

Characteristics of a supportive clinical instructor in nursing training: A qualitative study

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Abstract

Context: Support has been one of the most basic needs of students in clinical training and its lack or weakness makes some problems for students' learning.

Aims: This study explained nursing students' and instructors' perceptions of the characteristics of a supportive instructor in clinical training.

Setting and Design: In this qualitative study, participants were 17 undergraduate nursing students, 3 instructors, and 1 nurse who were selected by purposeful and theoretical sampling in 2017. Participants in this study were selected from nursing students of Babol University of Medical Sciences who had experienced at least one internship course in the hospital, instructors, and one nurse who were in their teaching environment.

Materials and Methods: Face-to-face semi-structured interviews were employed to collect the study data.

Statistical Analysis Used: Qualitative content analysis method was used.

Results: Data analysis led to the extraction of two main themes that included personal and professional competence. Individual competence subthemes include patience and equanimity, courtesy, and capacity and subthemes such as having professional knowledge, having professional skill, effective communication ability, purposeful management of training, role pattern, bound to ethical principles, having positive attitude compared to profession and student and comrade of the student were obtained from the professional competence.

Conclusions: The findings of the present study help nursing training managers to select the instructors for selecting instructors who have the necessary competencies to support students.

Keywords: Clinical Instructors, Education, Nursing, Qualitative research, Support

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INTRODUCTION

Clinical training is a complex process that requires cooperation between instructor, student, and clinical staff. Suitable communication between instructor and student supports and facilitates clinical training.^[1] Clinical training requires cooperation and participation between nursing colleges, hospitals, and health-care institutions.^[2,3] Jansson and Ene, in their study, showed that supportive clinical training environment with suitable communications, continuity, and feedback is important for clinical learning of nursing students. The heavy workload of staff and being under the supervision of students by multiple instructors are considered as stressful and deterrent experiences for students.^[4]

It is important to support nursing students in the clinic because they face many challenges in the clinical environment.^[5,6] Nursing students complain from a lack of support and guidance in the clinical training environment.^[7] Nursing students are vulnerable during learning in clinical environments, and at the beginning of entering the internship environments, they not only deprived of effective knowledge and sufficient skills but also deprived of effective support of training factors and suitable environmental conditions.^[8]

Ensuring that students receive the best possible support is an important element in optimizing the learning experience, promoting progress, and reducing dropout of the student.^[9] Learning in clinical environments is an important part of the curriculum of nursing students, and effective and dynamic interaction of students, educators, and health-care team members leads to professional development.^[8] Vaismoradi *et al.*, in their study, showed that professional identity development was related to the level of received support of the nursing students from the training system and providing a clinical environment is associated with supporting from the principles of promoting clinical training in nursing.^[10]

Clinical instructors have a significant effect on increasing the quality of clinical training and can make clinical experiences enjoyable for the student.^[11] Providing the opportunities for students to gain practical experience is the main responsibility of clinical instructors.^[12] It is necessary to use experienced instructors and their suitable behavior with students and providing a suitable educational environment to solve the clinical training problems of nursing students.^[13]

The instructors are the communication bridge between theoretical and clinical training, and earning the students'

clinical skills has a direct relationship with the instructor's characteristics.^[14] The ability of the instructor to communicate and consult with the student is one of the most important criteria for a good instructor.^[11] The instructor's scientific and practical competence, support, encouragement, and suitable relationship of the instructor with student are considered as characteristics of the instructor to motivate students' clinical training.^[15]

Instructor support at the clinic has been a source of heart strength and a sense of self-confidence for the students.^[16] In a study in Iran, only 34.1% of students stated that instructors treat students well and support them well when they need.^[13] Instructor behavior is one of the important themes in the Hanifi *et al.*'s study so that instructor supportive behaviors can lead to student satisfaction.^[15]

In each of the studies which was mentioned above, one of the characteristics of clinical instructors and the importance of supportive role of nursing instructors in clinical training has been mentioned, but these studies have not specifically addressed the characteristics of a supportive instructor. Since qualitative researches can play an important role in illuminating ambiguous and unknown fields, so the vacuity of studies in this field has prompted researchers to evaluate the experiences of nursing students and instructors in a qualitative study to understand deeper about how supportive role of nursing instructor in the clinical training.

MATERIALS AND METHODS

Research design and setting

The present study is a qualitative research with a contractual content analysis approach. The setting of the study was Nursing Department of Babol University of Medical Sciences.

Participants

Participants in this study were selected from nursing students of Babol University of Medical Sciences who had experienced at least one internship course in the hospital, instructors, and one nurse who were in their teaching environment. In this study, at first, sampling was started in a purposeful method with maximum diversity and it was gradually converted into theoretical sampling by analyzing data and formation of new questions.

Data collection

The semi-structured individual interview was the main method of data collection in this study. At the beginning of the interviews, the participants got familiar with to the purpose of the study and written consent was obtained

from them. Furthermore, permission to record interviews, preservation of anonymity, data confidentiality, and the right of withdrawal during the study were observed and all manuscripts were determined with code. The researcher was helped by the manager of the nursing department and clinical instructors to access the participants, then a meeting was arranged for an interview in person or through telephone with the participant.

The main method of data collection was a semi-structured and deep interview. The deep and individual interview was conducted with 17 students and 3 nursing instructors and one nurse. According to the participants' agreement, the interviews were conducted at the college or hospital at a predetermined time. The duration of interviews varied from 36 to 88 min. Questions varied depending on whether the participant was a student, an instructor, or a nurse.

At the beginning of each interview, participants were asked to explain 1 day of their internship about receiving support from the instructor and if the participant was the instructor, he/she would explain how to support the student. Furthermore, other questions such as How was your 1st day of internship in the first term that you entered the hospital? How would you think you were supported? How were your experiences when you were supported? And considering the participants' answers, the clarifying and deep questions of the interview continued like "explain to me more in this regard. ..what did you say?... what does it mean?"

Data analysis

All interviews were recorded and for the first time, they were carefully listened and typed word by word to maintain communication with the participants' data and feelings. The texts of the interviews were carefully read line by line and were coded by MAXQDA10 software. Conventional content analysis was applied to analyze the data.^[17] Similar codes were conceptually grouped into one cluster and related clusters were semantically placed into similar class and similar classes were merged together.

The trustworthiness of this study is evaluated through Guba and Lincoln Criterion.^[18] Long-term study of the data was conducted to ensure the validity of the data with sufficient time (18 months). The extracted codes were returned to the participants again and were confirmed by them. In addition, the primary findings, analysis and conclusion in a seminar, were provided to the members of the research team, who were knowledgeable nursing professors in the field of research and familiar with qualitative research, and they were confirmed by them.

Ethical consideration

This study was done with the code 92/d/130/287 during 2017 after approval in the Ethics Committee of Tehran University of Medical Sciences. The researchers collected the data after the approval of the research project and obtaining permission from the Ethics Committee. At the beginning of the interview, the participants were familiarized with the objective of the study and signed informed consent. In addition, informed consents, included permission to audio-record the interviews were received and anonymity, privacy of information and the right to withdraw during the study were accurately followed and all of the manuscripts were specified via codes.

RESULTS

Participants in the study were 10 females and 7 males from 17 participant students with an age range between 19 and 27 years and from 3 to 7 semesters of bachelor of nursing. One of three participant instructors was female and two males and one female nurse participated in this study [Table 1].

Two main themes of individual and professional competence were obtained from rich and deep descriptions of participants about supportive clinical instructor characteristics in nursing training. In this section, we evaluate the main themes and subthemes which are related to them [Table 2].

Individual competence

This theme includes subthemes such as 1 – patience and equanimity, 2 – courtesy, and 3 – capacity. Other factors such as the educator's age were effective on this competence.

Patience and equanimity

One of the proposed features for a supportive educator is the educator's patience in the ward. One of the participants who was an educator herself declared that: "... communication and speech tone are the keys to all puzzles. Sometimes these guys make me angry to the extent that I blow a fuse. But I try to control myself with all my strength" (P18). A gentle educator in the ward can convey the calmness to the students and be a source of psychological support for them. In this regard, a student stated: "... so cool that the calmness is conveyed to the guys and they do their job much better" (P14).

Courtesy

Regarding the students' point of view, a supportive educator is a kind and courteous person who is also benevolent: "... This educator is much kinder and much

Table 1: Demographic data of the participants

Participant code	Age (years)	Gender	Semester	Employment status	Work experience (years)	Teachers' specialty
1	21	Female	6	Student	-	-
2	20	Female	4	Student	-	-
3	23	Female	8	Student	-	-
4	22	Female	8	Student	-	-
5	24	Male	8	Student	-	-
6	21	Female	7	Student	-	-
7	20	Female	3	Student	-	-
8	20	Female	3	Student	-	-
9	21	Female	3	Student	-	-
10	21	Male	3	Student	-	-
11	19	Female	3	Student	-	-
12	25	Male	5	Student	-	-
13	22	Male	3	Student	-	-
14	27	Male	3	Student	-	-
15	23	Male	7	Student	-	-
16	20	Male	5	Student	-	-
17	21	Female	5	Student	-	-
18	44	Female	-	Instructor	19	MS of midwifery
19	49	Male	-	Instructor	24	MS of nursing
20	27	Male	-	Instructor	2	MS of nursing
21	37	Female	-	Nurse	3	BS of nursing

Table 2: Theme and subtheme of supportive instructors in clinical education

Theme	Subtheme
Supportive instructor	
Individual competence	Patience and equanimity Courtesy Capacity
Professional competence	Having professional knowledge Having professional skill Ability to communicate effectively Targeted management of training Role pattern Bound to ethical principles Having a positive attitude compared to the profession and student Student comrade

courteous” (P8). The student accepts the advices of such educator because according to one of the student participants: “... this educator is indeed benevolent” (P4).

Capacity

A supportive educator is a person who listens to her student and is open to criticism. It seems that an educator’s age and work experience have a significant role in gaining such capacity and openness to criticism. An educator participant in this research who was 49 years old and had 24 years of work experience acknowledged that “If the student is right, I tell her for example you’re right and don’t worry and do your job hereafter and I’m with you and I support you” (P19). In addition, when it is necessary, a supportive educator is flexible. A student said in this regard: “... in some occasions we really couldn’t prepare our assignments on time. She forgave these delays and faults” (P9).

Professional competence

This theme includes subthemes such as 1 – having professional knowledge, 2 – having professional skill, 3 – ability to communicate effectively, 4 – targeted management of training, 5 – role pattern, 6 – bound to ethical principles, 7 – having positive attitude compared to the profession and student, and 8 – comrade of the student.

Having professional knowledge

Participants have described the high scientific level of the instructor as a source of support for themselves and have stated that a supportive instructor is a rich source of scientific information.

“... I felt that he/she is so knowledgeable that liked say everything to the student; he/she answered to every question that we asked, and...” (P9).

Having professional skill

Most participants have mentioned the supportive instructor as a person with a professional skill and were dominant in clinical practices.

“...He/she was a very good professor with high level of knowledge and his/her domination was good in the ward” (P3).

Ability to communicate effectively

According to the participants, the supportive instructor has very good communication ability. He first acquainted the students with personnel of the ward.

“...In the first semester, our professor, Ms.was morally good, in the 1st day, she showed us all the rooms and introduced to us all the members of the ward” (P12).

Targeted management of training

Instructor has had a goal for his/her training and leads the student toward his/her educational goals with careful planning and correct management of time. One of the participants has quoted, “...This term I don’t feel tired at all because I feel that everything we do is ineffective because the professor knows when hold us standing and when put us on the chair and also when work conference with us. Therefore, we don’t feel tired at all because we learn a lot of useful things. As if the professor knows what he is going to do with us from the beginning...” (P4).

Role pattern

Participants believe that a supportive instructor is a pattern for what he expects from his/her students. One instructor who participates in the study said “... the instructor him/herself must be a role pattern. When I tell a student to come sooner it doesn’t mean that the student comes at seven twenty and I come at eight o’clock...” (P18).

Bound to ethical principles

Participants in the study have considered the themes such as sense of responsibility, sense of commitment, work conscience, observing fairness, not hinting the student in public, avoiding harm to the patient, dividing patients by gender between students, and valorizing for the student as the themes of bound to ethical principles in a supportive instructor. One of the instructors said “...it is right that has been written a therapeutic and training center. and I want to teach the student something and my student want to damage the patient.definitely it is not moral at all...” (P18).

Having positive attitude compared to the profession and student

A supportive instructor has a positive attitude toward the student and is receptive to the profession and the student. A student commented on this regard “... In the first day of our internship, we had a little stress... and we came into the ward, the professor told us “I congratulated you on the first time you came to the hospital with white coat, it really suits you.” That his/her speech was really impressed me” (P6).

Student comrade

According to the participants of this study, a supportive instructor is like a comrade and shelter for the student. In this regard, the student said, “Professor... was along with his/her student...” (P4).

One of the participants said, “... Usually, the instructor is with us in the first few days, but in the next days, he/she will provide the situation for us so that we can do it with self-confidence by ourselves. ...” (P2).

DISCUSSION

The individual competence and professional competence of the instructor were the themes extracted in this qualitative study. Participant students in the study believed that the instructors who supported them more in clinical training were calm, patience, criticizable, flexible, kind, well mannered, and charitable. Heydarzadeh *et al.* in their story stated that Students described patience and kindness as characteristics of an effective instructor.^[19] Participant students in the Labrague *et al.*'s study also described kindness, charitable, criticizable, and well mannered as the strength points of a clinical nursing instructor.^[20]

The instructors could support students better, who had a high scientific ability, based on the results of this study. In another study in Iran, the nursing instructor should have extensive insight and information and be able to use these opportunities for training the students.^[21] Furthermore, in other studies, students also considered scientific knowledge as one of the characteristics of an effective instructor.^[19,22,23]

The findings of this study indicated that the clinical skill of the instructor provides a source of technical and skills support for the student to obtain the necessary skills in the clinical environment. The results of other studies also showed that having a clinical skill is one of the characteristics of an effective instructor.^[22-24]

Communication skills of the instructor determine the level and manner of received support of the student from the instructor and other support resources in the ward. On the one hand, the instructor makes sense of confidence and calmness by suitable communication with the student in the ward, and on the other hand, by providing good communication with the staff, doctors, patients and patient companions, and others in the ward attracted supports for his/her students. In line with this study, other studies have shown that communication abilities are the important characteristics of a clinical instructor that can reduce the stress of the student.^[20,21,25]

In this study, targeted management of training has been another characteristic of a supportive instructor. Heidarzadeh *et al.* stated that management characteristics such as evaluation, communications, discipline, independence, delegation of authority, coordination,

fairness, and division of work having a plan for all days of internship are one of the obtained classes in association with the characteristics of a clinical instructor.^[19] Abasi *et al.*, in their systematic study, showed that goals and educational planning instructor in the ward are the most effective important factors in clinical training.^[26] Participant students in another study expressed orientation of student with the hospital and ward, determining the tasks related to educational goals and continuous evaluation as three cases of ten effective educational behaviors of the instructor.^[23] Being the role pattern has been another characteristic of supportive instructor of student in this study. Based on the findings of another study, the ability and experience of a clinical instructor convert him/her to a role pattern for learning the learners.^[21] In this regard, Madhavanprabhakaran *et al.*, in their study, have mentioned being the role pattern as one of the professional competencies of a clinical instructor.^[22]

According to the results of this study, the clinical supportive instructor of student should adhere to ethical principles, in addition to being a role pattern for the student. The findings of the study by Heidarzadeh *et al.* also indicate this issue.^[19] Furthermore, clinical instructors often observe the principles of professional ethics during clinical training based on the views of nursing and midwifery students.^[27]

In this study, supportive instructors have had a positive attitude toward profession and students. In the study of Valiee *et al.*, instructors have a positive attitude toward the profession and often encourage students in both linguistic and nonlinguistic ways to obtain the professional knowledge and skills with increasing learning level.^[27] In the study of Heidarzadeh *et al.*, the students believed that an instructor should have positive values and attitudes toward the nursing profession and the teaching job to maximize effectiveness in training.^[19]

Being a comrade for student has been another characteristic of the instructor in this study. Consistent with this study, participant students in a study by Löfmark *et al.* were satisfied from their camaraderie and supervision of instructor in clinic and believed that supervision of the instructor makes learning goals more accessible.^[28] Melincavage's study also showed that the absence of the instructor was one of the reasons for student anxiety at clinic.^[29] One of the strength points of this study is that it is part of a grounded theory study, and all the characteristics of a supportive instructor were evaluated in the clinical training. In addition, in this study, the characteristics of a supportive instructor were extracted based on the viewpoints of different students, instructors, and knowledgeable clinical staff. One of the

limitations of this study being quality and dependence on research results in different conditions, especially time and local conditions. Furthermore, in this study, like other qualitative studies, researcher him/herself was the data collection tool. Obviously, the researcher has not been free of error. Furthermore, it cannot be claimed that he/she has been able to fully control the effect of his/her mentalities on the findings, although efforts have been made in this regard.

CONCLUSIONS

The results of this study showed that instructors can provide the necessary supports to students in clinical training who have the necessary individual and professional abilities. Therefore, considering the role of instructor in supporting the student and the importance of support in enhancing the quality of clinical learning and also the importance of clinical learning in training mighty nurses in future, it is suggested that managers of clinical training select the competent instructors accurately to train mighty nurses to improve the health of the community through the training competent instructors.

Conflicts of interest

There are no conflicts of interest.

Authors' contribution

M. Ashghali Farahani¹ and S. Joolae² contributed with study concept and design, supervising the study, data analysis. SR. Jafarian Amiri and S. Varaei: aided with data gathering, analyzed the data, preparation of the first draft of the manuscript, as well as study design and conception and critical revision of the manuscript. A. Zabihi: drafting of the manuscript, analyzed the data and critical revision of the manuscript. All the authors read and approved the final copy of the manuscript.

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