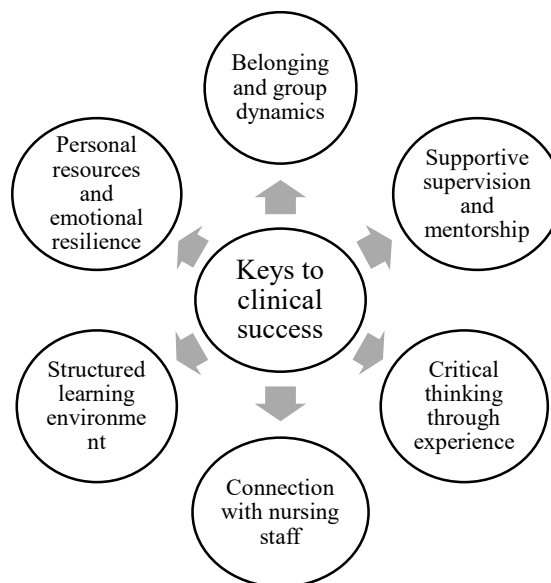
Characteristic	Full sample	
	n	%
Average age: 23 years		
Gender		
Female	25	89
Male	3	11
Year in the program		
First	4	14
Second	5	18
Third	11	39
Fourth	8	29
Clinical context		
Medical/surgical	6	22
Geriatric/rehabilitation	9	32
Several clinical contexts	11	39
Others <sup>a</sup>	2	7
Number of internships groups		
One group	6	21
Two groups	2	7

Three or more groups	20	72
Nationalities		
Canadian	12	43
Moroccan	3	11
Others <sup>b</sup>	13	46

<sup>a</sup> Maternity, mental health   <sup>b</sup> Beninese, Ivorian, Congolese, Senegalese, Algerian, Cameroonian

Thematic analysis of the narratives revealed six interrelated themes reflecting students' perspectives on key elements that support collaboration and meaningful learning in group clinical placements (Figure 1).

**Figure 1 Nursing Students' Needs for Fostering Effective Group Dynamics: Keys to Success**



**Interview Guide**

**Question 1**

I would like you to tell me about your experience in your most recent clinical placement group or in previous ones.

**Question 2**

Referring to the five elements that characterize group dynamic: engagement, openness, support, quality of communication, and dominant behavior styles, what are your needs to foster these characteristics within a group dynamic?

*Examples of follow-up questions:*

- Can you give me concrete examples of experiences you've had that relate to these elements of group dynamics?
- Can you explain how these needs could support your experiential learning?
- What connection do you see between these needs, group dynamics, and your experiential learning?

### **Question 3**

What are your expectations of the clinical placement supervisor in supporting the characteristics of a positive group dynamic?

*Examples of follow-up questions:*

- *Do you have specific examples of how the supervisor could foster the characteristics of a positive group dynamic?*
- *What connection do you see between the supervisor's support, group dynamics, and your experiential learning?*
- *How could supervisors better meet your needs while supporting group dynamics and experiential learning?*

### **Question 4**

What are your expectations of the nursing staff on the unit in promoting the characteristics of a positive group dynamic?

*Examples of follow-up questions:*

- *Do you have specific examples of how the nursing staff could foster the characteristics of a positive group dynamic?*
- *What connection do you see between the support of the nursing staff, group dynamics, and your experiential learning?*
- *How could the nursing staff better meet your needs while supporting group dynamics and experiential learning?*

**Conclusion:** Considering all the information you've shared, what seems most important to you? Before we conclude this interview, are there any other points that haven't been addressed that you would like to add to help us better understand your needs in fostering a positive group dynamic in the context of your experiential learning?

### **Fostering a Sense of Belonging and Strengthening Group Dynamics**

This theme, the most prominent among those found, encompasses all elements that contribute to building cohesion within a group of nursing students. A sense of belonging emerged as a fundamental condition for promoting group dynamics and collaborative learning. Participants reported that their integration into the group was facilitated by frequent and meaningful interactions, particularly during post-conferences, informal exchanges, and shared moments of reflection.

*"... everyone has a quality, and if we put them all together, we're going to create a united team... we have to try and put all that together." - P12*

*"... we need to have bonds and connections with everyone in the group in order to really work as a team." - Focus Group 2*

*Open communication, respect for different personalities, and clearly defined roles also helps to create an environment conducive to collaboration. In contrast, the presence of cliques, unresolved conflicts, or a lack of mutual engagement can hinder group dynamics and weaken the development of a sense of unity.*

*"... in the clinical setting... it can have an impact because you're looking for someone to help you, and when you see that everyone is kind of together and you're left out... it's not a good feeling..." - Focus Group 1*

*Therefore, participants expressed the need for a safe and supportive relational environment where they feel accepted by their peers and empowered to learn together, share mistakes, and grow collectively.*

*“...if there aren’t good relationships among students, you can’t learn. When there are positive relationships, it creates the right environment for learning... that’s what makes the difference.” - P4*

### **Experiencing Structured Clinical Supervision and Quality Mentorship**

This theme highlights the clinical supervisor’s role, attitude, and practices. Students emphasized the importance of supervisors’ teaching skills, availability, and fairness. Approaches rooted in kindness, constructive feedback, and recognition were seen as key to fostering positive group dynamics.

*“She’s like a leader... if she wasn’t at the center, we’d be kind of scattered... she’s like a central element who guides us to facilitate that group dynamic...” - P12*

*“...the clinical instructor was there for some students, but she wasn’t there for others.” - P12*

Consistency in expectations among supervisors and their ability to harmonize educational interventions across different placements were also identified as key needs. Furthermore, students appreciated when supervisors were attentive to the group’s interpersonal dynamics and intervened when necessary to support relationships or diffuse tensions.

*“... some clinical instructors let things slide, while others give very little leeway...” - Focus Group 2*

*“... I think it’s important for the clinical instructor to be aware of what’s going on in the group...” - P11*

These elements highlight the importance of active supervision that is attentive to both individual learning and the relational health of the group.

### **Mobilizing Personal Resources and Navigating the Emotional Experience of Clinical Placement**

This theme encompasses aspects related to personal experience, emotions, stress

management, and individual expectations. It highlights the personal characteristics of nursing students that influence their ability to integrate into and benefit from group dynamics. Factors such as introverted personality traits, a need for reflection time, self-critical tendencies, or heightened emotional sensitivity can complicate group adaptation and increase stress during placements.

*“...at the beginning of the internship, I feel stressed and anxious... because we don’t know where we’re going, we don’t know the clinical instructor... being prepared mentally, I’d say that helped a bit...” - Focus Group 1*

*“...if you have a busy morning, sometimes it’s really better to just take a moment alone... like how mentally tough it was... how much you actually need that break...” - P11*

High personal expectations and performance pressure can hinder experiential learning by lowering mistake tolerance and heightening emotional reactions. Students also noted the need for self-awareness, stress management, and adaptive communication to contribute effectively to group dynamics. This theme underscores the value of support that respects individual differences and fosters psychosocial skill development.

### **Evolving Within a Clinical Placement Structure Conducive to Learning**

This theme relates to how clinical placements are organized, including scheduling, workload, and group structure. Students shared that factors like large group sizes, unstable schedules, or unequal patient assignments can create stress, reduce collaboration, and negatively impact group dynamics.

*“Receiving the clinical schedule just a few days before starting is really stressful... and then there’s always the possibility that changes will happen... but not knowing... you have no idea what’s going on.” - Focus Group 2*

*“...our clinical groups are so big, I honestly think that anything over six*

*people makes no sense...” - Focus Group 2*

*“...I’m going to struggle with it [talking about complex assignment] ... I just cross my fingers that the clinical instructor won’t question me too much about it during the day...” - P10*

In contrast, careful and transparent planning, combined with clear orientation at the start of each placement, helps establish a learning environment that supports collective engagement.

*“...if we were informed earlier and could have something prepared together, just to meet and share something, that would be nice.” - P4*

Students expressed a strong need for improvements in the organizational structure of placements to reduce logistical challenges that interfere with the cognitive and emotional availability required for meaningful group interaction. Poor structural management can hinder group cohesion.

### **Building Connections with Nursing Staff in a Welcoming Environment**

This theme highlights how interactions with nursing staff affect students’ learning. It examines how being welcomed and supported influences both group dynamics and learning experiences. Students noted that a lack of openness, staff indifference, or overload can make them feel unwelcome, limit their curiosity, and discourage collaborative initiatives.

*“...if you don’t feel accepted in the clinical unit [referring to the nursing staff], you’re less likely to ask questions, you’re more likely to just stick with your group...” - P5*

*“...when you asked them for help, it felt like you were always bothering them... I felt like I was less supported.” - P12*

*Conversely, clinical settings where professionals take the time to share practical knowledge, encourage students, and integrate them into the*

*team fostered a strong sense of belonging, not only within the peer group, but also within the broader community of nursing practice.*

*“... when they take the initiative to come and help us, it gives us confidence... you can see that confidence is mutual.” - P11*

This theme highlights the importance of a shared culture of support and inclusion across all actors in the clinical environment, extending beyond the student group itself. The quality of relationships with nursing staff directly shapes how students perceive their clinical placements.

### **Developing Critical Thinking Through Concrete Experience**

This theme encompasses aspects related to development through experience, adaptation, and the variety of clinical placements. It illustrates the progression of nursing students in their ability to adapt, interact, and engage in collective learning throughout their internships. Experiential learning is built not only through action, but also through reflection, sharing experiences, and exposure to diverse environments.

*“...we share all our experiences during the clinical, whether they’re positive or negative... it also strengthens the group dynamic... you don’t feel alone...” - Focus Group1*

*“...I saw what others were doing wrong and made sure not to do the same... So, it was productive, it was good.” P4*

Participants also expressed a strong need for concrete opportunities for active learning, such as group discussions, clinical problem-solving, and feedback on interpersonal interactions.

*“...group discussions are really important during internship days to debrief, talk about what happened, and how we could have acted differently... you get to debrief ... but also to understand what happened with your peers as well...” - P5*

In this context, group dynamics become not only a source of relational support, but also a catalyst for building clinical competencies. This theme emphasizes that the development of nursing knowledge occurs as much through hands-on experience as through observing others and co-constructing meaning in context.

### **Discussion**

This section discusses how the findings align with, enrich, or challenge existing literature on clinical education, group dynamics, and experiential learning. Finally, it examines the implications for nursing education and research.

#### ***Sense of belonging as a lever for learning***

The most prominent theme identified is the sense of belonging and group dynamics. Students who feel integrated and supported by their peers report more positive clinical experiences and demonstrate greater engagement in their learning (Abdelmagied Elsayed, Mahmoud & Abdrabou, 2023; Chin et al., 2024; Levett-Jones & Lathlean, 2008; Parmer et al., 2025; Zaky, 2024). This sense of belonging does not arise spontaneously, it is nurtured through meaningful interactions, such as open and respectful group discussions. Belonging is central to nursing students' professional socialization and develops progressively through clinical experiences as part of an adaptive social learning process requiring time, consistency, and intentional support. Therefore, group dynamics should be recognized as a fundamental pedagogical element of clinical placement within this learning modality.

#### ***Quality of Supervision: More Than Just Knowledge Transmission***

Supervision quality emerged as a key theme, highlighting that effective clinical supervision goes beyond the transmission of knowledge. Nursing students emphasized the importance of supervisors who foster a safe, supportive environment through active listening, kindness, recognition, continuous feedback, and equitable treatment (Dionne Merlin et al., 2023). Such relational approaches promote psychological safety, enabling students to take pedagogical risks and develop complex competencies

(Hardie et al., 2022). In contrast, inconsistent expectations or distant supervision were associated with stress, reduced confidence, and disengagement (Donough & Van der Heever, 2018; Mahasneh et al., 2020).

Moreover, some students emphasized the importance of being able to express doubts or to ask questions, which underscores the significance of the relational stance adopted by the supervisor. Compassionate supervision helps to defuse the fear of making mistakes and promotes a culture of learning, as supported by supervision models based on pedagogical alliance (Diogo et al., 2016; Thomsen et al., 2024). By embracing a compassionate approach, supervisors can strengthen pedagogical relationships, reduce anxiety around mistakes, and create a learning culture that supports students' growth and confidence in complex clinical environments.

#### ***Personal factors: between vulnerability and learning***

The results revealed that personal characteristics, such as introversion, the need for solitude, stress management, and self-imposed expectations can affect the quality of the clinical experiences. Students who place high pressure on themselves report that their internalized pressure can interfere with their ability to learn or collaborate. This highlights the issue of psychological preparation for clinical placements and the development of emotional and metacognitive skills. While stress is inevitable in clinical settings, it can become an obstacle when students are not equipped to cope with it (Laugaland et al., 2021; Nowell et al., 2017). Nursing programs should integrate strategies that help students manage uncertainty, pressure, and interpersonal challenges by fostering emotional intelligence skills like self-awareness, self-regulation, and empathy.

#### ***Organizational environment: a framework that shapes experience***

Logistical and structural elements of clinical placements, such as group size, work schedules, patient assignments, and the process by which student groups are announced, plays a crucial

role in shaping nursing students' experiences. Insufficient supervision or uneven workload distribution can generate stress, hinder collaboration, and undermine group cohesion (Aryuwat et al., 2024; Spurr et al., 2021). These observations aligned with the work of Nowell et al. (2017), who emphasized that the clinical learning environment extends beyond its physical context to include a complex interplay of material, relational, and organizational conditions.

Moreover, organizational disruptions, such as rotating supervisors or the presence of temporary staff with limited engagement, can weaken pedagogical continuity and the emotional stability needed for effective learning (Laugaland et al., 2021). These findings underscore the importance of fostering stronger and more integrated partnerships between clinical settings and academic institutions to ensure consistent, high-quality educational experiences, even in the face of ongoing transformations in healthcare environments.

#### ***Quality of interactions with staff***

Findings underscore the vital influence of nursing staff on students' professional development. Supportive, welcoming staff foster a psychologically safe and engaging clinical environment, while emotional distance or exclusion can lead to feelings of isolation (Admi et al., 2018; Shnaider & Warshawski, 2024). This is especially evident in high-pressure settings or when temporary staff are less involved in student mentorship. As students learn through both formal teaching and team-based participation (Jack, Hamshire & Chambers, 2017), feeling accepted and valued is essential for building confidence and developing clinical competencies (Al-Daken et al., 2024; Galletta et al., 2017). Such an environment, characterized by recognition and psychological safety, promotes student engagement and supports their professional growth.

It is therefore essential to view clinical settings as genuine learning environments, where all participants, including supervisors and nurses, contribute actively to the educational process. Raising awareness and providing training for

staff on their educational role represents a concrete way to foster a culture of inclusion, mentorship, and shared responsibility. Clinical learning is not an isolated task; rather, it is a collective effort embedded in the daily practices of the entire healthcare team.

#### ***A Developmental Pathway Through Clinical Placements***

Students' clinical experiences tend to evolve positively over time, as repeated exposure to diverse settings helps them build confidence, develop coping strategies, and strengthen professional competencies (Al-Daken et al., 2024; Fong et al., 2024). These findings support the need for a structured clinical curriculum that offers consistent, reflective learning opportunities. As emphasized by Benner (1984) and Kolb (1984), clinical expertise is built through practice and experiential learning, where theory is integrated with real-world situations. Supervised, reflective clinical environments are thus essential for developing nursing students' judgment and adaptability.

#### **Implications for Education**

This study highlights strategies to improve clinical learning by fostering a sense of belonging, group cohesion, and supportive supervision. Structured activities (e.g., post-conferences, experience-sharing) can enhance peer support and student engagement. The pivotal role of clinical instructors calls for consistent mentorship practices and professional development. Personalized approaches that consider an individual's traits and their potential stress load, such as reflective journaling and stress management workshops, can strengthen a student's self-awareness and resilience.

**Future Research:** Findings point to the need for further investigation into how personal, relational, and organizational factors influence clinical experiences. Future research should evaluate the effectiveness of strategies like reflective practices, post-conferences, and supervision models. Finally, the emphasis on reflexivity and experiential learning invites studies focused on informal learning processes

and how to trace students' development in clinical contexts.

**Strengths and Limitations:** This study demonstrates strong methodological rigor, with findings that align with existing literature while offering new insights into nursing students' needs to support group dynamics in clinical learning. Data collection by a single researcher ensured consistency, and an iterative analysis process, varied settings, and collaborative coding enhanced trustworthiness. Maximum variation sampling and contextual detail support transferability. Limitations include the study's specific institutional and cultural context, limiting generalizability. The sample may not reflect the full diversity of students or placements. Additionally, variables such as academic performance, year of study, or clinical setting were not controlled and may have influenced participants' experiences.

**Conclusion:** Findings highlight the central role of belonging, shaped by interpersonal, organizational, and personal factors, alongside the importance of quality supervision, placement structure, and clinical team interactions. A supportive environment and cohesive group contribute significantly to experiential learning. These results highlight the importance of intentional collaboration between educators and clinical partners to create psychologically safe and well-structured learning environments. Addressing students' needs within these contexts promotes not only academic and clinical success, but also the development of empathetic and competent future nurses.

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**Declaration of Generative AI and AI-assisted technologies in the writing process:** Given that English is not the native language of the research team, we employed artificial intelligence tools to support the rephrasing and lexical refinement of certain passages, ensuring clarity, and precision in word choice.

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