

ORIGINAL ARTICLE

Clinical Instructor Perceptions of Educational Preparation and Organizational Support for Their Role in Clinical Nursing Education

Suci Tuty Putri, Lisna Anisa Fitriana, Sehabudin Salasa, and Sri Sumartini

Department of Nursing, Faculty of Sport and Health Education, Universitas Pendidikan Indonesia, 40154 Bandung, Indonesia.

ABSTRACT

Introduction: There are some important factors in preparing a nurse to perform their role as a clinical instructor (CIs) in the clinical setting, including the competence of teaching, organizational support, resources, program planning, teaching-service integration, and student characteristic. Therefore, these factors influence CIs to maintain their role in teaching nursing students in the clinical field. However, there is no study has been found related to that issue. This study aimed to determine the perceptions of CIs towards educational preparation and organizational support in nursing clinical education. **Methods:** The study design was a cross-sectional. The sampling technique was convenience sampling. 104 respondents were recruited within two weeks. The instruments used are questionnaire about sociodemographic and preceptor's perception of their role from another research. Descriptive and correlative analysis using Chi-square were conducted to determine the relationship between demographic factors and CIs perceptions of their roles. **Results:** The results showed that most CIs had a positive perception of their role. Furthermore, it was known that the length of experience working as CIs was associated with pedagogical competence ($p = 0.047$), support and educational resources ($p = 0.046$), and teaching service integration ($p = 0.013$). Meanwhile, preceptor training was associated with educational program planning ($p = 0.037$). **Conclusion:** It can be concluded that although nurses have a positive perception of their role as CIs, several demographic factors influence their competence in teaching. Academic institutions need to facilitate each CIs hospital in gaining teaching competence abilities.

Keywords: Nursing education research; Preceptorship; Educational Status; Perception.

Corresponding Author:

Suci Tuty Putri, S.Kep.,Ners.,M.Kep

Email: suci.putri@upi.edu

Tel: +62-85324756752

INTRODUCTION

Clinical education is an important phase in a nurse's education to achieve his/her competence (1,2). It is experience-based learning where a student is expected to apply the theories that he/she has learned academically in a real case in the field. Clinical practice is essential for cognitive, affective, and skill developments that can help students learn to safe in interventions and to be effective nurses (1). Furthermore, preparing the nursing student to face their next professional practice, building skills, and attaining the profession's competencies is the goal of nursing clinical education(3).

In clinical education, the field supervisor is called Clinical Instructor (CI), i.e., a person who plays a vital

role in guiding and facilitating student's learning in a clinic (4). CI is a trained nurse who is responsible for a nursing student's learning in clinical practice and who is in charge of providing guidance, reflection, feedback, assessment, and evaluation to the student. Several studies explain that a nurse cannot automatically have the competence of a CI. He/she has to get it through intensive training (1,4,5).

Some studies show the kinds of educational support needed by CIs, such as identifying student-teacher relationships, teaching strategies to identify interpersonal relationships, and professional competence as an instructor (4,5). Wolf et al. identify that the student-faculty relationship is an important learning area for new CIs and that they need to learn an appropriate educational theory for classroom and clinical management (6). Bell-Scriber and Morton suggest that CIs gets the benefits from discussing this challenge with other people, who are often more experienced in the training of a CI (6).

A study by Giroto (7) demonstrates important factors in the preparation of a nurse to perform his/her role as a CI. These include competence of teaching, organizational support, resources, program planning, teaching-service integration, and student characteristic in the clinical field (7). Identifying the characteristics of the clinical instructor in relation to the efficacy of his/her role is very important for the development of the nursing profession (6). The fact that there is no clear and effectively acceptable definition of clinical nursing education presents a challenge to the nursing profession (6). Under the circumstances, there is no quantitative study about the perception of CIs in preparation of nursing clinical education, and the organizational support for their role has been found in Indonesia. This study aimed at examining CIs perception towards educational Preparation and Organizational Support.

MATERIALS AND METHODS

Design

A cross-sectional design was employed in the study.

Samples

Convenience sampling was used to involve getting participants (n = 104). As the pandemic made it impossible for the researchers to visit the hospital in person, respondents were recruited through Google Form distributed to Preceptor groups through hospitals' communication media throughout West Java Province. Measurements. Data collection was conducted in two weeks in October 2020. The instruments used were the same instruments that had been used by Giroto et al (7) which were then translated into Indonesian. The questionnaires were relevant to the 5 components of CIs perception and organizational support for their role, consisting of 35 questions of five-option : 1: totally disagree (TD); 2: disagree (D), 3: indifferent (I), 4: agree (A) to 5: totally agree (TA)(6). The results of the instrument validity test show that all questions are valid with r- value 2,159-8,798(r-table = 0.304) and reliable (0.889).

Data Analysis

Data analysis was conducted utilizing descriptive test and bivariate analysis with chi-square with a significant difference was determining when p-value < 0,05 using SPSS 22 software to obtain a description of CI's perception on their role and it relates to their demographic characteristics.

Ethical Clearance

This research was approved by the Institute of Research and Community Engagement, Universitas Pendidikan Indonesia No.921/UN40/PM/2020. The respondents were first given a written explanation of the objectives and procedure of the study. Then the researcher asked for their consent online through the data collection form.

RESULTS

The study, which involved 104 CIs, showed various respondent characteristics, which can be seen in Table I. Most of the respondents were in the age range of 20-40 (71.2%) and had an undergraduate degree in nursing (58.7%). Most of them were women (66.3%) and had attended preceptorship training (68.3%). More than half of them had CIs experience of less than 5 years (54.8%).

Table I: Characteristic of respondent (n=104)

Characteristics	Frequency(f)	Percentage(%)
Age, yr		
20-30	24	23.1
31-40	50	48.1
41-50	27	26.0
51-60	3	2.8
Sex		
Male	35	33.7
Female	69	66.3
Education		
Diploma	23	22.1
Bachelor	61	58.7
Magister	20	19.2
Length of experience, yr		
0-1	25	24
1-5	32	30.8
>5	47	45.2
Preceptorship training		
Yes	71	68.3
No	33	31.7

In general, Table II. shows the result of a study. The CIs nurse perception is largely positive for the components of competence of teaching (78.85%), organizational support and educational resources (62.5%), educational program planning (62.5%), and teaching service integration (71.15%). However, CIs nurse perception is largely negative (56.73%) for the factor of student presence in a clinical setting.

Table II: Preceptor perception (n=104)

Factorial analysis	Positive Perception	Negative Perception
	(n, %)	(n, %)
Pedagogical competence	82 (78.85)	22 (21.15)
Support and educational resources	65 (62.5)	39 (37.5)
Educational program planning	65 (62.5)	39 (37.5)
Teaching service integration	74 (71.15)	30 (28.85)
Student presence in clinical setting	59 (43.27)	45 (56.73)

Table III explains in detail the relationship between the demographic factor and each component of CIs perception about readiness and organizational support for their role. The result shows that CI's length of experience is related to the components of pedagogic competence (p=0.047) and teaching service integration (p=0.013). Educational level (p=0.017), length of experience as CIs (p=0.046), and attendance of CIs training (p=0.037) are related to educational program planning. However, no demographic factors are related to support and educational resources, and student presence in clinical training.

Table III: Demographic profile comparing the factorial analysis of (n=104)

Characteristics	Pedagogical competence			Support and educational resources			Educational program planning			Teaching service integration			Student presence in clinical setting		
	Positive	Negative	p	Positive	Negative	p	Positive	Negative	p	Positive	Negative	p	Positive	Negative	p
Age, yr															
20-40	57 (75)	19 (25)	0.091	45 (59)	31 (41)	0.181	44 (58)	32 (42)	0.084	52 (68)	24 (32)	0.233	32 (42)	44 (58)	0.430
41-60	25 (89)	3 (11)		20 (71)	8 (29)		21 (75)	7 (25)		22 (79)	6 (21)		13 (46)	15 (54)	
Sex															
Male	58 (84)	11 (16)	0.60	45 (65)	24 (35)	0.277	44 (64)	25 (36)	0.434	53 (77)	16 (23)	0.061	31 (45)	38 (55)	0.395
Female	24 (69)	11 (31)		20 (57)	15 (43)		21 (60)	14 (40)		21 (60)	14 (40)		14 (40)	21 (60)	
Education															
Diploma	15 (65)	8 (35)	0.185	13 (57)	10 (43)	0.795	12 (52)	11 (48)	0.017*	14 (61)	9 (39)	0.372	8 (35)	15 (65)	0.647
Bachelor	50 (82)	11 (18)		39 (64)	22 (36)		35 (57)	26 (43)		44 (72)	17 (28)		28 (46)	33 (54)	
Magister	17 (85)	3 (15)		13 (65)	7 (35)					16 (80)	4 (20)		9 (45)	11 (55)	
Length of experience, yr															
0-5	41 (72)	16 (28)	0.047*	35 (61)	22 (39)	0.480	31 (54)	26 (46)	0.046*	35 (61)	22 (39)	0.013*	23 (40)	34 (60)	0.322
>5	41 (87)	6 (13)		30 (64)	17 (36)		34 (72)	13 (27)		39 (83)	8 (17)		22 (47)	25 (53)	
Preceptorship training															
Yes	59 (83)	12 (17)	0.098	45 (63)	26 (37)	0.476	49 (69)	22 (31)	0.037*	54 (76)	17 (24)	0.084	32 (45)	39 (55)	0.372
No	23 (70)	10 (30)		20 (61)	13 (39)		16 (48)	17 (52)		20 (61)	13 (39)		13 (39)	20 (60)	

DISCUSSION

This research shows that academic professionals must have an understanding of CIs preceptor preparation in the implementation of nursing clinical education. CI's role as an educator and clinical management needs training beyond an undergraduate degree (7). This research shows that most supervisors worked as nurses and confirmed that the supervisor's main objective was to guide the implementation of clinical learning. Concerning the clinical learning preparation aspect, the research results show that there is no correlation between demographic factors and CI's perception on their readiness in clinical learning.

Pedagogical competence

This research shows that most CIs/preceptors positively perceive the pedagogical competence component (78.85%). Pedagogical competence is required in the clinical supervision process because an understanding of the student's concept of learning will help them understand clinical learning in hospitals. This research shows that pedagogical competence is linked to the length of experience as CI/preceptor ($p=0.047$). Higher education or preceptorship training alone is not enough. The length of hospital supervising experience will determine the pedagogical competence in supervising a preceptee in hospital. The pedagogical competence is teachers' ability to manage learning, which includes the ability to plan, manage the learning process and assess. (4).

This study stated that most respondents have a bachelor's degree (58.7%) and a master's degree (19.2%) in nursing. Furthermore, 68% of respondent had had preceptorship training. Having higher education means that the clinical instructor has an excellent scientific basis, including education in nursing. However, this studies show a length experience is a factor associated with pedagogical competence ($p = 0.047$). CI is required to connect the knowledge in the classroom to the practical setting and provide students during their education based on the CI experiences in fieldwork. In Indonesia, almost all CIs were involved in an orientation nursing clinical education to understanding the philosophy, mission, competencies, and curriculum of academic institutions (8).

A qualitative study conducted by Martensson on 14 students found that the ability to teach effectively is needed in clinical situations (1). Various unexpected situations may require CI's teaching skills. This requires specific training. CI's teaching ability based supervising process affects students' competence achievement. The learning process takes place where the supervisor directly provides demonstration, guidance, training, and consultation to achieve the target nursing skills (9).

Support and educational resources

This research shows that CIs/preceptors' perception of support and educational resources component is largely positive (62.5%). Although this is not significantly associated with demographic factors, it is believed that perception of support and educational resources influenced by their education level (most of whom have an undergraduate degree), their young age (20-40 y.o.) (which makes them more motivated to learn), and their previous attendance of preceptorship training (which keeps them motivated to find the learning resources they need as preceptors). Educational resources are needed for quality education delivery programs such as human resources, material resources, and financial resources (7).

The present research shows that learning support is essential in achieving student's satisfaction in clinical learning. CIs and student's needs in clinical learning are more complex than those in campus/university learning (10).

CIs develops a relationship within the staff members of hospitals and the students in clinical learning management. The attribute of role models and the unity of words and actions are part of clinical competence. Furthermore, the research result shows that the professional approach in nursing education is a core competency (5). Research on the needs of clinical learning instructors conducted by Davidson identified factors such as orientation, equipment, and learning resources, policies and procedures, curricular content, technological simulation, and evaluation practice (11).

Educational program planning

This research shows that CIs/preceptors' perception of the support and educational resources component is mostly positive (62.5%). The research results show that educational program planning is influenced by educational level ($p=0.013$), the length of experience as CI/preceptor ($p=0.046$), and preceptorship training ($p=0.037$). This finding is in line with Research Kotera and Matsuda shows that professional identity is a predictor factor in showing the performance of clinical instructors, CIs with a higher professional level were 1.04 times higher than CIs with more professional identity(12). CIs with higher education can develop learning interactions with students and demonstrate their professional role as nurses. CIs with several year's experience and have further education feel adequately prepared for CI role than newly graduated (13). However studies shows that CIs values and competence based in their experiences and need. The educational program covers perception of the curriculum of clinical supervision, process of clinical supervision from the beginning to evaluation; therefore, training, experience, and higher education are necessary for educator's professionalism so that he/she can give quality supervision, which includes the ability

to develop a curriculum and use appropriate clinical learning strategies (10).

Collier has identified positive behaviors that contribute to CI's competence, including possession of nursing knowledge, following the development of science relevant to current development and their specialty and becoming a positive role (14). This is consistent with a qualitative study conducted by Martesson, which found that CI's perception about their role is relevant to educational planning (1).

Teaching service integration

This research shows that CIs/preceptors' perception of the support and educational resources component is mostly positive (71.15%). In general, CIs/preceptor supports the students in providing an accountable health service and integrates them into the health service provider industry despite the obstacles that still need to be overcome, such as lack of facilities and readiness of the students. A study conducted by Rahmi indicates that a CI has to have proper specific instrumental and cognitive competence and competence relevant to information system and interpersonal skills (10). These competencies are needed to integrate nursing education services into the clinical field (15).

This study showed that the length of experiences is related to the teaching service integration ($p = 0.013$), which means that the experience of clinical educators contributes to nurses in providing services as clinical instructors. Clinical institutions are expected to commit responsibility for the professional training of their staff. However, research by Brehmer and Rames shows that academic and service institutions do not prioritize education effectively integrating with their health systems. (16)

The integration of teaching services consists of collective work processes, agreements, and integration between educational institutions and health institutions and among teachers, students, and employees in health care. It is a strategy of the training process, but its purpose is broadened because it leads to quality health care (16).

Student presence

This research shows that CIs/preceptors' perception of the student's presence in a clinical setting component is largely negative (56.73%). However, there is no relation between characteristics of CI with the student presence in clinical education. CIs responses to an open-ended question show that the presence of a large number of preceptees and their unpreparedness for practice and lack of adequate facilities have made them unsympathetic to students' presence in their room. Students are considered to be a burden to the nurse's job in the hospital room because it is small/not sufficiently equipped, and the preceptors still need to perform their duties on the patient. In another hand, unprepared

students, poorly suited for clinical areas, will impact CI's daily work, their precepting, and evaluation process (18). This makes them feel that they have not done their best in supporting the students.

Literature shows that the quality of learning environment is influenced by a variety of factors, including the characteristics of practice venue, the suitability of the practice field with the learning objectives, the capacity to provide students with learning opportunities, the relationship between students, CIs nurses, and CIs academic (15,17). Recognition and connection in clinical learning and the relationship between students and CIs and other health team members play an important role in encouraging students' confidence that's needed for the learning process (18). Therefore, good communication is necessary between CIs and students and educators to make CI's perception of students more positive.

The previous research provided that clinical students encourage CIs to strengthen their knowledge base stimulates learning, and cause them to re-evaluate their practice. The practitioner's skills are further developed as a result of the students (19).

CONCLUSION

The analysis in the study shows that CIs has a positive perception about preparation for clinical education and operational support for their role including on the pedagogical competence component, support and educational resources, and the student's presence in a clinical field, Furthermore, the analysis of demographic factors also shows that level of education, length of experience and preceptorship training factors are correlated to CIs readiness to educational program planning. Meanwhile, the length of experiences also correlated with pedagogical competence and teaching service integration.

ACKNOWLEDGEMENTS

The authors would like to thank all the participants as well as the Faculty of Sport and Health Education, Universitas Pendidikan Indonesia for providing the facilities for this study.

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