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RESEARCH ARTICLE

Nurse Educators' Perspective of Clinical Instructor's Credibility

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Abstract

As the clinical instructor is completely directing, supervising as well as controlling the clinical teaching that preparing highly qualified and competent nurse graduates, how then credible is clinical instructors?? Historically it seems that clinical instructors' role have received substantial attention. In recent times of ambiguity in education, nurse researchers believed that the multifaceted role of nurse educators should be re-examined. Clinical instructors' credibility is one of the many multifaceted roles of the clinical nurse educators and it has usually been debated within literature. Furthermore the concept of clinical credibility is ill defined. The main purpose of this study is to explore educational experience of nurse educators concerning the notion of clinical credibility. A descriptive design was employed using questionnaires to collect data. Respondents comprised 134 nurse educators from 19 different nursing schools globally who completed an online questionnaire. The results showed that competence, up to date knowledge, clinical as well as teaching skills, expertise in clinical setting, evidenced based practice and interpersonal communication of instructors are the most important characteristics of credible clinical instructors. The second most important features were found to be hands on care, personality, role modeling and punctuality. These results may assist clinical instructor to maintain their clinical credibility.

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INTRODUCTION

As the clinical instructor is completely directing, supervising as well as controlling the clinical teaching that preparing highly qualified and competent nurse graduates, how then credible is clinical instructors?? Historically it seems that clinical instructors' role have received substantial attention. In recent times of ambiguity in education, nurse researchers believed that the multifaceted role of nurse educators should be re-examined.

Clinical instructors' credibility is one of the many multifaceted roles of the clinical nurse educators (instructors) and it has usually been debated within the literature. Furthermore the concept of clinical credibility is ill defined. Studies have shown that clinical learning is a significant part in nursing education, and clinical instructors have a vital role in leading this process. Certainly, for the development of the nursing profession, credible preceptors are needed (Maslin-Prothero and Owen, 2001).

As credible clinical instructors have no standardized model to follow in teaching. Instead they create their unique style based on their personal requirements and their institutional needs (Fisher 2005). The term 'credibility' is an indistinct concept and is hard to define. In a study on nurse teachers' perceptions of clinical competence and credibility, competence was described more confidently while they were unable to define credibility clearly (David

1997). Among nurse students, clinical instructors and professional nurses, the concept of being credible in clinical setting is incomprehensible (Fisher 2005).

Aim and objectives

The main purpose of this study is to explore educational experience of nurse educators concerning the notion of clinical credibility

Methodology

A descriptive cross-sectional study was designed to examine nurse educators' perspectives on clinical instructor's credibility (2012-2013). Respondents for this study comprised of 134 practical and theoretical nurse educators from 19 different nursing schools globally who completed an online questionnaire. A 12 items survey questionnaire was designed by the researcher. Following a slight modification as a result of the pilot study, questionnaires were sent out. First, a survey questionnaire was sent to the most accessible nursing schools all over the world, particularly to program leaders, to gain information about nursing education in general, for example, theory-practice split, models used in clinical teaching, and who is involved in clinical teaching. Above all respondents were asked to give their perspective of clinical credibility via an open-ended question at the end of the questionnaire.

Selected samples were received an invitation to participate via an email which contained a hyperlink leading to the questionnaire site. In addition, they were sent a Participants Information Sheet (PIS) explaining the purposes of the study. The questionnaire was anonymous, which meant that the identity and the rights of the nurse educators involved were protected. It was believed that maintaining confidentiality in this way would enhance the response rate. Completion of the questionnaire by Participants was regarded as their consent. For the reason of anonymity of the study, the reminding letter had to be sent again to the entire group but this time asked the participants who had filled in the questionnaire in the first round to ignore the email and encouraged those who had not to do so. Initial ethical approval was granted by the De Montfort University, Leicester, UK. Statistical analysis of this data was computer-assisted using the Statistical Package for Social Sciences (SPSS) system. Specific analysis was done on subprograms: frequencies and percentage.

In order to acquire respondent's perspective regarding the notion of clinical instructor's credibility, an open ended questions were asked. Accordingly the respondent was describing the concept in his/her own words, for the reason of encouragement to explain the answer and reaction to the question with a sentence or a paragraph.

Open ended questions at the end of the questionnaire were analysed using open coding technique as most suitable data analysis suggested by (Strauss and Corbin, 1998).

Principal Findings

A total of 134 nurse educators completed the online questionnaire and participated in the current study. Approximately a quarter (23.8%) of the participants were working in the UK. Females made up 67.9% of the participants while 32.1% were male. The age range 50-59 years was the most represented (30.6%) The number of years of clinical teaching of the participants ranged from 2 months to 36 years, with the range 6-10 years of experience being the most represented (28.4%). Forty four point one percent were PhD holders. In most respondents' nursing schools clinical instruction approach were followed (80.4%) while (57.6%) were following mentorship.

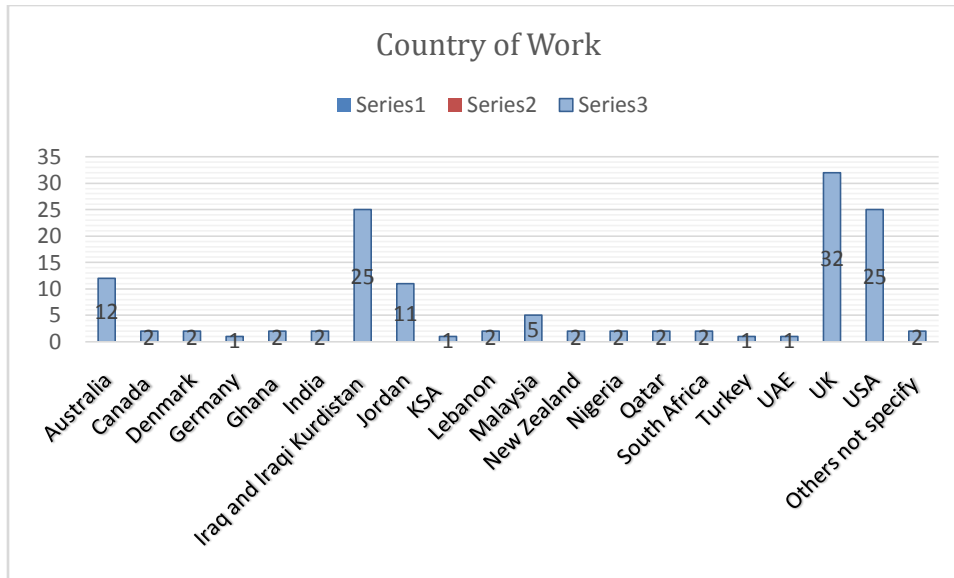


Figure 1: Participants' Place of Work

Table 1: Socio-demographic data for the participants

Respondents' (n=134)		Frequency	Percentage
Gender	Male	43	32.1 %
	Female	91	67.9 %
Age	20-29 years	6	4.5 %
	30-39 years	21	15.7 %
	40-49 years	40	29.8 %
	50-59 years	41	30.6 %
	60 and above	17	12.7 %
	Skipped	9	6.7%
Qualifications	Undergraduate diploma	1	0.8 %
	Undergraduate degree(bachelor degree)	7	5.2 %
	Postgraduate diploma	3	2.2 %
	Postgraduate degree (Master)	56	41.8 %
	Postgraduate degree (Doctorate)	59	44.1 %
	Others (professor, postgraduate certificate, certifies nurse educator)	8	5.9 %
Years of experience	< 1 year	2	1.5 %
	1-5 years	23	17.2%
	6-10 years	38	28.4 %
	11-15 years	24	17.9 %
	16-20 years	18	13.4 %
	21-25 years	16	11.9 %
	More than 25 years	13	9.7 %

From the open ended questions findings indicate that competence, up to date knowledge, clinical as well as teaching skills, expertise in clinical setting, evidenced based practice and interpersonal communication of instructors were given the most important characteristics of credible clinical instructors by the respondents. The next most important features were found to be hands on care, personality, role modeling and punctuality.



Figure 2: *Most important features of clinical credibility*

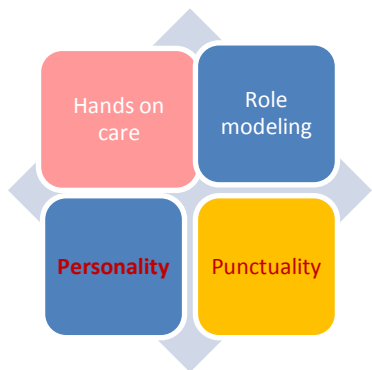


Figure 3: *less important themes*

Discussions

This study examined nurse educator's perceptions of the clinical instructor's credibility. Similar to Fisher's (2005) findings, this study found that Clinical Currency, up to date knowledge and awareness to be important to maintain clinical credibility. Furthermore, fisher (2005) claimed that Individuals have different views about clinical credibility and the role of the clinical instructor.

One of the important results in this study is the establishing trusting relationship between clinical instructor and students and this result was supported by the work of Clarke and Jarvis-Selinger, (2005). As a result establishment of trust is a very vital dimension of the clinical instructors to maintain their credibility. Findings from this study of clinical instructor's credibility agree with the work of de Guzman et al., (2007) that identified trustworthiness and expertise as characteristics of credibility and source credibility.

There is general acknowledgement that up-to-date competence in clinical skills can improve clinical instructor's credibility (Murphy, 2000) and this concur with the result from this study. However some aspects of credibility such as hands on care, personality, role modeling and punctuality were perceived fewer attention by the participants.

It can be deduced from these findings that without up to date knowledge and skills, no clinical instructor can be clinically credible. The implication is that to ensure clinical instructor's credibility, updating theoretical as well as

clinical skill is very a key issue for the nurse instructors. These results may assist clinical instructor to maintain their clinical credibility.

Conclusions

Clinical instructor has a key impact on a students' drive to learn. As a result clinical instructor's credibility play a vital role in the clinical teaching and students' education. This means that Clinical instructors (mentors) should pay more attention to their credibility and competence that are perceived by students.

Findings have offered important insight into nurse educators' perspectives on clinical instructor credibility. Findings will be employed to inform the second phase of my PhD study. The end result will suggest a number of convincing and logical approaches that could enhance clinical credibility.

In spite of the limited sample size, as a preliminary study, results from this study represent an initial endeavor to recognize the concepts of credible clinical instructor as perceived by nurse educators.

Limitations

This study was limited by sample size. Relying on only subjective assessments and individual perspectives cannot confirm or quantify the impact of each factor identified. Further studies using other, complementary study approaches should assess the impact of the factors identified in this study. The study findings cannot be generalized. Further research is warranted to examine the clinical credibility in depth that result in reaching a complete definition of credibility. Research is also needed to demonstrate attributes of clinical instructors' credibility.

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