

**CLINICAL SUPERVISION IN NURSING: DIFFICULTIES, BENEFITS AND SUGGESTIONS FROM THE STUDENTS' PERSPECTIVE**

Supervisão clínica em enfermagem: dificuldades, benefícios e sugestões na perspetiva dos estudantes

Supervisión clínica en enfermería: dificultades, beneficios y sugerencias desde la perspectiva de los estudiantes

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**ABSTRACT**

**Background:** the clinical training of nursing students is a crucial setting for the integration of knowledge and the development of professional competencies. Clinical supervision plays a decisive role in this process, making it essential to understand students' experiences and the difficulties that influence the quality of their learning. **Objectives:** to analyse the supervision model used in clinical placements; to identify the difficulties perceived by students in the clinical context; and to describe the benefits attributed to supervision in the development of competencies. **Methodology:** a qualitative phenomenological study involving nine nursing students. Data were collected through an online focus group and subjected to inductive content analysis. **Results:** four dimensions of clinical supervision emerged: the supervision model in the clinical context; difficulties perceived by students; benefits of supervision in competency development; and suggestions for improving the supervision process. **Conclusion:** clinical placements remain a privileged learning environment but require reinforced attention regarding the difficulties identified by students. The findings offer relevant contributions for improving supervisory practices and present practical implications that may support the development of more consistent training processes aligned with the real needs of nursing education.

**Keywords:** learning; education, nursing; nursing students

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**RESUMO**

**Enquadramento:** a formação dos estudantes em contexto clínico constitui um espaço essencial para a integração de conhecimentos e o desenvolvimento de competências profissionais. A supervisão clínica neste processo, assume um papel determinante, sendo importante compreender as vivências dos estudantes e as dificuldades que influenciam a qualidade da aprendizagem. **Objetivos:** analisar o modelo de acompanhamento dos estudantes nos ensinos clínicos; identificar as dificuldades percecionadas em contexto clínico; e reconhecer os benefícios da supervisão no desenvolvimento de competências. **Metodologia:** estudo qualitativo de natureza fenomenológica, realizado com nove estudantes de enfermagem. Os dados foram recolhidos através de um grupo focal online e submetidos a análise de conteúdo indutiva. **Resultados:** emergiram quatro dimensões da supervisão clínica: modelo de acompanhamento em contexto clínico; dificuldades percecionadas pelos estudantes; benefícios da supervisão no desenvolvimento de competências; e sugestões de melhoria para a otimização do processo superviso. **Conclusão:** os ensinos clínicos constituem um espaço privilegiado de aprendizagem, mas requerem atenção reforçada quanto às dificuldades identificadas pelos estudantes. Os resultados evidenciam contributos relevantes para a melhoria das práticas supervisivas apresentando implicações práticas que podem apoiar a construção de processos formativos mais consistentes e ajustados às necessidades reais da formação em enfermagem.

**Palavras-chave:** aprendizagem; educação em enfermagem; estudantes de enfermagem

**RESUMEN**

**Marco contextual:** la formación de los estudiantes en el contexto clínico constituye un espacio esencial para la integración de conocimientos y el desarrollo de competencias profesionales. La supervisión clínica desempeña un papel determinante en este proceso, por lo que resulta fundamental comprender las vivencias de los estudiantes y las dificultades que influyen en la calidad del aprendizaje. **Objetivos:** analizar el modelo de acompañamiento utilizado en las prácticas clínicas; identificar las dificultades percibidas por los estudiantes en el contexto clínico; y reconocer los beneficios atribuidos a la supervisión en el desarrollo de competencias. **Metodología:** estudio cualitativo de naturaleza fenomenológica, realizado con nueve estudiantes de enfermería. Los datos se recopilaron mediante un grupo focal en línea y fueron sometidos a análisis de contenido inductivo. **Resultados:** surgieron cuatro dimensiones de la supervisión clínica: modelo de acompañamiento en el contexto clínico; dificultades percibidas por los estudiantes; beneficios de la supervisión en el desarrollo de competencias; y sugerencias de mejora para la optimización del proceso superviso. **Conclusión:** las prácticas clínicas siguen siendo un espacio privilegiado de aprendizaje, pero requieren una atención reforzada en relación con las dificultades identificadas por los estudiantes. Los resultados aportan contribuciones relevantes para la mejora de las prácticas supervisivas y presentan implicaciones prácticas que pueden apoyar la construcción de procesos formativos más consistentes y ajustados a las necesidades reales de la formación en enfermería.

**Palabras clave:** aprendizaje; educación en enfermería; estudiantes de enfermería

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## INTRODUCTION

Clinical teaching constitutes a structuring stage in the training of nursing students, being considered a privileged setting for the development of professional skills, the consolidation of theoretical knowledge, and the internalization of attitudes and values that support ethical, critical, and reflective practice (Cantante et al., 2020; Silva et al., 2022). This practical learning context, which takes place in real care environments, is influenced by multiple factors, namely by interactions between students, supervising nurses, faculty, healthcare teams, and people in care settings, revealing itself as a field that is simultaneously rich and complex (Fernandes et al., 2012). Despite its educational value, clinical teaching is often associated with difficulties that can compromise the quality of the learning experience and, consequently, the acquisition of skills. Among these difficulties, ineffective communication between teaching institutions educational institutions and healthcare institutions, which causes disconnection and limits the development of sustainable and shared pedagogical projects. The lack of alignment between academic (pedagogical) objectives and the requirements of the care context contributes to the gap between teaching and clinical practice, which can create tensions in the clinical supervision process and negatively affect students' learning paths (Franco & Millão, 2020; Silva & Silva, 2016). The scarcity of time available for supervising nurses is one of the most frequently identified difficulties in the literature as an obstacle to effective clinical supervision. This limitation reduces the time available for monitoring students and facilitating moments of critical reflection, an essential dimension for experiential learning and the

development of clinical reasoning, similar to what is advocated by classical authors such as Kolb (1984) and Schön (1983) (Alanazi & Cervený, 2025; Michel et al., 2021; Xavier, 2025). This reality may compromise not only the students' training but also the safety of the care provided, in addition to contributing to feelings of frustration, insecurity, and demotivation in students (Lee et al., 2023; Oshodi & Sookhoo, 2024). Recent studies (2024–2025) reinforce that factors such as belonging to the clinical context, consistent supervisory support, the quality of the learning environment, and the availability of supervisors significantly influence the training experience and students' well-being (Alkubati et al., 2025; Lees-Deutsch et al., 2025). Furthermore, international reviews highlight that the implementation of clinical supervision depends not only on individual competencies but also on organizational conditions and structured supervision models (Ryu et al., 2025b; Zonneveld et al., 2025). Thus, the relevance of studying this issue lies in the need to promote supervisory practices more effective, consistent, and tailored to the training needs of nursing students. Understanding their experiences and perceptions in the clinical context is a fundamental step in redefining strategies, strengthening the link between teaching and practice, and contributing to the training of more competent professionals prepared for the challenges of modern care contexts. This perspective aligns with the professional development pathway described by Benner (1984), which emphasizes the importance of contextualized and guided learning. The interest in the present study emerged from the authors' experience as teachers and clinical supervisors, recognizing the importance of listening to students' voices in identifying constraints and opportunities for

improvement. Thus, the aim of the present study is to understand, from the students' perspective, the main difficulties experienced in the context of clinical supervision in nursing.

## BACKGROUND

The difficulties experienced by students in clinical education are manifold: anxiety when facing practice, insecurity in performing technical procedures, difficulty in time management, and adaptation to different supervision styles. The quality of relationships established with supervisors and the healthcare team, influenced by availability, pedagogical attitude, type of feedback, and communication style, plays a decisive role in students' motivation, autonomy, and engagement in the learning process (Brand, 2024; Ramos et al., 2020). Recent evidence shows that the perception of belonging and supervisory support has a mediating impact on the relationship between stress and the quality of the clinical learning environment, highlighting the importance of the supervisor's role in students' well-being and integration (Alkubati et al., 2025).

The preparation of nurses for the supervisory role emerges, in this context, as a critical dimension. Many take on this pedagogical responsibility without specific training in clinical supervision, which can limit the quality of guidance provided and compromise the achievement of training objectives (Ordem dos Enfermeiros [OE], 2020; Rodríguez-Leal et al., 2023). The literature highlights the need for integrated technical, communicative, relational, and pedagogical competencies for effective supervision (Rothwell et al., 2021; Sinaga et al., 2024). Recent reviews emphasize that structured models and formal theoretical

frameworks for supervision facilitate the standardization of practices and consistency in student guidance (Ryu et al., 2025a; Zonneveld et al., 2025). This perspective aligns with the assumptions of classical authors such as Benner (1984), who emphasizes the role of guided practice in the progressive development of competencies, as well as with Kolb (1984) and Schön (1983), which value experiential reflection as a central element of learning. In this context, Longo and Moutinho (2022) propose an organization of supervision difficulties into four interconnected dimensions: (i) (un)preparedness for carrying out supervision; (ii) quality of interaction with the clinical supervisor; (iii) quality of interaction between student and supervisor; and (iv) (dis)coordination between institutions. This multidimensional perspective helps to understand that obstacles to supervision are not limited to individual weaknesses but also reflect structural and organizational constraints. The integration of recent international studies on clinical learning and supervision environments (Alanazi & Cerveny, 2025; Hosseini et al., 2025) helps to reinforce the understanding of the variables that shape students' formative experience and to support the relevance of the central concepts of this study: clinical supervision, supervisory relationship, follow-up model, and shared management.

## METHODOLOGY

This study was conducted using a qualitative, phenomenological approach, aimed at thoroughly exploring the experiences and perceptions of nursing students regarding supervision in a clinical teaching context. The choice of this approach is justified by its

suitability for understanding the meanings attributed by participants to the phenomena experienced, respecting the subjectivity, individuality, and context of the reported experiences. The methodological report followed the COREQ (Consolidated Criteria for Reporting Qualitative Research) guidelines, ensuring transparency, rigor, and auditability of the process.

The specific objectives that guided the research were:

i) to identify the model of supervision for nursing students in a clinical setting; ii) to list the difficulties in supervising nursing students; and iii) to recognize the benefits of supervision for the development of clinical skills in nursing students.

The sample consisted of nine nursing students from higher education institutions in the Lisbon and Tagus Valley region. Selection was carried out for convenience, taking into account the accessibility and availability of the participants, as well as the heterogeneity of their experiences in clinical education. The inclusion criteria were: (i) being enrolled in a bachelor's degree in nursing; and (ii) having completed at least one clinical nursing placement. As an exclusion criterion, it was considered that the student had been directly supervised by the researcher, in order to avoid potential biases in data collection and interpretation. In studies conducted through focus groups, saturation can be reached within a single group when there is sample homogeneity and high participant interaction. In the present study, it was observed that after the eighth participant, no new substantive content emerged, demonstrating theoretical saturation and adequacy of the sample size. Data collection was conducted on May 29, 2024, through a focus group held via the Zoom® platform, with an approximate duration of 90 minutes. This technique was chosen for its ability to create an

interactive environment among participants, promoting the emergence of shared discourses and the in-depth exploration of subjective experiences and meanings attributed to clinical supervision (Guest et al., 2017). The session was moderated by the principal investigator, who had prior experience in facilitating focus groups, and included the presence of an external observer responsible for taking field notes, enhancing reflexivity and controlling potential biases.

The semi-structured interview guide, used to guide the focus group, was developed by the principal investigator based on the study objectives and after a review of the literature. The guide was subsequently validated by two researchers with experience in qualitative research and specific knowledge in the area of clinical teaching supervision. This instrument contains nine open-ended questions that address three central dimensions: i) the supervision model in a clinical context; ii) the difficulties perceived by students regarding the supervision provided; and iii) the benefits of supervision for the development of clinical skills. The guide was also preliminarily tested with a student who was not part of the sample, allowing for the assessment of the clarity, relevance, and sequence of the questions.

The data analysis followed the assumptions of inductive content analysis, according to the methodology proposed by Günther (2006). This technique involved an exhaustive and systematic reading of the textual corpus, allowing for the identification of units of meaning, the coding of data, and the subsequent construction of thematic categories and subcategories. The analysis was conducted in a cyclical and critical manner, allowing for successive approaches to the data and integrating the emerging meanings with the research objectives, to

ensure a coherent and in-depth interpretation of the participants' experiences. The initial coding was carried out by the principal investigator and subsequently compared with the analyses of two external researchers, using triangulation and consensus meetings to resolve interpretative discrepancies.

The categorization was conducted by the principal investigator, with the support of two external researchers with experience in qualitative analysis, ensuring the validity of the coding process and fidelity to the participants' narratives. All analysis was carried out manually, without the use of specific software for qualitative analysis. Formal member checking was not conducted due to the synchronous nature of the focus group; however, joint validation during the discussion allowed for the accuracy of emerging interpretations to be confirmed.

With the aim of ensuring methodological rigor and the reliability of the results, the quality criteria proposed by Lincoln and Guba (1985) were followed:

- Credibility, ensured by triangulation among researchers in the analysis and interpretation of the data;
- Transferability, guaranteed by a detailed description of the context, the sample, and the conditions under which data collection took place;
- Dependability, ensured by the systematic recording of all methodological decisions and by transparent descriptions of the analysis process;
- Confirmability, guaranteed by the external validation of interpretations and the coherence between raw data and the results obtained, including maintaining a reflexivity journal that documented assumptions, analytical decisions,

and potential influences of the researcher on the process.

Before the focus group was held, participants were sent an information note outlining the study objectives, the expected duration of the session, the ethical principles to be observed (anonymity, confidentiality, and use of the audio recording solely for research purposes), as well as the Informed Consent Form, which was signed and returned prior to the session. The session was recorded, with participants' permission, and the recording was fully transcribed by the researcher. After transcription, the audio file was deleted in accordance with ethical and legal data protection standards. Each participant was assigned an alphanumeric code (e.g., EE1, EE2), ensuring the confidentiality of their identity. Real names were not recorded in the transcripts, and the data were handled to prevent any identification of participants. The study received a favorable opinion from the Ethics Committee of the involved institution, approved on April 24, 2024.

## RESULTS

Nine nursing students participated in the study (eight female and one male), aged between 20 and 28 years. Five were in the 3rd year of the bachelor's degree program (55.6%) and four (44.4%) in the 4th year of the bachelor's degree in nursing. All had completed at least one clinical placement in a hospital or community setting.

The content analysis of the collected narratives allowed the identification of four main dimensions, aligned with the study's objectives: (i) follow-up model in a clinical context; (ii) perceived difficulties in supervision; (iii) benefits of supervision for the development of clinical

skills; and (iv) students' suggestions for improving the training process. The characterization of the participants and a summary of the emerging categories and subcategories are presented below (Table 1).

Table 1

Dimensions, categories, and subcategories

Dimensions	Categories	Subcategories
Monitoring model	Shared management model	– uncategorized –
Difficults	Role of the supervisor	Insufficient follow-up
		Supervisor little involved
		Supervisor's inexperience
	Supervisory relationship	Limited communication
		Fragile bond
	Supervisory process	Inappropriateness of objectives
		Short internship duration
		Inadequacy of the assessment
	Internship location	Distance
		Lack of vacancies
		Selection criteria
	Professional development	Emotional management
		Socio-professional transition
Benefits of supervision	Skills development	Techniques
		Communication
		Time management
		Emotional management
Student suggestions	Improvement of the training process	Reduction of the internship workload
		Reduction in the number of medical records
		Reflection based on real situations
		Adaptation of theoretical content to practice
		Greater teacher presence in the first days

Regarding the clinical placement supervision model, the students described a supervision model based on shared management between the lecturer and the ward nurse. Most mentioned that this coordination enhanced pedagogical continuity and facilitated learning, especially when both were present simultaneously and communicated effectively. One participant summarized this complementarity by stating: "When we have support from both the lecturer and the nurse, we get more out of the placement. One makes up for what the other lacks." (EE1). However, some students reported that this coordination was not always effective, mainly

due to the absence or late arrival of the lecturer, which affected the start of the integration process in the practice setting: "We were left in the nurse's hands. The lecturer only appeared days later." (EE7). The difficulties reported by the students focused on aspects related to the role of the supervisor, with the supervisory relationship, with the pedagogical process and with structural factors of clinical teaching. Most reported insufficient guidance, limited availability, and sometimes a lack of pedagogical experience on the part of the supervisors. This set of constraints translated into feelings of insecurity and uncertainty: "There were days

when I didn't even see my supervisor. And the professor only showed up at the end to evaluate." (EE6).

The supervisory relationship was also noted as weakened, mainly due to limited communication and difficulty in establishing consistent educational bonds. One student described: "I felt like I was alone during the internship. There was a lack of guidance and feedback." (EE4). Regarding the supervisory process, several students mentioned the inadequacy of educational objectives in the clinical context, the short duration of clinical teachings, and evaluation criteria perceived as poorly suited to the lived reality. One participant summarized this perception by stating: "The internship time is not enough to learn everything that is expected. And then we are assessed as if we had had more time." (EE5).

The structural difficulties associated with the location of clinical education included distance, lack of openings, and unclear criteria for allocation. These aspects were described as limiting students' motivation and well-being: "I was placed in a hospital 40 km from home and there wasn't even direct transport." (EE8). In terms of emotional and professional development, challenges related to fear of making mistakes, insecurity, and difficulty in expressing doubts emerged, factors that undermine the learning process: "I was afraid of making mistakes and sometimes didn't ask questions so as not to seem weak." (EE2). Some students also expressed concerns related to the transition to professional practice, revealing doubts about their ability to fully assume the role of a nurse.

Despite the identified difficulties, the students acknowledged that clinical supervision, when structured and accessible, played a decisive role in the development of technical, communication, time management, and emotional regulation skills. In the

technical domain, supervision was described as essential for safe practice and increased autonomy: "With a good supervisor, I learned more in two weeks than in entire other placements." (EE9). Regarding communication, participants reported having developed effective strategies for interacting with people in care settings and with the team, as illustrated by the testimony: "I learned to communicate better with patients and with the team." (EE5).

Supervision also contributed to the development of skills in organizing and prioritizing tasks, allowing students to adapt to the demanding pace of clinical services: "I learned to organize my day and know what is most urgent." (EE7). Finally, emotional management was identified as one of the most relevant learnings, particularly regarding the ability to deal with stress, pressure, and emotionally challenging situations: "I learned to handle stress and work under pressure." (EE2).

Students offered several suggestions for improving clinical education, focusing on reducing workload during shifts, decreasing documentation requirements, enhancing reflection on real situations, and the need for better integration between theoretical content and clinical practice. One participant stated: "I think they should reduce shift hours so we have time to study." (EE3). The reduction in the number of clinical case reports was seen as a way to free up time for more meaningful learning: "We used to do a lot of clinical cases, and they weren't always useful. The time could be better spent on group reflection." (EE3).

The students also emphasized the importance of a closer connection between theory and practice, expressing frustration when they felt that the material studied at school did not match the demands of the care settings: "Sometimes we study so much, only to not

know what to do in the hospital.” (EE6). Finally, they mentioned the need for greater teacher presence during the first days of internship, seen as a factor that facilitates integration and confidence: “In the first days we felt lost. If the teacher had been there right away, it would have helped a lot.” (EE8).

## DISCUSSION

Clinical supervision continues to be recognized as a structuring dimension in nursing education, playing a key role in the integration of theory and practice, in the development of skills, and in the construction of professional identity. The results of this study, interpreted in light of contemporary and classical literature, show that the quality of clinical supervision depends not only on the model adopted, but also on institutional conditions and on the quality of the pedagogical relationship established between students, supervisors, and teachers. This interdependence has been widely demonstrated in recent studies, which reinforce supervision as a multidimensional process influenced by organizational, relational, and emotional factors (Ryu et al., 2025a; Zonneveld et al., 2025).

### *Student tracking model in clinical education*

The predominance of a shared management model between the teacher and the supervising nurse, mentioned by the participants, aligns with international evidence highlighting the importance of collaborative structures in clinical supervision (Brand, 2024; Lees-Deutsch et al., 2025). This model requires effective communication and clear objectives, aspects that prove critical in ensuring educational continuity and alignment between teaching and practice. When these elements are absent, as observed in the reported

experiences, the formative potential of clinical teaching is diminished, a phenomenon also described by Amaral and Figueiredo (2022).

Recent literature reinforces that the active presence of the teacher, especially during the initial integration period, increases the perception of safety and facilitates adaptation to the clinical context (Alanazi & Cervený, 2025). These findings align with students' perceptions and highlight the need to strengthen collaborative models that ensure continuous monitoring and regular presence of supervisory figures.

### *Difficulties in clinical supervision*

The difficulties identified by the students reflect challenges widely documented in the literature. The insufficient availability of clinical supervisors and the variability of their teaching skills continue to be central obstacles, both nationally and internationally (Alkubati et al., 2025; Ryu et al., 2025b). The literature highlights that effective supervision requires specific training, communication skills, the ability to provide constructive feedback, and regular availability—elements not always ensured in the practices described (Hosseini et al., 2025; Rothwell et al., 2021).

The fragility of the supervisory relationship, characterized by weak educational bonds, limited communication, and lack of active listening, supports studies that identify the supervisor–student relationship as a central axis of learning and emotional safety in the clinical context (Brand, 2024; Lees-Deutsch et al., 2025). The literature further shows that weak supervisory relationships can increase students' anxiety, insecurity, and feelings of isolation (Alkubati et al., 2025), a finding fully consistent with the reported experiences.



Criticism directed at the supervisory process, notably the inadequacy of objectives, the short duration of clinical teachings, and evaluation systems perceived as poorly suited, reflects tensions recognized in recent literature, which point to the need for more integrated curricula and evaluations that are more formative, contextualized, and continuous (OE, 2020; Zonneveld et al., 2025). The short duration of internships and the mismatch between academic requirements and actual learning opportunities constitute structural challenges, especially noted in studies on clinical learning environments (Alanazi & Cervený, 2025). Finally, the emotional difficulties reported by students confirm that supervision must incorporate a socioemotional support dimension, essential for experiential learning, as advocated by Kolb (1984), Schön's reflection-in-action (1983), and Benner's professional development model (1984). The absence of this support weakens the socio-professional transition and undermines students' self-confidence, a phenomenon widely discussed in contemporary literature.

### ***Benefits of clinical supervision***

Despite the identified obstacles, the students recognized supervision as a promoter of technical, communication, time management, and emotional regulation skills. These benefits are in line with established evidence, which shows that effective supervision enables the progressive development of clinical performance, as proposed in Benner's (1984) novice-to-expert model. Mediated and reflective learning, observed in the participants' narratives, confirms that supervision fosters autonomy, confidence, and critical thinking, essential elements for professional practice. Recent studies reinforce that accessible, experienced supervisors who can create a

safe environment enhance deep and integrated learning (Flynn et al., 2021; Lees-Deutsch et al., 2025). Consequently, the development of emotional skills, widely mentioned by the students, emerges as one of the main contributions of supervision, especially in contexts of high clinical pressure (Silva et al., 2022; Xavier, 2025).

### ***Students' suggestions for improving supervision***

The suggestions presented by the students reflect a critical and mature perspective on the educational process, reinforcing the importance of their active participation in improving supervision. The need to reduce the workload parallel to clinical teaching, decrease documentary requirements, strengthen reflection based on real experiences, and ensure greater theory–practice integration is consistent with the literature, which advocates for less bureaucratic learning environments focused more on the development of meaningful competencies (Longo & Moutinho, 2022; Zonneveld et al., 2025). The request for greater faculty presence in the initial periods aligns with studies that highlight the importance of structured guidance and pedagogical mediation during the first days of internship, a critical phase for establishing expectations, routines, and connections (Alanazi & Cervený, 2025; Amaral & Figueiredo, 2022).

### ***Study limitations***

One limitation of the study relates to the number, geographical origin, and limited scope of the participants, which restricts the transferability of the results. In addition, the use of a single focus group may have limited the diversity of perspectives. The absence of methodological triangulation and the inability to perform member checking also constitute limitations

that should be considered when interpreting the results.

### ***Implications for practice and future recommendations***

The results of this study highlight the need to invest in the pedagogical training of clinical supervisors, strengthen collaborative models between the school and practice settings, and promote reflective tools that support students' emotional and professional development. It is also recommended to review the goals and assessment criteria of clinical teaching to ensure greater alignment with real learning opportunities. Future research could benefit from method triangulation, the inclusion of supervisors and teachers as participants, and comparative analyses between different supervision models.

### **CONCLUSION**

This study allowed an understanding, from the perspective of nursing students, of the main challenges, benefits, and suggestions related to clinical supervision in a clinical teaching context. The results show that, although supervision is recognized as essential for skills development and the integration of theory and practice, structural, pedagogical, and relational limitations persist, affecting the effectiveness and consistency of the supervisory process. The identified difficulties are distributed across multiple levels: weaknesses in the role and pedagogical preparation of clinical supervisors, poorly structured supervisory relationships, misalignment between academic objectives and real learning opportunities, organizational limitations (such as the short duration of clinical teachings or the allocation of sites), and emotional challenges associated with the insecurity and anxiety typical of the transition to professional

practice. These aspects highlight systemic problems that go beyond individual practices, emphasizing the need for integrated intervention between educational institutions and care settings.

In contrast, the benefits attributed to clinical supervision reinforce its essential role in consolidating technical, communicational, organizational, and emotional skills, especially when the process is mediated by close, consistent, and reflective pedagogical relationships. The recognition of these learnings by students confirms the transformative potential of clinical supervision when it is conducted with a formative intention and supported by meaningful pedagogical bonds.

The relevance of the suggestions presented by the participants also stands out, revealing a critical perspective committed to the continuous improvement of the training process. Their viewpoints emphasize the importance of more dialogical, flexible, and contextualized supervisory practices, capable of valuing individual experience and respecting the rhythms and challenges inherent in learning in a real-world context.

In this sense, the results of this study reinforce the need to invest in the pedagogical training of clinical supervisors, to ensure an active and coordinated presence of faculty in the practice context, to promote an effective and continuous integration between theory and practice, and to adopt models of shared and reflective supervision that recognize the student as the subject of their own learning journey.

Valuing and integrating students' experiences into the training process constitutes not only a strategy to improve clinical teaching, but also a commitment to creating more humanized, demanding, and coherent educational environments in line with the

requirements and complexities of professional nursing practice.

## CONFLICTS OF INTEREST

The authors declare that there are no conflicts of interest.

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