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# RESEARCH ARTICLE

# Restricted and hands-on clinical experience on patient care: Effects on the confidence and integrity of care among nursing students

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## ABSTRACT

Given the evolution of the healthcare landscape, there is a growing need to equip nursing students with the necessary skills and competencies to adapt to rapid technological advancements, shifting patient demographics, and increasingly complex clinical environments. The purpose of this study was to explore the experiences of nursing students regarding restrictive academic experiences and how this affected their confidence and integrity towards patient care. Nursing students (n=18) were purposively sampled to be interviewed. Narratives were inductively interpreted to extract important insights about learning processes and self-perception. The findings indicated that students commonly experienced overthinking and anxiousness, manifesting as self-doubt, hesitation, and a persistent need for validation, all of which hindered clinical judgment and decision-making. Many struggled to bridge the gap between theoretical understanding and real-life application, leading to fears of making mistakes and emotional unpreparedness in clinical settings. In contrast, hands-on clinical experiences promoted the development of confidence through practice, observation, and conditioning. Students who engaged in repetitive tasks, observed professionals, or encountered real ethical dilemmas were better equipped to internalize skills, respond to emergencies, and uphold care integrity. These experiential opportunities allowed them to act decisively and with professionalism, transforming theoretical knowledge into confident clinical practice. Nursing students' confidence and integrity in patient care are crucial for ensuring patient safety and quality healthcare. Adequate hands-on clinical exposure builds the practical skills and emotional readiness needed for competent, ethical nursing practice.

***Keywords:*** confidence; hands-on experience; integrity; nursing education; restricted learning

## 1. Introduction

In the field of nursing, trust is fundamental to the bond between caregivers and patients. It is essential for patients to trust nurses' skills in delivering safe and proficient care[1]. For nursing students, a crucial point in their career growth takes place throughout their education, as they gain the knowledge and skills that shape the professional healthcare providers they aim to become[2]. Although nursing plays a crucial role in providing high-quality patient care, the influence of diverse clinical experiences on students' confidence and professional integrity has not been thoroughly investigated[3].

This research comprehensively examined the difference between hands-on experiences and minimal

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clinical exposure, emphasizing the impact of these factors on the essential skills of nursing students. The increasing reliance on restricted clinical exposure in nursing education raises concerns about whether these methods adequately prepare students for the demands of patient care.

As nursing education evolves, various teaching methods are being applied, including restricted clinical rotations and simulation-based learning. While these techniques may enhance knowledge acquisition, there is growing apprehension regarding their effectiveness in fostering the integrity and confidence crucial for professional practice[4]. Studies indicate that hands-on experience is crucial for refining clinical skills and enhancing decision-making capabilities. However, a transition to traditional educational models that limit direct patient interaction might lead nursing students to feel unready for real-world challenges[5].

Emphasizing academic knowledge more than practical skills could diminish the confidence and integrity of nursing students during their care provision[6]. Additionally, factors such as institutional support and socioeconomic background can affect how students perceive and engage with their clinical experiences.

The anticipated outcome of this research is to elucidate the connection between the nature of clinical experiences—comparing practical hands-on exposure with minimal contact—and the resulting degrees of confidence and integrity in care among nursing students. This research aims to provide valuable information for curriculum development and training techniques by identifying the key elements that improve effective nursing education[7]. This study contributed to the ongoing dialogue about reforming nursing education, emphasizing the significance of a comprehensive approach that integrates theoretical knowledge with practical skills[8].

## 2. Literature review

Restricted clinical experiences—often characterized by limited patient contact—have been shown to impede skill development. Students frequently experience performance anxiety during initial clinical encounters due to unfamiliar environments and fear of making mistakes[9,10]. Even with a strong theoretical foundation, students often struggled to perform independently in clinical tasks, highlighting the persistent gap between theory and practice[11].

Al Awaisi et al.[12] reported that newly graduated nurses often face "reality shock" when transitioning from academic settings to actual clinical practice, as they encounter difficulties in applying abstract knowledge to dynamic and complex patient care scenarios. These challenges highlight the importance of bridging theoretical instruction with robust, real-world clinical experiences to adequately prepare future nurses.

Dewey[13] posited that learning emerges through the transformation of experience, highlighting the importance of growth, interaction, and democratic engagement. He conceptualized experience as an active process wherein individuals interact with their environment, and through this dynamic exchange, learning occurs as individuals reflect on the consequences of their actions. According to Dewey, learning must be grounded in the developmental stages of learners, with instruction designed to provide meaningful, time-based experiences that align with their evolving capacities[14]. Dewey maintained that genuine thinking arises when learners engage with real-world situations and test their ideas through action, contrasting with traditional educational approaches that prioritize abstract and disconnected content over experiential learning. For example, Benner[15] believed that novice-to-expert model further supports this by asserting that experiential learning is essential for the development of clinical reasoning and decision-making skills.

A substantial body of literature emphasized the role of clinical experience in cultivating both confidence and integrity among nursing students. Ben Natan et al.[16] established a positive correlation between students'

clinical exposure and their confidence levels, demonstrating that those with more substantial hands-on experience exhibited greater assurance in their clinical abilities. Experiential learning not only enhances technical competence but also reinforces self-efficacy[17], a key factor in effective nursing practice. Practical experience allows students to apply theoretical knowledge in real-life clinical settings helping them in nurturing their ethical reasoning and moral integrity.

McCaughan et al.[18] found that students who engaged more frequently in real-world clinical environments demonstrated an in-depth understanding of ethical care and decision-making. Their research highlights the role of practical exposure in developing moral sensitivity and professionalism. Nursing students who underwent prolonged clinical rotations exhibited significantly greater self-confidence and readiness for professional responsibilities[19]. Extended exposure to real clinical environments not only enhances technical competence but also cultivates a deeper sense of accountability and role assimilation,

A local study by Reyes and Villanueva[20] assessed nursing students with minimal clinical exposure and found that limited hands-on experience was associated with lower levels of integrity in care delivery. Their findings suggest that inadequate exposure may hinder the development of ethical competencies essential for responsible nursing practice. This observation is consistent with the findings of John and Santos[21], whose research in the Philippine context indicated that students with prolonged clinical placements felt more capable of entering the workforce, while those with restricted exposure expressed doubts about their preparedness.

The relationship between clinical exposure and nursing competence is further affirmed by McEwen et al.[22], who posited that confidence in clinical practice is directly proportional to the quality and quantity of experiential learning. De Guzman and Lim[23] supported this view by demonstrating that students with more extensive practical training perceived themselves as significantly more competent in clinical judgment and decision-making.

The cultivation of integrity—defined by adherence to ethical standards and professional norms—is also closely linked to clinical experience. O'Brien et al.[24] argued that sustained interaction with patients allows nursing students to internalize professional values. Students with diverse and immersive clinical placements were more morally grounded and better equipped to navigate complex ethical scenarios.

Students with minimal patient interaction often report feelings of inadequacy, anxiety, and decreased confidence in handling real-world situations. This concern through their study on students' performance in emergency care settings, finding that limited clinical exposure resulted in significantly lower self-assessed competence and confidence[25]. Likewise, further analysis is needed to guide the development of evidence-based strategies that balance theoretical instruction with experiential learning. Such analysis should consider curriculum design, institutional support, availability of clinical placements, and the integration of simulation-based methods as supplementary tools. Addressing these factors holistically can contribute to the cultivation of nursing graduates who are both clinically competent and ethically grounded in their practice.

# 3. Methods

## 3.1. Research design

This study explored the experiences of nursing students regarding restricted clinical activities and how it affects their confidence towards patient care. Exploratory research is effective for examining particular social issues or uncovering a phenomenon through a systematic and deliberate process of inquiry[26-28]. In social sciences, such exploration efforts employ structured methods to identify patterns, which could enhance the analytical rigor and documentation of complex social and psychological constructs[29,30]. This type of

research facilitates the initial conceptualization of phenomena, providing a basis upon which hypotheses may be generated and subsequently subjected to empirical validation in future investigative studies[31]. Although exploratory research has historically been critiqued for an alleged deficiency in scientific rigor[28], contemporary scholarship increasingly acknowledges its indispensable function in generating preliminary insights and advancing the systematic collection of essential data[32].

## 3.2. Participants and sampling

The target population of this study was college nursing students in the Philippines. Exploratory research has conventionally used a limited sample size to enable an in-depth investigation of key variables and the dynamics of their interrelationships[33,34]. Such inquiries often focus on deliberately defined samples to facilitate a thorough understanding of specific phenomena[35]. The determination of sample size in these contexts is generally adaptive, guided by participants' potential to offer substantive insights aligned with the research objectives[36,37]. A prevalent technique within this paradigm is purposive sampling, a non-probability method characterized by the intentional selection of individuals based on their relevance to the subject of inquiry[4,38]. In the present study, online purposive sampling was employed[39], with data collection conducted through open-ended questions distributed via Google Forms to elicit preliminary participant responses. Five sample characteristics were considered: (1) a nursing student, (2) currently enrolled in school year 2024-2025, (3) experienced restricted (or limited) hands-on clinical activities, (4) feels insecurity in personal skills, and (5) willingness to participate in one-on-one interviews. There were 134 who responded to online sampling, but using this sampling criteria, only 18 were selected to be interviewed. This approach allowed for the targeted selection of individuals whose experiences were critical as basis for exploration[40,41].

## 3.3. Instrumentation

The reliability and trustworthiness of qualitative research findings are profoundly shaped by the methodological rigor applied in the data collection process[42]. Interviews offer a responsive and adaptive mechanism for probing the complexities of the phenomenon under investigation[43]. In this study, individual interviews were deliberately structured to remain flexible allowing participants to express their perspectives freely, raise pertinent issues, and, where appropriate, influence the trajectory of the discourse[44,45]. To maintain both coherence and methodological consistency, a semi-structured interview guide was meticulously developed[46]. This guide comprised clearly formulated questions, thematic domains, and delineated topics ensuring a systematic and comprehensive approach to data collection that addressed all essential themes of the research inquiry[47]. The formulation of the interview guide followed the framework delineated by Kallio, Pietilä, Johnson, and Kangasniemi[48], which involved the identification of preconditions, integration of extant literature, drafting of the preliminary guide, implementation of a pilot study, and subsequent refinement of the instrument. A draft interview guide was developed based on this framework. Expert input was solicited and incorporated to further enhance the validity of the instrument and its alignment with the study objectives[49]. A pilot test was implemented to assess the clarity, pertinence, and capacity of the questions to elicit rich, detailed, and meaningful narratives[50]. **Table 1** presents the final interview guide used in this study.

**Table 1.** Final interview guide questions.

| Research Objectives | Interview Questions |
|---|---|
| To explore how restricted clinical exposure influence nursing confidence and integrity in patient care. | 1. How does your level of hands-on clinical experience affect your confidence in performing patient care tasks?<br>2. Can you describe a situation where either hands-on or restricted clinical exposure impacted your ability to handle a patient's needs?<br>3. What challenges do you face in building confidence when your clinical experience is limited or restricted? |

| Research Objectives | Interview Questions |
|---|---|
| To examine how hands-on clinical experiences develop confidence and integrity of care among nursing students compared to restricted clinical settings. | 1. How do hands-on clinical experiences shape your understanding of providing ethical and high-quality patient care?<br>2. In what ways does restricted clinical exposure affect your ability to uphold the integrity of care in patient interactions?<br>3. Can you share an experience where you felt your clinical training influenced your decision-making in ensuring patient well-being |

**Table 1.** (*Continued*)

## 3.4. Data collection

Semi-structured interviews were undertaken to elicit in-depth responses from the participants. This method served as a principal data collection strategy, providing a structured yet adaptable process through which participants' personal narratives, behaviors, and perspectives could be systematically explored and interpreted[42]. In qualitative inquiry, interviews are especially vital for accessing the lived experiences of individuals, offering insights that might otherwise remain inaccessible through more rigid methods[51]. Semi-structured interviews are particularly known for their balance—combining the flexibility of open dialogue with the guidance of predetermined thematic questions—thus allowing conversations to evolve naturally while remaining anchored to the core research objectives[52].

The interview process was conducted with rigor, ensuring alignment between research aims and the thematic scope of the questions posed, and was informed by a comprehensive preparatory evaluation of relevant literature and protocols[53]. To build an atmosphere of psychological safety and mutual trust, participants were encouraged to articulate open, reflective responses and were explicitly permitted to use their native language[10,54]. Initial responses typically offered preliminary insights[55] and supplementary probing or follow-up questions were employed to further explore the participants' underlying beliefs, experiences, and perceptions[56]. To ensure the fidelity and credibility of the data, all interviews were audio-recorded using mobile devices.

## 3.5. Data analysis

Thematic analysis was employed as the principal analytical method to examine the participants' responses. Thematic analysis facilitates the identification, organization, and interpretation of recurrent patterns within the data[57,58]. Its methodological flexibility rendered it particularly appropriate for this exploratory investigation, as it permitted the emergence of themes directly from the data without the imposition of pre-existing theoretical constructs[59]. This study utilized reflexive thematic analysis, which considers active engagement with the data while incorporating reflexivity to critically examine and minimize interpretive biases[60]. This subjectivity was embraced as an integral element of the interpretive process, enriching the depth and contextual sensitivity of the analysis[61].

As illustrated in **Figure 1**, the thematic analysis adhered to the six-phase recursive model proposed by Braun and Clarke[57]. Each phase was structured yet adaptable analytic trajectory that accurately captured participants' lived experiences[62]. In addition, an inductive analytical approach was adopted to minimize interpretive bias and ensure that coding and theme development were firmly rooted in the data itself. This inductive method allowed for the derivation of analytical insights from specific empirical observations[63]. Such a data-driven strategy enhanced the credibility of the findings, ensuring that the results faithfully represented participants' perspectives and experiences[64].

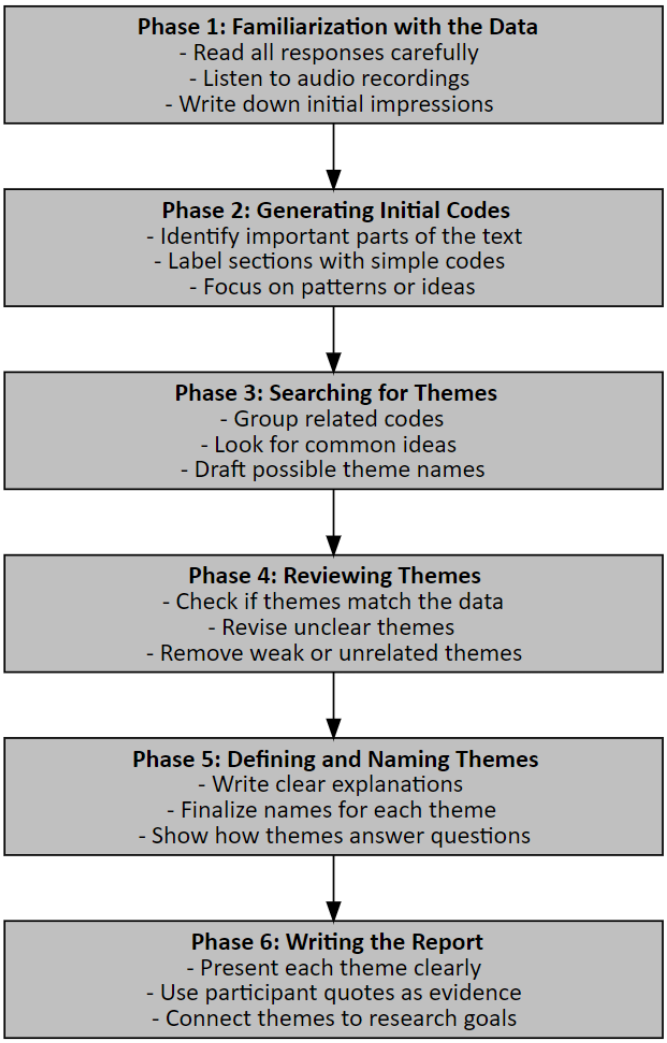


**Figure 1.** Workflow of the reflexive thematic analysis.

## 4. Results

Objective 1: To explore how restricted clinical exposure influence nursing confidence and integrity in patient care.

Theme 1: Overthinking

A persistent self-doubt that emerged when there is insufficient real-life application of theoretical knowledge. Students experience a lack of trust in their own clinical judgment, which leads to repeated second-guessing. This hesitation was indicative of diminished confidence, as the individual is not fully convinced of their competence in a clinical setting. It showed how restricted exposure impedes the development of intuitive decision-making, a core aspect of clinical confidence.

> "Without enough hands-on experience, I constantly second-guess myself." *[Felix, M23]*

> "Even after clinical rotations, I still struggle with confidence. I tend to overthink every step, worrying about making mistakes." *[Anna, F20]*

Another student expressed a compulsion to seek validation from instructors even after performing tasks correctly. This reliance on external affirmation reflected a gap in self-efficacy, revealing how restricted

exposure deprives students of the repetitive practice needed to internalize confidence. While technical accuracy may be achieved, the absence of real-world repetition causes students to question their abilities.

> "I'll perform a skill correctly, but I still ask my instructor, 'Did I do that right?' I know I need to trust myself more, but it's hard." *[Ben, M21]*

Although the student understood procedures conceptually, the fear of "freezing up" when working with actual patients points to a lack of experiential readiness. This anxiety stemmed from the disconnect between classroom learning and real clinical encounters. When practice is limited, students may possess knowledge but lack the emotional and procedural confidence to act with certainty in real-time situations, which could compromise the quality and safety of patient care.

> "Even if I understand a procedure in theory, I worry that I'll freeze up or make a mistake when I have to do it on a real patient." *[Carla, F19]*

In another reflection, the student reveals a tendency to excessively verify their work, which while demonstrating conscientiousness, also results in inefficiency within a time-sensitive environment. This behavior reflected how a lack of clinical exposure causes hypervigilance that may hinder timely decision-making.

> "I check and recheck my work, but in a fast-paced environment, this can make me fall behind." *[Quinn, F18]*

The student felt competent in simulated environments but experienced anxiety during real clinical encounters. Without sufficient clinical immersion, even basic tasks become a source of stress, causing a lack of confidence and impeding the development of clinical integrity.

> "In the lab, I could check blood pressure and heart rate without issues, but during clinicals, I worried I was doing it wrong." *[Ryan, M21]*

> "I understand that advocating for patients is important, but without enough clinical practice, I sometimes lack the confidence to speak up. I worry that I might be wrong or that I'll make things worse instead of helping." *[Kaye, F19]*

Theme 2: Anxiousness

Most students emphasized the pressure of wanting to meet clinical standards with precision but found that the scarcity of clinical opportunities exacerbated nervousness. This internal tension between the aspiration to perform competently and the fear of failing due to inadequate exposure highlighted how the lack of immersive practice settings compromised emotional readiness.

> "I want to do everything correctly, but limited clinical exposure makes me nervous." *[Henry, M21]*

> "I feel like I haven't had enough supervised practice, and I worry that I'll do something wrong when I finally have to do it independently." *[Liam, M20]*

While technical skills such as taking vital signs or performing wound care were within the student's comfort zone, communication with patients generated intense nervousness. This suggested that limited clinical exposure hindered not only competence but also the development of essential soft skills. The anxiety associated with interacting with patients pointed to a lack of confidence in handling unpredictable human responses, an area best developed through frequent, guided clinical interactions.

> "I have no problem with technical tasks like taking vitals or performing wound care, but talking to patients makes me nervous." *[Paul, M20]*

Another student admitted to constantly rehearsing procedural steps mentally and verifying measurements multiple times due to a deep-seated lack of trust in personal ability. This behavior was indicative of cognitive overload caused by anxiety and uncertainty. The mental repetition and excessive validation efforts were attempts to compensate for the perceived deficit in experience, revealing how anxiety can disrupt clinical flow and slow down decision-making. Such patterns of second-guessing not only impaired confidence but also exposed vulnerabilities in patient care integrity, particularly in time-sensitive clinical environments.

> "I kept repeating the steps in my head and rechecking my readings because I didn't trust myself." *[Grace, F18]*

> "I second-guessed my technique and had to call my instructor over. I realized that confidence isn't just about exposure but also trusting yourself." *[Ella, F20]*

Finally, one account described an emotionally intense situation where the student prepared to insert an intravenous line for the first time. The physical manifestation of anxiety—trembling hands—and the impulse to defer the task to a preceptor reflected a profound fear of error. This fear was not solely a result of inexperience but also a consequence of the perceived high stakes of clinical procedures, which were not sufficiently addressed during limited practice opportunities.

> "I remember preparing to insert my first IV, and my hands wouldn't stop shaking. I was so afraid of doing it wrong that I almost asked my preceptor to take over instead." *[Mae, F21]*

Objective 2: To examine how hands-on clinical experiences develop confidence and integrity of care among nursing students compared to restricted clinical settings.

Theme 1: Practice

Initially, one nursing student expressed feeling nervous; however, as hands-on experiences were effective, that nervousness transformed into a growing sense of self-assurance. The process of repeating tasks such as inserting an intravenous line or administering medications allowed the student to internalize the procedures and build muscle memory.

> "At first, I was nervous, but after a few hands-on experiences, I started feeling more confident. I find that once I do a task a couple of times, like inserting an IV or administering medications, it sticks with me." *[Jake, M22]*

Through practical repetition, cognitive uncertainty diminished, and procedural fluency was achieved. This transition demonstrated how active practice contributed to the development of clinical competence, which in turn strengthened confidence. It also indicated that the integrity of patient care was reinforced when students felt certain of their abilities and could perform procedures without hesitation or reliance on constant supervision.

Another nursing student recalled a situation where limited exposure to injections during clinical rotations was mitigated by a valuable opportunity to administer a subcutaneous injection under the guidance of a preceptor. In this instance, the student successfully retrieved prior knowledge from simulation-based learning and applied it effectively in a real clinical environment. This highlighted the importance of experiential reinforcement in bridging theoretical instruction with actual practice. The student's ability to

recall and implement learned skills demonstrated not only competence but also a readiness to assume professional responsibilities with integrity.

> "I didn't get to practice many injections during clinicals, but when my preceptor gave me the opportunity to administer a subcutaneous injection, I recalled what I learned in simulation lab." *[Ivy, F20]*

The fast-paced and dynamic environment appeared to accelerate skill acquisition, as continuous activity required rapid adaptation and real-time learning. The exposure to clinical tasks, along with the need for quick responsiveness, provided a fertile ground for experiential growth. As the students remained actively engaged, clinical judgment and technical performance improved. The ability to reinforce skills through high-frequency practice contributed to increased confidence and deepened the student's commitment to safe and efficient patient care.

> "During my clinical rotations in the ER, I realized I pick things up quickly. I love environments where I can keep moving and learning because it helps reinforce my skills faster." *[David, M22]*

Similarly, through repeated opportunities under mentorship, the student developed the technical proficiency and emotional assurance necessary to perform the procedure independently. When subsequently faced with a clinical situation that required IV access, the student applied the acquired skills with competence and succeeded on the first attempt.

> "During one of my clinical rotations, I was able to practice inserting IVs multiple times under supervision. Later, when I had a patient who needed IV access, I felt confident and did it successfully on my first attempt." *[Ryan, M21]*

Theme 2: Observation

One student described having limited opportunities for independent patient assignments during clinical rotations but made the conscious decision to observe how registered nurses managed their workflow. This form of observational learning offered insights regarding professional time management, prioritization of care, and patient interaction.

> "I wasn't given many independent patient assignments during clinicals, but I paid attention to how nurses organized their day." *[Quinn, F18]*

Another student had the opportunity to observe and assist during a rapid response situation while on clinical placement. Being present in a high-pressure medical scenario enabled the student to witness firsthand how healthcare professionals coordinated their actions, communicated clearly, and executed critical interventions. When later confronted with a similar scenario, the student reported remaining calm and responding with clarity and purpose.

> "I had the chance to observe and assist during a rapid response situation in clinicals. Later, when I was in a similar scenario, I remained calm and knew how to help because I had already been exposed to it." *[Anna, F20]*

This demonstrated that observation, particularly in high-stakes situations, had prepared the student to transition from passive witness to active participant. The development of confidence in this context was not solely based on performing the tasks independently but from mentally rehearsing and visualizing appropriate responses based on previous observational learning.

Theme 3: Conditioning

One nursing student understood the concept of patient autonomy at a theoretical level, but it was not until encountering a disoriented patient who refused care that the true complexity of ethical decision-making in real-time became clear. The scenario conditioned the student to approach such situations with greater empathy and patience, realizing that integrity in care involved not only respecting patient rights but also dealing with ethical dilemmas with discernment and professionalism. The hands-on experience thus transformed abstract ethical principles into lived understanding, equipping the student with the confidence to act with both clinical competence and moral sensitivity.

> "In theory, patient autonomy made sense to me, but it wasn't until I had a confused patient refuse care that I truly understood how complex ethical decisions can be." *[Mae, F21]*

> "I understand ethical principles in theory, but when a patient refuses care or has a family conflict, I don't always know the best way to respond." *[Carla, F19]*

In addition, memory of hands-on training took precedence over hesitation, enabling a rapid and safe response. This scenario reflected how repeated exposure to practical protocols conditioned the student to act decisively under pressure. Such conditioning was essential for building clinical confidence, as it ensured that reactions in urgent moments were rooted in practiced knowledge rather than uncertainty or fear.

> "I was unsure what to do for a second, but then I remembered the proper seizure precautions from clinicals. Without that training, I might have panicked or done something unsafe." *[Olivia, F22]*

A different situation involved a student who noticed subtle changes in a patient's condition and, due to clinical training, recognized these signs as potentially serious. Trusting their judgment, the student reported the issue to a supervising nurse, which led to early detection of sepsis. This experience was a direct result of conditioning through exposure—students who had been trained to observe patterns and react to subtle clinical signs developed a heightened awareness that supported both patient safety and timely interventions.

> "My clinical training taught me to trust subtle changes, so I reported it to the nurse. It turned out the patient was developing sepsis, and because we caught it early, they received treatment quickly." *[Ivy, F20]*

> "I reported it to the nurse, and further assessment revealed internal bleeding. It reminded me that subtle signs can be just as important as obvious symptoms." *[Kaye, F19]*

## 5. Discussion

This paper explored the experiences of nursing students in restrictive clinical activities and how this impacted their confidence and integrity towards patient care. This paper also emphasized how hands-on experiences could limit anxiety and overthinking when in real, often mind-consuming hospital environments.

In this study, insufficient exposure often causes in overthinking and anxiousness—possibly manifestations of low self-efficacy. Participants expressed persistent self-doubt and a tendency to second-guess clinical decisions, which hampered their development of intuitive and timely decision-making. For example, one student admitted, *"Even if I understand a procedure in theory, I worry that I'll freeze up or make a mistake when I have to do it on a real patient."* Such reflections reveal that theoretical understanding alone does not suffice in cultivating confidence; it must be supplemented with authentic, supervised practice.

Furthermore, restricted clinical settings also compromise the integrity of patient care. Students revealed hesitancy in advocating for patients or executing clinical decisions, fearing potential errors due to insufficient practical immersion. The tendency to excessively verify work, although reflective of diligence, often led to inefficiency and heightened stress in fast-paced environments. In the study conducted by Savellon et al.[10], academic leaders who struggle with public speaking often experience anxiety when speaking in unfamiliar or unprepared settings. Likewise, when nursing students are placed in clinical environments they are not adequately familiarized with, they tend to exhibit signs of anxiety and self-doubt. Robinson and Lacey[65] highlighted the detrimental effects of limited exposure, which often results in the inability to effectively apply ethical principles, ultimately compromising care quality. The lack of adequate orientation and real-life exposure in clinical training may hinder students' confidence and performance, making them less likely to take initiative or make independent clinical judgments.

Theoretically, Dewey[13] believed that learning is rooted in the transformation of experience, emphasizing growth, interaction, and democracy. He viewed experience not as passive sensory input but as an active interaction between the individual and the environment, where actions and their consequences shape learning. Children's knowledge develops through accumulated experiences that align with their cognitive and developmental stages, and that teaching must respect these stages and provide opportunities for real, time-based learning[14]. Dewey emphasized "learning by doing" as central to problem-solving and critical thinking[66]. He believed that thinking emerges when individuals confront real-life challenges and test solutions through action. In education, this contradicts the traditional education (like restricted classroom learning), which relies on abstract content disconnected from students' realities.

Extant literature on nursing education consistently highlighted the vital role of hands-on clinical experience in enhancing students' confidence and ethical competence. Shapiro et al.[67] found that students who participate in immersive clinical rotations report increased feelings of preparedness and competence in managing patient care. For example, one nursing student noted that high-stake environments help them *"…keep moving and learning because it helps reinforce my skills faster."* These practical exposures enable students to translate theoretical knowledge into clinical application, cultivating a sense of confidence essential for effective nursing practice.

Similarly, Smiley and Martin[68] emphasized that students engaged in extensive clinical rotations develop a deeper understanding of patient-centered care and ethical decision-making. One student revealed that having hands-on experiences can serve as a conditioning for them to *"…understood how complex ethical decisions can be."* Such experiences build not only technical proficiency but also moral reasoning—an essential attribute for maintaining the integrity of nursing practice. However, in restricted clinical practices, students with limited clinical exposure often exhibit heightened anxiety, uncertainty, and a lack of confidence, impairing their ability to perform competently in real-life healthcare scenarios[69,70].

Academic institutions should prioritize the expansion and diversification of clinical placements to ensure that nursing students receive consistent, supervised, and meaningful hands-on experiences. Schools of nursing must collaborate more closely with healthcare facilities to secure sufficient clinical sites and preceptors[71]. The introduction of early and progressive clinical exposure, integrated throughout the curriculum, can reduce the steep learning curve many students face in their final years, mitigating anxiety and fostering gradual skill mastery.

Institutions should also invest in targeted interventions that support the emotional and psychological readiness of students entering clinical practice. Confidence-building initiatives such as mentorship programs, reflective practice workshops, and resilience training can help address self-doubt and overthinking

tendencies. Educators must create psychologically safe learning environments where students can make supervised mistakes and receive constructive feedback without fear of judgment[72]. Such will not only enhance competence and ethical decision-making but also uphold the integrity of patient care by empowering students to act with assurance and accountability.

# 6. Conclusion

This study compared the effects of exposing nursing students in restrictive learning and hands-on clinical activities. The findings revealed that restricted clinical exposure led nursing students to experience heightened overthinking and anxiety, which significantly undermined their confidence and integrity in patient care. Students commonly reported second-guessing their clinical decisions, excessive reliance on instructors for validation, and a lack of trust in their own abilities, even when they had theoretical knowledge. Limited hands-on practice contributed to emotional distress, inefficiency, and a fear of making mistakes during real-life procedures. In contrast, students who engaged in hands-on clinical experiences described a gradual increase in confidence, procedural fluency, and emotional readiness. Repetitive practice, observation of professional nurses, and direct involvement in clinical tasks enabled them to internalize skills, handle ethical dilemmas, and make timely, competent decisions.

This study is subject to several limitations that may affect the scope, applicability and generalizability of the findings. The relatively small sample size, drawn from a specific population of college students enrolled in nursing education, limits the generalizability of the results to broader student population across diverse academic disciplines and institutions. In addition, the use of purposive sampling and qualitative methods, while appropriate for exploratory research, may introduce researcher bias and restrict the transferability of insights. The reliance on self-reported data from one-on-one interviews further raises the possibility of social desirability bias. Future studies could enhance the robustness of the inquiry by employing mixed-methods approaches, increasing the sample size, incorporating participants from a wider range of academic and institutional backgrounds, and utilizing longitudinal designs to better assess the evolving impact of hands-on learning to students' sense of confidence and integrity.

# Conflict of interest

The authors declare no conflict of interest.

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