Journal of Frontiers in Multidisciplinary Research

Nurse Interns' Satisfaction with Internship Training Program in Saudi Arabian Universities: A Cross-sectional Survey

Nazirah Nouh [1*], Raghad Abdulrahman Hadi AlHarbi [2], Juri Fahad Ali aloufi [3], Ohood Awad Mahmood Alanazi [4], Dana Fawaz Ali Alanazi [5], Salha Mohammed Albishi [6]

[1-6] College of Pharmacy, Nursing and Medical Sciences Riyadh Elm University, Riyadh, Saudi Arabia

* Corresponding Author: **Nazirah Nouh**

Article Info

E-ISSN: 3050-9726
P-ISSN: 3050-9718
Volume: 07
Issue: 02
Received: 23-04-2026
Accepted: 25-05-2026
Published: 27-06-2026
Page No: 08-15

Abstract

Nursing clinical placement are vital milestones in nursing education affecting the traditional classroom between academic preparation and skilled practice. However, the satisfaction with the clinical learning environment still underexplored by the intern performance and professional development, mainly in Saudi Arabia where internship program for nurses operates within distinct socio cultural and institutional contexts. This study aimed to evaluate the level of satisfaction with the clinical learning environment as perceived by nursing interns from selected universities in Saudi Arabia. Descriptive cross-sectional research was utilized involving 209 nursing interns which were selected through convenience sampling. Structured survey instrument was utilized to collected the necessary data. The tool encompassing five subscales of satisfaction: Clinical Training and Learning Environment, Mentorship and Supervision, Workload, Professional Preparedness and Career Readiness, and Overall Internship Experience. The descriptive statistics such as frequency, percentage and mean and standard deviation including independent sample t test and one-way analysis of variance (ANOVA) were utilized for analysis of data. Findings revealed a moderate level of satisfaction 2.69, SD = 0.07. For the five subscales: Mentorship and Supervision yielded the lowest satisfaction rating (M = 2.59, SD = 1.20), classified as Dissatisfied, while Clinical Training and Learning Environment obtained the highest mean score (M = 2.76, SD = 1.17). The item-level analysis shows that comfort in discussing challenges with supervisors, workload manageability, mentorship contribution to decision-making, and psychosocial safety were areas of concern. Independent-samples t-tests indicated statistically significant differences in satisfaction based on living arrangement (p =.002) and prior clinical training (p =.048), with off-campus residents and interns without prior clinical experience demonstrating higher satisfaction. There was no significant difference found between the level of satisfaction across all demographic variables. A moderated level of satisfaction among nursing intern was reported. The mentorship and supervision were identified as the main concern as perceived by the nursing intern. There is a need to strengthen the mentorship structures and mentor-mentee relationship and address the workload inequities as living arrangement and prior clinical training were found to have significant differences as determinants to satisfaction. of the owners. Based on the result of the study, access to finance rationalizes the stagnation and survival mentalities of micro and small business owners.

DOI: https://doi.org/10.54660/.JFMR.2026.7.2.08-15

Keywords: Clinical learning environment, Internship satisfaction, Mentorship and supervision, Nursing education, Nursing Intern, Professional preparedness

Introduction

The transition from nursing education to professional practice is a critical stage in a nurse's career, often facilitated by structured internship programs. These programs are designed to provide nursing graduates with hands-on clinical experience, bridging the gap between theoretical learning and professional practice (Moreljwab *et al*., 2025). [12] The satisfaction of nurse interns with their training plays a significant role in their professional development, career commitment, and overall job performance. A well-structured internship can enhance clinical competence, increase confidence, and reduce stress associated with transitioning into professional roles (Almadani *et al*.,2024). [4]

Saudi Arabia has been actively working to improve its healthcare sector, aligning with objectives outlined in Vision 2030, which emphasizes strengthening healthcare services and improving medical education (Saudi Vision 2030, 2016).[14] Internship training programs are integral to this transformation, equipping nursing graduates with the necessary skills to meet the growing demands of the healthcare industry (Abo Elnour Mostafa *et al*., 2020). [1] The quality of these programs is influenced by various factors, including mentorship, workload, hospital environment, and the availability of learning resources (Mohammed *et al*., 2020). [11]

Understanidng nurse intern satisfaction levels with this program is essential for policymakers and educators to ensure that training programs effectively prepare interns for clinical practice. Several studies have examined the factors influencing nurse intern satisfaction. Dahlke *et al*. (2016) [7] found that a supportive hospital environment and structured mentorship programs significantly contributed to interns' overall satisfaction. Similarly, a study by Vijayan *et al*. (2022) [15] on medical interns in Saudi Arabia revealed that effective supervision and structured learning opportunities were key determinants of training satisfaction. Furthermore, Alamdani *et al*. (2024) [4] emphasized that workload distribution and the level of hands-on experience provided during internships influenced satisfaction levels among nursing interns

Despite these studies, there remains a gap in research specifically addressing nurse interns' satisfaction with internship training programs in Saudi Arabian universities. While much research has focused on medical interns, the unique experiences of nursing interns require further exploration to identify challenges and areas for improvement. Factors such as curriculum design, hospital integration, and educational support systems must be thoroughly assessed to enhance internship training outcomes (Moreljwab *et al*., 2023). [12] Nurse internship satisfaction plays a crucial role in shaping the future nursing workforce in Saudi Arabia. A deeper understanding of nurse interns' experiences will enable educators and policymakers to refine training programs, enhance learning experiences, and ensure a well-prepared nursing workforce. Given the on-going healthcare advancements under Vision 2030, further research is needed to identify best practices that can improve nursing internship training, ultimately benefiting both interns and the healthcare system as a whole.

Aim

The current study aims to assess the nurse interns' satisfaction with internship training programs at Saudi Arabian Universities.

Materials and Methods

Research Design

The present study utilized a quantitative-descriptive, cross-sectional design to assess nurse interns' satisfaction with the internship training program. As a cross-sectional study, it assesses the satisfaction levels, considering aspects such as clinical training & learning environment, mentorship & supervision, workload, professional preparedness & career readiness, and overall internship experience.

Data Collection Methods

The researchers used modified version Nurse Internship satisfaction questionnaire to the meet the goals of the study. The questionnaire consists of two main sections: Section One, which will gather demographic variables, and Section Two, which focus on the Internship Satisfaction Questionnaire.

Section One collect demographic information about the nurse interns, including their age, university or institution, internship hospital, and the duration of their internship program. It also inquires about the specialty rotations the interns have completed, live on campus or off-campus, previous training before internship. This demographic data is important for understanding the background of the participants and can provide context for analyzing factors that might influence their satisfaction with the internship training program.

Section Two focus on measuring the interns' satisfaction with various aspects of their internship training.

The Internship Satisfaction Questionnaire assess several key components, including clinical training and the learning environment, mentorship and supervision, workload, and the overall internship experience. The questionnaire includes a series of statements, and the interns respond using a 5-point Likert scale, where 1 represents "Strongly Disagree" and 5 represents "Strongly Agree." This section address areas such as the quality of clinical exposure, the effectiveness of mentorship, the adequacy of the work-life balance, and the interns' preparedness for their future careers.

Sample Characteristics

Using a purposive sampling technique, the researchers select 209 nursing interns from various universities. The sample size for this study was estimated using the cross-sectional sample size formula with a prevalence of 0.762 and a precision of 0.05 (Abo Elnour Mostafa *et al*., 2020). [1] With a 95% confidence level (Z = 1.96), the calculated sample size is approximately 209 participants, with a 5% margin of error, ensuring a representative sample of the population. Participants were selected based on the inclusion criteria of any gender and being currently enrolled as a nursing intern in a hospital from different Saudi Arabian universities. Exclusion criteria include individuals not participating in the internship program, those not actively involved in the internship, and those who provide incomplete responses or decline to participate.

Survey Administration

The present study was conducted from March 2025 to April 2025 upon obtaining approval from the university research center and REU Institutional Review Board. In the present study, a self-administration or self-reported method were used for data collection. Participants were asked to complete the survey independently, based on their own experiences and perceptions. This method allows respondents to provide their answers directly, without the influence of a researcher or interviewer, ensuring that the responses reflect their true opinions and experiences.

Study Preparation

Before initiating the survey, the researchers ensure that all required documents and approval letters have been

submitted. Additionally, the researchers meet with their research supervisors to discuss and finalize the methods and approaches that will be employed in the data collection process.

Ethical Consideration

Obtaining informed consent from respondents and approval from the Institutional Review Board (IRB) is a prerequisite before conducting the study. (FUGRP/2025/431) All collected data were handled with the utmost confidentiality, ensuring that the identities of the participants remain anonymous throughout the process.

Statistical Analysis

The collected data were entered into Statistical Package forSocial Sciences (SPSS) version 29.0 for analysis. Nominal categorical data will be displayed as frequencies and percentages; Hypothesis testing was computed using the independent sample t-test and ANOVA test. Confidence intervals (CIs) will be applied to categorical variables, and the significance level will be set at $p<0.05$.

Results and Findings

Table 1: Frequency Distribution of Demographic Background (N-209)

Variables	Category	Frequency (n)	Percentage (%)
Age	19 years old	11	5.3
	20-29 years old	116	55.5
	30-39 years old	49	23.4
	40-49 years old	13	6.2
	50 years old & above	20	9.6
Gender	Male	65	31.1
	Female	144	68.9
Type of university	Private	107	51.2
	Government	102	48.8
Duration of Internship	10-12 months	55	26.3
	4-6 months	54	25.8
	1-3 months	51	24.4
	7-9 months	49	23.4
Specialty Rotation(s) Completed	General Medicine	68	32.5
	Surgery	37	17.7
	Pediatrics	27	12.9
	Mental Health	20	9.6
	Emergency Medicine	19	9.1
	Obstetrics and Gynecology	16	7.7
	Others	22	10.5
Living Arrangement (During Internship)	On-campus	105	50.2
	Off-campus	104	49.8
Previous Clinical Training	Yes	154	73.7
	No	55	26.3

The table above outlines the demographic characteristics of nursing interns. Based on the 209 study participants, more than half of the respondents were 20-29 years old (n-116; 55.5%) followed by age 30-39 years old (n-49; 23.4%). The majority of the respondent were female, nearly 70% as compared to male 31%. While almost equal were nursing intern from private and government universities, duration of internship was also equally distributed among all the durations. With regards to the rotations completed, one-third of them finished exposure to the general medicine (n-68; 32.5%) while few of them exposed to OB-Gyne area as mostly for female interns only. Also, the living arrangements were equal among all respondents as on-campus got 50.2% and off-campus 49.8%. Lastly, for the prior clinical training, the n-154 or 73.7% of the nursing interns have attended.

Table 2: Nurse Interns' Satisfaction with the Clinical Learning Environment

Dimensions	Mean	Standard Deviation	Qualitative Description
Clinical Training & Learning Environment	2.76	1.17	Moderately Satisfied
Mentorship & Supervision	2.59	1.20	Dissatisfied
Workload	2.66	1.14	Moderately Satisfied
Professional Preparedness & Career Readiness	2.70	1.24	Moderately Satisfied
Overall Internship Experience	2.75	1.20	Moderately Satisfied
TOTAL	2.69	0.07	Moderately Satisfied

Note: 1.0-1.8 (Very Dissatisfied); 1.81-2.60 (Dissatisfied); 2.61-3.40 (Moderately Satisfied); 3.41-4.20 (Satisfied); 4.21-5.00 (Very Satisfied)

The table 2 presents the level of satisfaction of the nursing interns with the clinical environment. Based on the results, the participants demonstrated a moderate level of satisfaction. Only one dimension the participants were dissatisfied which is the mentorship and supervision (2.59±1.20) while the other four dimensions obtained Clinical Training & Learning Environment (M = 2.76), Workload (M = 2.66), Professional Preparedness & Career

Readiness (M = 2.70), and Overall Internship Experience (M = 2.75).

Since the mentorship and supervision garnered the weakest area, this implies the quality of mentoring but also the inconsistent experienced. This indicates mentor unavailability, disengagement or less supervisory practices which does not meet the expectation of the nursing interns on their placements. Consequently, the interns experience was masking the polarization as some rated its meaningful share and positively affect the clinical training environment while others rated it poorly.

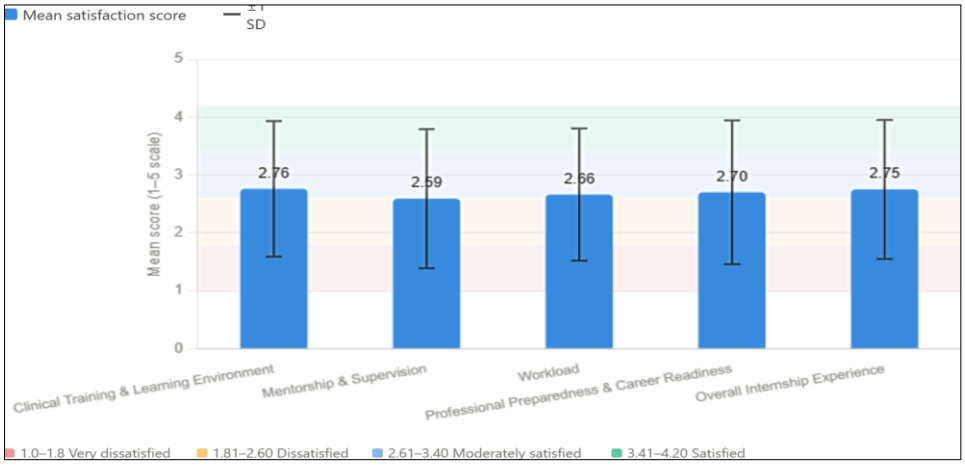

Fig 1: Mean Satisfaction Scores across Five Dimensions

The figure shows the overall total mean scores of all dimension of satisfaction which shows the moderate level of satisfaction as perceived by the nursing interns. The results average was relatively close together which is not clear whether which areas perform well or not. However, the need to improve students experience is necessary and can be address by strengthening the mentorship program and easy access and availability of the supervisors.

Table 3: Nurse Interns' Satisfaction with the Clinical Learning Environment

Dimensions	Mean	Standard Deviation	Qualitative Description
Provided adequate clinical exposure	2.70	1.37	Neutral
Sufficient hands-on training/skill development	2.83	1.27	Neutral
Environment conducive to learning	2.75	1.23	Neutral
Applied theoretical knowledge	2.79	1.24	Neutral
Enhanced clinical competence/confidence	2.72	1.32	Neutral
Assigned qualified/supportive mentor	2.58	1.32	Disagree
Received constructive feedback	2.62	1.25	Neutral
Comfortable discussing challenges	2.56	1.32	Disagree
Mentorship improved decision-making	2.60	1.23	Disagree
Workload manageable/well-distributed	2.57	1.26	Disagree
Reasonable working hours/rest	2.72	1.27	Neutral
Satisfactory work-life balance	2.66	1.23	Neutral
Safe/stress-free environment	2.70	1.23	Neutral
Improved confidence in patient care	2.64	1.38	Neutral
Well-prepared for full-time role	2.71	1.28	Neutral
Adequate exposure to specialties	2.66	1.35	Neutral
Developed communication/teamwork skills	2.78	1.33	Neutral
Met expectations for learning/growth	2.70	1.36	Neutral
Would recommend to future students	2.78	1.25	Neutral
Satisfied with experience	2.79	1.30	Neutral
Enhanced clinical competence/confidence	2.70	1.37	Neutral
Assigned qualified/supportive mentor	2.83	1.27	Neutral
Received constructive feedback	2.75	1.23	Neutral
Comfortable discussing challenges	2.79	1.24	Neutral
Mentorship improved decision-making	2.72	1.32	Neutral
Workload manageable/well-distributed	2.58	1.32	Disagree
Reasonable working hours/rest	2.62	1.25	Neutral
Satisfactory work-life balance	2.56	1.32	Disagree
Safe/stress-free environment	2.60	1.23	Disagree
Improved confidence in patient care	2.57	1.26	Disagree
Well-prepared for full-time role	2.72	1.27	Neutral
Adequate exposure to specialties	2.66	1.23	Neutral
Developed communication/teamwork skills	2.70	1.23	Neutral
Met expectations for learning/growth	2.64	1.38	Neutral
Would recommend to future students	2.71	1.28	Neutral
Satisfied with experience	2.66	1.35	Neutral
Adequate exposure to specialties	2.78	1.33	Neutral

Note: 1.0-1.8 (Strongly Disagree); 1.81-2.60 (Disagree); 2.61-3.40 (Neutral); 3.41-4.20 (Agree); 4.21-5.00 (Strongly Agree)

The table outlines the item analysis of the nursing intern's satisfaction level with their clinical environment. Based on the overall results, the nursing interns have a neutral perception in relation to their clinical internship experience. It indicates that the respondents neither strongly agreed nor strongly disagreed regarding the effectiveness of the internships program whether they meet their professional and educational needs.

It can be observed on the table that the items sufficient hands-on training and skill development and assigned qualified/supportive mentor garnered the highest mean of 2.83. This denotes that the nursing interns perceived the beneficial of the internship program to their skills, knowledge, communication and teamwork. It further suggests that internship program gives a meaningful experience with the students as they are willing to recommend this activity.

The areas of concern were those with disagreed items which needs improvement such as Assigned qualified/supportive mentor (M = 2.58, SD = 1.32), Comfortable discussing challenges (M = 2.56, SD = 1.32), Mentorship improved decision-making (M = 2.60, SD = 1.23), Workload manageable/well-distributed (M = 2.57–2.58), Satisfactory work-life balance (M = 2.56, SD = 1.32), Safe/stress-free environment (M = 2.60, SD = 1.23), Improved confidence in patient care (M = 2.57, SD = 1.26). This finding indicates that the interns experienced challenges connected to workload, stress, emotional support and supervision quality. They may have no intention to discuss these challenges which affect their decision-making abilities and weaker intern-mentor relationship.

Table 4: Independent-Samples t-Test Results for Satisfaction Domains by Dichotomous Demographic Characteristics

Variable	Group 1 M (SD)	Group 2 M (SD)	t-test	df	*p*-value	d	Interpretation
Gender	Female (n=144) 2.78 (1.32)	Male (n=65) 2.90 (1.12)	-0.61	207	0.542	-0.10	Not Statistically Significant
Type of University	Private (n=107) 2.60 (1.17)	Governmental (n=102) 2.82 (1.15)	-1.26	207	0.209	-0.19	Not Statistically Significant
Living Arrangement	On-campus (n=105) 2.46 (1.12)	Off-campus (n=104) 2.98 (1.15)	-3.07	207	0.002	-0.45	Statistically Significant
Prior Clinical Training	Yes (n=155) 2.61 (1.16)	No (n=54) 3.00 (1.13)	-1.99	207	0.048	-0.33	Statistically Significant

Note: M = mean; SD = standard deviation; d = Cohen's d. Statistically significant differences (*p <.05).

The table 4 outlines the differences of nursing interns when grouped according to gender, type of university, living arrangement and prior clinical training. Using independent sample t test, it can be observed that gender and type of university were not significant since p>0.05. However, the living arrangement and prior clinical training found a significant difference as the p-values were less than the level of significance set at 0.05.

Based on the results, the living arrangement has the most significant results as it obtained 0.002 where off-campus having higher satisfaction as compared with on-campus including Clinical Training & Learning Environment (M = 3.17 vs. 2.49), Mentorship & Supervision (M = 2.98 vs. 2.35), and Overall Satisfaction (M = 2.98 vs. 2.46). This reveals that living arrangement is a determinant of satisfaction and wellbeing during internship where housing for on-campus can bear a set of stressors related to mentorship, facilities and supervision which affect their training experiences.

Similarly, interns with prior clinical training demonstrated a higher satisfaction after attaining 0.048 including Clinical Training & Learning Environment domain (M = 3.16 vs. 2.69, p =.025), Mentorship & Supervision (M = 3.03 vs. 2.52, p =.016), and Overall Satisfaction (M = 3.00 vs. 2.61, p =.048). This implies that those with more experienced in clinical have lower satisfaction which tend them to have bigger expectations from their mentors, supervision and the opportunities to learning. When the nursing intern with prior clinical experience cannot meet their expectations, a relative lower satisfaction was reported.

Table 5: One-Way ANOVA Results for Satisfaction Domains by Duration of Internship and Age Group

Variable	F	df	*p*-value	η^2	Interpretation
Age Group	1.83	2, 181	0.163	0.020	Not Statistically Significant
Duration of Internship	0.33	3, 180	0.807	0.005	Not Statistically Significant

Note: η^2 = eta-squared. Statistically significant differences (*p <.05).

The table above illustrates the differences of nursing interns' satisfaction by age and duration of internship. Using the one-way analysis of variance and p-value is greater than the 0.05 significant threshold resulting to acceptance of the null hypothesis (0.163>0.05; 0.807>0.05). The results show that there are no significant differences on the level of satisfaction between age group and the length of internship. This implies that the nursing intern satisfaction on the clinical environment is relatively similar and the variation of the nursing interns can be explained through their internship experiential factors and Structural factors.

Discussion

This study examined the satisfaction with their clinical environment using the 209 nursing interns. This intends to determine the differences between demographic profiles and discover the gap within the internship experience. The demographic characteristics of the nursing interns denote a predominantly female, young, with aged 20-29 years old. Since it is dominated by the female comprising 70% of the total population, it reflects the women nurses on health workforce in the future as enrolment continued to be skewed

towards the female students. Mantz (2023) [10] reported that the nursing profession remains a female-dominated field. She cited that 84% of nurses were female over the last decade. The reason it is dominated by women was due to societal gender norms where women are favored over men with regards to caring. The community also viewed nurses as caretakers where women feature such as kindness, empathy and humility are essential in the profession. The almost equal between private and government universities entails that nursing interns were reasonably representative of the Saudi nursing education wherein both entity either public or private operate into an internship pathway leading to licensure examination (Althobaiti *et al*., 2025). [5] Meanwhile, the rotation exposure was largely on general medicine which mirrors the common scheduling priorities among new interns in the clinical placement programs. More volumes of interns were exposed to general ward, surgery, and pediatrics before they were rotated to specialized areas. This agreed with the study of Alanazi *et al*., (2023) [3] that depending on the capacity and unit availability of the host hospital, this led to uneven access to rotation to special area.

In terms of overall satisfaction with the clinical learning environment, the nursing interns demonstrated a moderate level of satisfaction. This result infers with Saudi Arabian clinical internship experiences. Althobaiti *et al*., (2025) [3] explained that the internship years were manifested by persistent structural challenges and growth opportunities towards learning. The moderate levels of satisfaction during internship program are consistent with Halabi *et al*., (2025) [8] longitudinal study of an internship program in Saudi Arabia. Their study revealed an improvement in the competence and self-efficacy but did not achieve a high level. Collectively, these studies and the current study were paralleled in providing a functional bridge of exploring the satisfaction over clinical learning environment. This remains a gap that researchers need to evaluate the subjective evaluation on their clinical experiences. Furthermore, the mentorship and supervision found to be the weakest dimension among all the five subscales. This area was pointed as the biggest area of concern identified by this study but this still aligns with the existing literature as supervision remains the determinant of student satisfaction in clinical learning environment. Berndtsson *et al*., (2026) [6] explained that structured mentorship is connected in the enhancing intern's clinical confidence, positive adaptation to the clinical placement towards a better professional identity of the future nurses. Adam *et al*., (2021) [2] cited that consistent mentor and mentee relationship yield a higher level of satisfaction in their clinical internship as compared with those without continuity. The substantial higher satisfaction reinforces mentorship and supervision as an important lever to attain satisfaction among nursing interns.

The item level analysis revealed hands-on skill development and the assignment of a qualified mentor obtained the highest rating indicating positive mentorship were strongly valued by the nursing interns towards skill acquisition. However, comfort in discussing challenges and confidence in mentoring relationship were disagreed by the respondents. Meaning there is no general dissatisfaction on the part of the nursing interns but a psychological and relational dimension of mentorship and supervision.

This finding is consistent with Alanazi *et al*, (2023) [3] where they revealed the frequent withhold of concerns on the part of the nursing interns as they fear of being viewed by their supervisor as weak and incompetent. This impact the relationship between intern and mentor resulting to limit learning opportunities.

The current study found that living arranged yielded the most difference in satisfaction reporting those off-campus has higher satisfaction than on-campus. This diverges with other findings in literature. Alanazi *et al*., (2023) [3] pointed out that on-campus living shows connectedness and lessen isolation through proximity. Also, the prior clinical training shows a statistically significant differences which aligned with expectation-confirmation theory. This ECT argued that satisfaction is fueled by beliefs/disbeliefs from the results of the performance evaluation against the expectation (Oliver, 1980). [13] The underpinning of this theory can be elucidated on these steps: formation of expectation, interaction and experience, confirmation or disconfirmation, and cognitive adjustment (Hossain & Quaddus, 2012). [9] This relates with ECT theory as the intern have developed a more refined expectations with their clinical learning placement but failed to meet those expectations, dissatisfaction is the predictable outcome from the internship program.

Collectively, the nursing interns experienced a moderate level of satisfaction with their clinical learning environment due to inconsistencies in supervision and mentorship. The gender, university type, age and duration of internship show a negligible practical significance. The two characteristics of the intern demographic characteristics that influence the satisfaction level are the living arrangement and prior clinical training. This finding is paralleled with the broader literature on nursing internship and clinical learning environments in Saudi Arabia, which consistently identifies preceptorship quality, supervisory engagement, and workload distribution as the most influential and most modifiable determinants of intern satisfaction Althobaiti *et al*., 2025). [5] Lastly, the absence of significant differences by age, gender, university type, and internship duration suggests that interventions to improve satisfaction should be applied uniformly across the intern population rather than targeted narrowly at specific demographic subgroups, since the principal drivers of dissatisfaction identified in this study, namely mentorship inconsistency and workload strain, appear to be shared structural features of the clinical training environment rather than experiences isolated to particular groups of interns.

Conclusion

This study revealed a moderate level of satisfaction which falls short of meeting the nursing intern's full professional and educational expectations. The most critical concern as perceived by the nursing interns was the mentorship and supervision. It was the only dimension who received the lowest dissatisfied. The nursing interns felt deficiencies in comfort in discussing challenges, workload manageability, mentorship contribution to decision making due to supervisor lack of engagement and the psychosocial safety of the intern–mentor relationship and unavailability of the mentor. The living arrangement and prior clinical training influence the level of satisfaction with the clinical environment.

Overall, the clinical placement program is operational but not optimized despite the moderate level satisfaction. The main determinant of dissatisfaction was due to inconsistent mentorship, supervisory disengagement, excessive workload, and inadequate psychosocial support. Addressing these gaps is a must for the quality of nursing education and professional development for nursing interns.

Recommendations

Based on the findings of the study, the following recommendations were proposed:

1. Strengthening the mentorship structure should be established to maintain consistent, qualified preceptor throughout the duration of the internship.
2. Since the nursing interns expressed concern in discussing challenges with their supervisors, the need to develop psychologically safe mentor environment should be established to foster open communication within the clinical learning environment.
3. With the disagreement ratings related to workload management and work life balance, the redesigning the workload allocations policies should be done to ensure standards for the intern's well-being and patient safety.
4. Expand and diversify the rotational opportunities for special areas. Given that more student interns were exposed to general medicine and limited access to specialty area, the clinical facilitator should diversify the rotation schedules.
5. Conduct a periodic monitoring of the satisfaction, this continuous monitoring will provide timely identification of the important concern which allows the coordinator to respond actively to the problems.
6. Future researches should be conducted employing mixed-methods study in order to capture the subjective dimension of their dissatisfaction and also a longitudinal study to trace the satisfaction of the interns and gain valuable insights on satisfaction trajectories.

Limitation of the Study

This study focused on the satisfaction of the nursing interns in terms of the clinical learning environment in Saudi Arabia; however, the generalizability and interpreting have several limitations:

First, the used of self-reported survey data yield the risk of response bias, subjectivity in the item ratings as well as the social desirability effects. The intern's level of satisfaction may have underreported in view of the institution and the professional repercussions.

Second, it tackles only the satisfaction at a single point in time as it utilized cross-sectional study but it does not account for the deeper perceptions of the satisfaction with the clinical learning environment.

Third, the total sample size of 209 interns may be adequate for statistical analysis but the institutional scope and geographic locations may limit the external validity of the study. The results of this study are generalizable to intern students but factors may affect substantially such as policies, regions and healthcare innovations utilized.

Fourth, to have deeper understanding of the intern satisfaction, a qualitative data is encouraged to conduct to establish the insights of dissatisfaction in the domain of mentorship and supervision.

References

1. Abo Elnour Mostafa S, Abd Elazeem Mostafa H, Atef Khalaf D. Nurse interns' satisfaction with internship training program at Alazher University. Egypt J Health Care. 2020;11(2):1187-99.
2. Adam AB, Druye AA, Kumi-Kyereme A, Osman W, Alhassan A. Nursing and midwifery students' satisfaction with their clinical rotation experience: the role of the clinical learning environment. Nurs Res Pract. 2021;2021:7258485. doi:10.1155/2021/7258485.
3. Alanazi FJ, Alenezi MHM, Alanazi AAN, Alanazi TSR. Do internship students do well in a clinical environment? A qualitative naturistic study. Belitung Nurs J. 2023;9(6):539-46. doi:10.33546/bnj.2938.
4. Almadani N, Hables RM, Alharbi J, Alamri M, Alshammari M. Nurse interns' perception of clinical preparation and readiness for clinical internship experiences. J Nurs Manag. 2024;2024(1):6682600.
5. Althobaiti E, Almutairi A, Muawwadh R, Aljehani A, Alqarni F, Alilyyani B. Experiences, challenges, opportunities of nursing interns in Saudi Arabia: a systematic review and synthesis of qualitative studies. BMC Med Educ. 2025;25:1201. doi:10.1186/s12909-025-07742-2.
6. Berndtsson P, *et al*. The importance of clinical mentorship through the lens of newly-graduated registered nurses: a focused ethnographic study in a hospital setting. J Clin Nurs. 2026. doi:10.1111/jocn.70339.
7. Dahlke S, O'Connor M, Hannesson T, Cheetham K. Understanding clinical nursing education: an exploratory study. Nurse Educ Pract. 2016;17:145-52.
8. Halabi JO, Nilsson J, Lepp M. Evaluating the impact of a 1-year internship program on professional competence, self-efficacy, and perceived health among Saudi Arabian newly graduated nurses. J Transcult Nurs. 2025. doi:10.1177/10436596251382487.
9. Hossain MA, Quaddus M. Expectation–confirmation theory in information system research: a review and analysis. In: Dwivedi YK, Wade MR, Schneberger SL, editors. Information systems theory: explaining and predicting our digital society. Vol. 1. New York: Springer; 2012. p. 441-69.
10. Mantz A. How the nursing workforce has changed over time [Internet]. Incredible Health; 2023 Mar 17 [cited 2026 Jul 2]. Available from: Article link
11. Mohammed BMA, Ahmed WAM. Evaluation of nurse interns' satisfaction and hospital as an educational environment in nursing internship training program, Saudi Arabia. Saudi J Health Sci. 2020;9(1):22-9.
12. Moreljwab MH, Mokhtar AMF, Idress EA, Mohamed AI, Alanazi AK, Hassan ASY, Adam KM. Challenges and difficulties during the nursing internship program using 5 domains: a cross-sectional study. Adv Med Educ Pract. 2025;16:341-55. doi:10.2147/AMEP.S46673.
13. Oliver RL. A cognitive model of the antecedents and consequences of satisfaction decisions. J Mark Res. 1980;17(4):460-9. doi:10.2307/3150499.
14. Saudi Vision 2030. Saudi Arabia's Vision 2030 [Internet]. 2016 [cited 2026 Jul 2]. Available from: Official website
15. Vijayan M, Alaskar A, Al Shamrani AM, Yousif MR,

Jebakumar AZ. Nurse interns' satisfaction with the clinical learning environment: a retrospective cross-sectional study. Ann Rom Soc Cell Biol. 2022;26(1):813-25.

How to Cite This Article

Nouh N, AlHarbi RAH, Aloufi JFA, Alanazi OAM, Alanazi DFA, Albishi SM. Nurse interns' satisfaction with internship training program in Saudi Arabian universities: A cross-sectional survey. J Front Multidiscip Res. 2026;7(2):8-15. doi:10.54660/.JFMR.2026.7.2.08-15.

Creative Commons (CC) License