Effect of Work Problems on Clinical Instructors Performance in Faculty of Nursing, Menoufiya University

[1]Lamiaa Ismail Keshk and [2]Mervat Ebrahim El Dahshan

[1]Department of Nursing Administration Faculty of Nursing, Helwan University
[2]Department of Nursing Administration Faculty of Nursing, Menoufiya University
keshk_lamiaa@yahoo.com

Abstract: The role of the clinical teacher is by far much greater than that of educator, evaluator, or provider of care alone. It is truly a mixing of these qualities in addition to being present to the student as a resource person and student advocate that comprises clinical teaching. They need to shift their actions from the delivery of quality care of patients to the delivery of quality education to students who will one day provide patient care. A high teaching workload can constrain scholarly productivity'. High teaching workloads involved heavy responsibility in course coordination, teaching, especially clinical teaching, and university service. **Aim:** is to Explore and assess the effect of work problems on clinical instructors' performance in the Faculty of Nursing, Menoufiya University in the academic year 2007-2008. **Subject and methods:** An exploratory, descriptive design was used, and conducted in Shebin El-Kom teaching hospital and University hospital in the Faculty of Nursing, Menoufyia University, The samples were included all clinical instructors (40) appointed during the academic year (2007-2008).A self-administered questionnaire were used to clinical instructors to assess socio-demographic data and working problems sheet Including the working problems that the clinical instructor faced while training the students in different clinical setting. Observational checklist to observe nursing teacher in clinical setting (ONTICS) tool. **Results:** The results showed that the majority of clinical instructors were suffering from heavy work related to regularly staff meeting and insufficient time. Also, clinical instructors were satisfied for their teaching skills. **Conclusions:** an orientation program for preparation of newly appointed clinical instructor is highly recommended. This program is supposed to facilitate the transitional phase during their career and develop collegial relationships with peer and other staff members.
[Lamiaa Ismail Keshk and Mervat Ebrahim El Dahshan. **Effect of Work Problems on Clinical Instructors Performance in Faculty of Nursing, Menoufiya University.** Journal of American Science 2012; 8(4): 380-391].(ISSN: 1545-1003). http://www.americanscience.org. 51

Key words: clinical Instructors, work problems, work load, performance.

1. Introduction

Clinical instruction (CI) is defined by Orton (2007) as the interaction between the instructor and the learner, normally occurring in the proximity of a patient encounter, focusing either on the patient or a clinical problem associated with the patient.

The role of the clinical teacher is by far much greater than that of the educator, the evaluator, or the provider of care alone. It is truly a mixing of these qualities, in addition to being present to the student as a resource person and student's advocate that comprises clinical teaching. Clinical instructors of medicine and nursing carry multiple responsibilities, as they assist the student transitioning into the professional role. Within the academic role, clinical instructors need to facilitate the numerous learning needs of their students. Levy *et al.* (2009) added that clinical instructor characteristics, behaviors and skills are important and need to be the focus of clinical education in order to promote helpful behaviors that enhance the learning process.

Additionally, Gaberson and Oermann (2007) as well as Walker (2005), suggested that clinical experience is the most important component of nursing education As part of the clinical learning environment, the clinical teaching behaviors of nursing faculty have significant potential to influence students' learning. Nurse educators have a responsibility to provide nursing students with clinical instruction that is most effective in facilitating learning.

The primacy of clinical experience in the education of nursing students cannot be overstated: it is the *lifeblood* of nursing education. It is a more important component of the educational process than classroom learning. The educational process is unique in the practice professions, because it provides the ability to perform the activities of the profession in live situations, as opposed to simply expressing understanding of principles as a requisite competency of graduation Shuman (2005). This competency cannot be achieved by classroom learning alone. Learning experiences must provide opportunities to apply theoretical principles to real time situations encountered on a daily basis by practicing nurses.

The goal of clinical education is to integrate theory and practice in a controlled environment to provide students with learning that has the "appropriate skills, behaviors and attitudes" necessary for entry into professional practice. Direct supervision had a positive effect on patient's outcome, whereas, lack of direct supervision was harmful for patients. Supervisors must be clinically competent, knowledgeable, and have good

teaching and interpersonal skills (Levy *et al.* 2009). A positive learning environment promoted and facilitated student nurses development of caring behaviors, development of teamwork, self-efficacy, competency or academic achievement (National League for Nursing, 2005, Clark,2006;Wade,2006 and Clawson Roe, 2009)

Kan and Stabler-Haas (2009) suggested that both the novice and the experienced nursing teacher need to modify their mindsets on many occasions. They need to shift their actions from the delivery of quality care of patients to the delivery of quality education to students who will one day provide patient care. The education of nursing students requires a balance between theoretical knowledge and clinical application, sometimes referred to as the science and art of nursing. Gaberson and Oermann (2007) added that teachers facilitate learning by working with students to demonstrate, correct, and encourage appropriate nursing care. So, the effectiveness of clinical teaching can be judged on the extent to which it produces intended learning outcomes.

Levy *et al*. (2009) indicated that college students are adult learners, who want to apply what they have learned, by participating in the learning process through problem solving. As adult learners, they value feedback as one of the components used to evaluate their progress. As such, CIs must match their clinical teaching skills to the student's level of understanding and experience. Clinical instructor's attitude was suggested by Tang *et al.* (2005) as the reason for the large gap between an effective and ineffective clinical instructor and suggested improvement in this area to "achieve the goals of clinical teaching". They also proposed that the "concept of caring" must be integrated into the clinical learning experience and caring behaviors demonstrated by clinical instructors, to be effective in their role. In the clinical setting of nursing education, the role of the clinical instructor is instrumental to the training and development of nursing students.

McDonald (2010) identified the diverse skills required by nurse educators in the academic setting defined by the NLN. The Scope of Practice for Academic Nurse Educators (NLN, 2005) clearly articulates the eight core competencies for which nurse educators are held accountable namely:1) facilitate learning, 2) facilitate learner development and socialization, 3) use assessment and evaluation strategies, 4) participate in curriculum design and evaluation of program outcomes, 5) function as a change agent and leader, 6) pursue continuous quality improvement in the nurse educator role, 7) engage in scholarship, and 8) function within the educational environment.

Durham *et al.* (2007) in their study, found that nurse faculty perceived that the work pressure they experienced exceeded their expectations. Responsibilities that led to perceived high levels of work pressure include the need to conduct scholarly activities, teach, advise, participate in professional organizations and college committees, as well as the responsibilities associated with providing clinical experiences. Culleiton and Shellenbarger (2007) soundly recommended that nurses reflect on the advantages and disadvantages of a faculty position before making the change. Advantages of the faculty role include job satisfaction with student successes, professional collaboration and stimulation, independence, autonomy, and access to research and technology resources. Disadvantages identified were salary schedules, work load, and loss of personal time associated with course preparation.

Durham *et al.* (2007) found that a high teaching workload can constrain scholarly productivity. High teaching workloads involved heavy responsibility in course coordination, teaching, especially clinical teaching, and university service. The focus groups they have conducted with faculty, indicated that mixed messages about expectations for work, needs for faculty development, idiosyncratic evaluation criteria, and lack of clarity of mission, contributed to role ambiguity and role conflict in faculty.

2. Subjects and Methods

Aim: the aim of the study is to explore and assess the effect of work problems on clinical instructors' performance in the Faculty of Nursing, Menoufiya University in the academic year 2007-2008.

Research design: an exploratory, descriptive design was utilized to accomplish the study.

Sample: the sample included all clinical instructors (40) appointed (or working) in the Faculty of Nursing, Menoufiya University, during the academic year (2007-2008) for at least one year of experience. The clinical instructors are working in the following nursing departments: Adult Care Nursing, Pediatric Nursing, Maternal and Newborn Health Nursing, Community Health Nursing, Psychiatric Nursing and Nursing Administration.

The sample was divided into five groups:

1. Bachelor degree holders
2. Having accomplished their Master Degree Thesis Dissertation
3. Level 1:Enrolled in master program, first semester
4. Level 2:Enrolled in master program, second semester
5. Level 3:Enrolled in master program, third semester

Setting
The study was conducted in two clinical settings:
1. Shebin El-Kom teaching hospital.
2. University hospital.

Tools:
The following tools were used to collect data in this study:
1- A self-administered questionnaire, developed by the researchers based on review of literature. It was filled out by the clinical instructors themselves. It is divided into two parts:
A. **Demographic data** of the clinical instructors including, age and level of education, years of experiences, place of residence etc…
B. Work problems sheet includes the work problems that the clinical instructor faced while training the students in the two clinical settings. It contains 14 questions with (yes) or (no) answers and three open ended questions.

2- Observation sheet
The observation of nursing teacher in clinical setting (ONTICS) tool, constructed by Mogan and Warbinek (1994) was used. This tool includes 44 items grouped into nine categories to facilitate the coding process which are:
1. Questioning method
2. Responding style
3. Method of giving feedback
4. Teaching skill
5. Method of demonstration
6. Interaction with patient and family
7. Interaction with health team
8. Undesirable teaching behavior
9. Undesirable questioning and responding

The researcher filled out the observation sheet (ONTICS)

The scoring system
This sheet (ONTICS) consists of nine items divided into two parts; desirable (7 items) and undesirable (2 items) .The possible range of scores on each sub scale of the desirable 7 items was (1-3) scores, coded so that a high score is (3), denoting usual use and low score (1) for no use at all. While in the undesirable 2 items the possible range of scores on each subscale was (1-3), so that a high score (3) is reflecting no use at all and a low score (1) is indicating usual use.

Performance grading system
Total performance score = 90
Low level of performance = 0- 49
Moderate level of performance = 50- 74
High level of performance = 75-90

Protection of Human Subjects
A formal letter of introduction was issued for the Nursing College, Menoufiya University to obtain approval of the College Dean to carry out the study. The letter contained the research title, aim of the study, and methods of data collection. Data collection procedures, analysis, and reporting of the finding were undertaken in a manner designed to protect confidentiality of subjects.

Data Analysis Plan:
Descriptive statistics were used to summarize demographic characteristics of the clinical instructors to give an overview of scores on the two instruments. Data were revised, coded, analyzed and tabulated using the number and percentage distribution and carried out using SPSS version 16. the statistical tests used are chi-square test. A value of $p<0.05$ was considered to be statistically significant.

3.Results
Table (1) shows that the majority of the studied sample was (27.5%) working in the adult nursing department, while (12.5%) from clinical instructors were working in the nursing administration department.(30%) of the clinical instructors had 3 years of experience while (7.5%) had one year of experience. Also, it reflects that nearly half of the studied sample was between (23- 29 years) of age, and (32.5%) of them have accomplished level three of their master degree.

Table (2) illustrates work problems encountered among the clinical instructors. It reveals that the majority of them (77.5%), were suffering from heavy work related to regular staff meeting to discuss and clarify school curriculum, department curriculum and department theories and objectives. More than half of the studied samples were interested with specialty appointments. Also, it reflects that two thirds of the studied samples were suffering from insufficient time to update their knowledge and follow activities of their students that lead them to suffer from work problem. Also, the same table illustrates that two thirds (70%) of the studied sample were satisfied with working in the clinical area and the adequate number of assigned students. There is a significant statistical (*P*.001*), (.018*) difference between work problems related to their departments and time consumption, but not one single problem was recorded related to students and clinical areas.

Table (3) demonstrates performance of the clinical instructors in the clinical setting. It can be seen that more than half of studied sample were satisfied with the responding style toward students questions and method of giving feedback toward their answers. Also, it reflects that the majority (80%) of the studied sample were satisfied with their teaching skill, while (92.5%)

of the clinical instructors were unsatisfied with the interaction with patients and families. There is a significant difference between teaching skill and interaction with patients and families.

Table (4) shows correlation between work load, performance of clinical instructors and selected demographic data. This table reveals no statistical significant difference between workload and years of experience and age of the studied sample. Also, it reflects there no statistical significance difference between performance of the clinical instructors and their years of experience and their age.

Table (5) illustrates the mean difference between work load, performance and departments. The results indicate that there is a significant difference between work load, and department s was (*P* =0.013*). Also, the same table reveals a significant difference between performance of the clinical instructors and their departments (P=.000*)

Table (6) shows that nearly half of the studied sample expected their role in supervising students and source of information, while the minority of them expected their role as a model for students and providing service to program/ college/university. Also, it reflects that the majority of the studied sample suggested participating in training program and updating knowledge, while the minority of them suggested decreasing number of students for each teacher (ratio). Regarding their opinions about staff development, the result of the present study revealed that (82.5%) agreed that they profited from their master courses in improvement of their work.

Table (1): Frequency distribution for demographic data among clinical instructors (N=40)

Observation items	No	%
Department:		
Adult nursing	11	27.5
Pediatric nursing	6	15
Maternal and newborn health nursing	6	15
Nursing Administration	5	12.5
Community health nursing	6	15
Psychiatric nursing	6	15
Years of experience:		
1	3	7.5
2	10	25
3	12	30
4	10	25
5	5	12.5
Age:		
23 less than 26	19	47.5
26 less than 29	18	45
29 less than 32	3	7.5
Degree of education:		
B.Sc	7	17.5
M.S.	4	10
Level1	9	22.5
Level2	7	17.5
Level3	13	32.5

Table (2): Frequency distribution for items measuring work problems among clinical instructors (N= 40)

Items	Work problem		No work problem		Z test
	yes	%	No	%	
Department	31	77.5	9	22.5	.001*
Appointment in interested specialty	17	42.5	23	57.5	.429
Time	28	70	12	30	.018*
Students and clinical area	12	30	28	70	.018*

Table (3): Frequency distribution, performance items for clinical instructors in clinical setting (N= 40)

Observation items	Satisfactory		Unsatisfactory		Z-test	$\bar{X} \pm SD$
	No	%	No	%		
Questioning methods (6-36)	18	45	22	55	.635	7.03 ± 1.9
Responding style (5-15)	25	62.5	15	37.5	.155	6.4 ± 1.7
Method of giving feedback (5-15)	24	60	16	40	.268	5.8 ± 1.5
Teaching skill (7-21)	32	80	8	20	.000*	10.7 ± 2.6
Method of demonstration (3-9)	21	52.5	19	47.5	.874	3.5 ± 1.6
Interaction with patient and family (5-15)	3	7.5	37	92.5	.000*	3.9 ± 1.6
Interaction with health team(3-9)	21	52.5	19	47.5	.874	3.5 ± 1.6
Undesirable teaching behavior (18-6)	19	47.5	21	52.5	.874	5.02 ± 1.14
Undesirable questioning and responding (12-4)	19	47.5	21	52.5	.874	5.02 ± 1.14

Table (4): Correlation between workload; performance and selected demographic data among the studied sample (N=40)

	workload		performance	
	T	P-value	T	P-value
Years of experience	.036	.827	.055	.737
Age	- .017	.915	.075	.644

Table (5): ANOVA to compare mean of difference between workload, performance and selected demographic data among the studied group (N=40)

	Workload		performance	
	F	*P*- value	F	*P* - value
Degree of education	1.306	.287	.721	.583
Departments of faculty	3.450	.013*	6.894	.000*

Table (6): Frequency distribution of opinions among clinical instructors about expected role, Suggestions for improvement and staff development among the studied sample (N= 40)

	No	%
Expected role		
Knowledge and effective in teaching	5	12.5
Supervise students and source of information	19	47.5
Reviewing and discussing student progress	20	50
Role model for students	19	7.5
Safe and effective environment	7	17.5
Provide service to program/college/university	3	7.5
Participate in the educational research studies	7	17.5
Suggestion to improve teaching abilities		
Participate in training program and Updating knowledge	29	72.5
Financial resources	9	22.5
Attend workshops and conference	17	42.5
Obtain additional training in the teaching methods	5	12.5
Keep advancing technology	2	5
Decrease number of students to each teacher (ratio)	1	2.5
Staff development		
Participate in workshops	24	60
Profit from master courses in improvement your work	33	82.5

4. Discussion

Clinical instructors have the responsibility of fostering educational opportunities in the clinical setting that will facilitate the preparation of beginner nurse students and help them to integrate theory with practice and improve their clinical decision making skills. The aim of the present study is to assess the clinical instructors' performance in the clinical settings in order to improve teaching learning process, which consequently could enhance the quality of education. To identify the clinical instructors' work problems that have an effect on their performance we can discuss the following.

4.1. Demographic data

Throughout the present study the demographic data analysis revealed that the age of nearly half of the studied sample ranged between (23- 29years) This result goes in accordance with the institute policy, that obliges each newly appointed clinical instructor to work for a one year before starting master degree studies. Also that range goes in accordance with the pattern levels of education in Egypt as the students graduate at the age of 22 years.

The majority of the studied sample (27.5%) were working in adult care nursing department, while (12.5%) of the clinical instructors were working in nursing administration department. This result goes in accordance with overload responsibilities in adult care nursing department because it is the backbone of the nursing sciences. Also adult care nursing department includes the fundamentals and basic concepts of nursing delivered for the first year students in one hand and the medical surgical nursing and critical care for the second year students on the other hand. So, All Faculties of Nursing in Egyptian Universities appoint the greatest number of clinical instructors to afford for the workload in this department.

As regard years of experience, (30%) of the clinical instructors have 3 years of experience, while (7.5%) have one year experience. This indicates that years of experience play an important role in preparing the clinical instructor and improving their teaching – learning skills, which in turn affects students' learning. Regarding level of education, (10%) of the clinical instructors have a master degree in nursing and (32.5%) of them have accomplished level three in their master degree. This result agrees with Orton (2007) who found that new nurse educators (with less than five years experience) who have completed their education courses and had previous teaching experience reported higher self-efficacy in teaching nursing.

Levy *et al.* (2009) stated that CIs needed only one year of fieldwork experience and were not prepared to teach students the relationship between theory and practice. Not only were CIs lacking experience, they were also lacking the foundation with which to supervise students. Schriner (2004) clarified that the transition from clinical practitioner to faculty role requires experiences beyond the clinical setting and the academic education of nursing. This shift in behaviors, values, and goals can be viewed from a cultural perspective related to the perceived similarities and differences between the culture of the nursing profession, the culture of the academic discipline of nursing, and the culture of the professorate. Anderson (2009) added that clinical expertise can facilitate the work-role transition; however, facilitating the cognitive aspect of the transition involves support for developing skills as an educator. McDonald (2010) stated that often at the time of transition, clinical nurses are at the expert level clinically.

4.2. The clinical instructors' working problems

Regarding work problems among clinical instructors, the study revealed that the majority of clinical instructors (77.5%) were suffering from heavy work related to regularly staff meeting to discuss and clarify school curriculum, department curriculum, department objectives and theory objectives in their department. This result revealed that clinical instructors suffering from insufficient orientation to the school curriculum and clarification about the importance of nursing laboratory for training the nursing students. This result is congruent with Kelly (2006) who found that new clinical instructors should have an orientation to the school of nursing as well as a clearly stated job description. This orientation should begin with the school of nursing's philosophy and the ways in which this philosophy shapes the program's curriculum, objectives, faculty role, and expected outcome. Understanding the school's beliefs about education will assist new clinical instructors. Instructors should receive a copy of the student handbook. They need to be aware of policies, including attendance, dress codes, discipline, academic honesty, and confidentiality. Understanding the curriculum and the content that is being taught in the classroom can decrease this role conflict (Hessler & Ritchie, 2006). Therefore, clinical instructors must be aware of the course content, objectives, learning outcomes, and sequence of courses.

Hewitt and Lewallen (2010) suggested that institutional policies should also be reviewed during the orientation of new clinical instructors. Even, when instructors are employed by the agency in which they will teach students, they may not be aware of policies specific to students. New instructors may feel stressed and frustrated if they find that clinical teaching is not what they expected. Providing an in-depth orientation to the school's program, philosophy, course sequencing, course content, and expected clinical outcomes, as well as time management tips and suggestions for deal-

ing with difficult students, increases the likelihood that the new clinical instructor will be successful. As novice educators transition to the faculty role, acceptance of the role is supported by mentoring, faculty development, consistency in clinical agency, and inclusion in meetings and committees. McDonald (2010) and the NLN (2005) added that CIs competency "participate in curriculum design and evaluation of program outcomes". Durham *et al.* (2007) concluded that nurse educators from Australian Universities, found that' a high teaching workload can constrain scholarly productivity'. High teaching workloads involved heavy responsibility in course coordination, teaching, especially clinical teaching, and university service.

As regards specialty placement, the present study revealed that the clinical instructors who work in the preferred department reported higher performance score than others. So, more than half of the studied sample were interested with specialty appointment. This result agrees with the findings of the American Association of Colleges of Nursing (2005) denoting that the primary interest of doctoral program graduates returning to or accepting their first academic appointments, is the development of research programs. Denise (2005) disagreed with our result and stated that 43% were leaving academia to work in business or industry. She stated that there were high expectations for individuals who select academic careers and that these individuals must possess a strong commitment to teaching, research, and service, as well as a willingness to balance these three roles. 18% of the respondents experienced a high degree of role strain and 50% of the respondents were experiencing moderate to high levels of role strain due to high job demands, pressure to conduct research and gain external funding, and poor preparation for their roles. Lanman (2011) added that departments differ in the value they place on university and community service, and/or these values are not communicated clearly to faculty members.

Concerning updating their knowledge and following activities toward their students that lead to suffering work problem, the study found that two third of the studied sample of CIs, were suffering from insufficient time Denise (2005) agreed with our result and stated that academic environment made the faculty role more complicated, and as colleges and universities persisted in becoming more complex organizations, the faculty role became increasingly complex and the role strain experienced by nurse faculty. These included: 1) having adequate time to meet expectations; 2) coping with the number of expectations; 3) feeling pressured to secure outside funding; 4) having job demands interfere with other activities; 5) feeling like the workload is to heavy; 6) feeling physically drained; 7) having adequate resources; 8) feeling emotionally drained; and 9) thinking about work interfering with the quality of work. Durham *et al.* (2007) identified that faculty has lack of release time for research and scholarship by tenure-track and tenured faculty and failure to adjust the workload for faculty members who were enrolled in doctoral study. Berlin & Sechrist (2003) revealed that junior faculty (assistant lecturer, instructor, and lecturer) reported higher percentages of dissatisfaction than did senior faculty. Junior faculty were not as dissatisfied as senior faculty regarding time available to keep current in one's field.

Alsadoon (2009) also found that the most important barrier that prevents the responding faculty members from involving in OPTD (Online Professional Training Development) was their workload and lack of time. Barriers to academic clinical practice (e.g., available time) were also expected and mentioned by Lanman (2011). In addition to the traditional teaching role, they spend extended hours advising and mentoring students outside the classroom, updating curricula, developing new courses, reading to remain current, and mastering new advances in technology. With these multiple demands upon all faculties, "time is becoming their most precious commodity". In fact, in a recent survey, "73 % of faculty respondents expressed frustration at 'never having time to complete a piece of work' (American Association of Colleges of Nursing, 2005)

As regards the clinical instructors responsibilities in the clinical setting, the present study found that two third (70%) of studied sample were satisfied with work in clinical area and number of students. Also, the study reflected that all clinical instructors were deeply willing to participate in solving students' problems but the time in relation to large number of students is a major barrier to do this. Also, it found there is no work problem related to students and clinical area. The study clarified also that there is a statistical significant difference between work problem in relation to department and time.

McDonald (2010) stated that allowing sufficient time to become familiar with both environments: Because nursing is a practice profession, nurse faculty need to become familiar not only with the academic environment but also with the clinical environment in which they practice and in which student learning experiences are structured. Little and Milliken (2007) discussed the dual obligations of the nursing instructor to be competent both as a teacher and as a clinical practitioner. Not all counselor educators consider clinical practice important, as evidenced by 17.8% reporting that they would prefer to spend no time in clinical practice and 24.5% feeling neutral or believing that it is not important to engage in faculty clinical practice. Slightly more than half (51.4%) of participants spend no time in clinical practice, a figure comparable to findings from clinical psychology. At

the same time, many (75.4%) believe that academic clinical practice is important (Lanman, 2011).

4.3. The clinical instructor's performance

Generally, throughout the present study it can be observed that half of the studied samples of clinical instructors were satisfied with their performance regarding responding style toward students' questions and method of giving feedback toward student answers. This is supported by Orton (2007) who found that the most effective clinical teacher was being responsive by explaining and answering students questions, responsive, clinically competent, enthusiastic, provides constructive feedback, is supportive, available, and a role model to students, treats students respectfully, and sets realistic objectives/communicates placed next.

Nelson (2011) suggested that the behaviors of clinical instructors needed to be effective in supporting learner outcomes include: (a) accessibility and availability for student concerns and questions, (b) demonstration of procedures, (c) organization, (d) facilitation of discussions, (e) provision of feedback, and (f) role modeling. Hand (2006) added that adults like to receive feedback to help them evaluate their own performance. Feedback gives positive reinforcement to a task well performed. Besides eliminating errors, feedback encourages the student to continue practicing in a positive manner, which will translate into confidence and eventual mastery. Kan & Stabler-Haas (2009) added that An effective clinical instructor uses strategies, such as "questioning," "role playing," and "interactive discussion, "to improve students' thinking and problem solving skills. This is not an easy task. Being a good teacher requires much practice and learning. They found that professional attitudes, professional actions and communication skills significantly improved CI effectiveness. Communication skills were reported by Knowles *et al.* (2005) and Levy *et al.* (2009) to create a positive learning environment for students. They focused on need for feedback that would assist students in refining their clinical skills and behaviors while simultaneously developing their self-esteem.

Clawson Roe (2009) and Tang *et al*. (2005) added that interpersonal relationships were the category which accounted for the largest difference between effective and ineffective clinical instructors. They emphasized the presence of anger in nursing students related to critical and unfair nursing clinical faculty. Emotional responses to unfair treatment by nursing faculty led to negative consequences. McGregor (2007) added that the relationship between the student nurses and clinical instructors is critical to the facilitation of the student nurses to novice nurses. The responses of student nurses revealed a positive relationship with their instructor impacted them in the following ways: (a) perception of clinical competency, (b) decrease anticipated anxiety associated with the clinical setting, and (c) supportive of professional role development. Focused on producing the evidence to develop a profile of an effective and ineffective clinical instructor.

The study indicated that majority (80%) of the studied sample were satisfied with their teaching skills and it revealed there is statistical significant difference teaching skill due to the clinical instructors usually demonstrate skills in skill laboratory by showing and explanation, giving rational for the action. Kube (2010) emphasized that faculty and students agreed on the majority of effective characteristics as important to be demonstrated by clinical instructors. Hand (2006) stated that The demonstration may consist of assembling a circuit while describing the rationale of each step of the procedure. Demonstration, practice and feedback help the student to learn by addressing the cognitive, associative and autonomous stages of learning. The principles of teaching and learning will be of use to anyone who teaches in the clinical area and who wants to make their teaching more effective.

Also, the study reflected that (92.5%) of the clinical instructors were unsatisfied toward interaction with patient and family. Also, it showed that there is statistical significant difference between CIs and patient and family interaction. This result clarified that clinical instructors have not acquired skills of interaction with patient and family. Hand (2006) stated that teaching is an important aspect of the health professional's role and members of most health care professions are expected to teach students, patients, relatives or other staff at some points in their career. A high standard of care being provided using efficient but flexible approaches. Patients being cared for as individuals without routine task-centre activity. Teaching and learning of students are key features and an integral part of the ward's organization of care.

Kube (2010) analyzed which categories of effective characteristics had the greatest influence and least influence on facilitating learning in the clinical setting. Student nurses responses indicated a high facilitation of learning when clinical instructors demonstrated a high frequency of use of effective characteristics from the following categories (a) interpersonal relations, (b) personality traits, and (c) evaluation procedures. In addition, according to Kube, nursing students perceived a low facilitation of learning when there was a low demonstration of effective characteristics in the category of nursing competence used by their clinical instructors. Orton (2007) showed that in the clinical setting, the faculty instructor also faces the task of teaching student nurses while safeguarding the patient. "This dual focus," they observe, "requires special and distinct teaching skills or characteristics that are not innate but are developed over time and with experience. The effective clinical

instructor treats students with respect, sets realistic objectives, communicates, and allows students to assume responsibility for the patients under their care.

Also, the study clarified no statistical significant difference between performance of the clinical instructors and their years of experience and their age. This result disagreed by Brownstein *et al*. (1998) who identified that individual differences among people increase with age. Experience is the richest resource for adult learning. Orton (2007) suggested that self-efficacy beliefs are formed from mastery experiences, or one's previous performance considered the most influential. Kube (2010) stated that "Learning occurs in a social context that is influenced by factors such as comfort, space and privacy issues, agency policy, personnel and staffing practices, institutional norms, and accessibility of educational experiences". Each situation with patients is unique with its own novel set of uncertainties related to such things as patient status, responses to treatments, and decisions made by members of the health care team. Further, clinical situations are experienced uniquely by each student (Gaberson & Oermann, 2007) and there is the ever-present risk that students‟ actions, or lack thereof, may cause harm to patients. Amidst this dynamic learning environment are nurse educators who must simultaneously manage patients, students, staff relationships, and academics (O‟Connor, 2006). Morrison *et al*. (2005) found that heightened comfort levels were reported by faculty who experienced an increase in the agreement between their perceptions of themselves as clinical teachers and their perceptions of the ideal clinical teacher.

The study found there is no statistical significant difference between workload and years of experience and age of the studied sample. This result disagreed by (Berlin & Sechrist, 2003) the response to workload was most noteworthy. Dissatisfaction with workload was estimated to be (54.7 %) for junior faculty, almost twice that of senior faculty (29.5%). Cheryl (2004) stated that the perception of role conflict during transition between clinical nursing and the faculty role also have validated perceived role conflict in nursing faculty primarily related to workload, job satisfaction and balancing the traditional faculty components of scholarship, teaching, service, and practice.

Hanson (2006) stated that educators can improve the clinical education experience by developing teaching strategies and evaluation tools that build on the positive attributes and phases of the clinical experience. Hanson and Stenvig (2008) identification of the clinical experience praxis, revealed the need for constant review and frequent change in teaching strategies in the clinical nursing environment, based on the students' needs.

The study revealed a statistical significant difference between work load, and faculty departments ($P \leq 013$*). Also it illustrated a statistical significant difference between performance of the clinical instructors and their faculty departments ($P \leq 0.00$*). This result is congruent with McDonald (2010) who stated that workload is dependent on the number of courses, the mix of clinical versus classroom, and the load percentage. Full time may be anything from 90% to 105%. Traditionally, a classroom requires more preparation than a clinical course. In addition to face-to-face teaching hours, office hours are required as time available for student meetings and preparation time. Many educators take work home with them. In addition to teaching, preparation, and office hours, nursing faculty attend committee and faculty meetings. In the university setting, educators are expected to engage in service and research, as well as in the scholarship of teaching. So, Durham *et al*. (2007) emphasized the importance of workload equity in attaining scholarly productivity, acquiring job satisfaction, decreasing work pressure, and maintaining high morale for nurse faculty. When their workload increases, faculty members tend to look around to see if workload demands are equitable. Some nurse faculty members expressed concern that certain colleagues seemed to have lighter schedules than others.

The present study revealed that nearly half of the studied sample expected their role in supervising students and source of information. This result is congruent with Kan and Stabler-Hass (2009) who clarified that clinical instructor role in the clinical setting is to enhance student learning by supervising(and not performing) skills. This involves using teaching learning strategies to enable the student to perform the clinical skill with knowledge and eventual competence. Also, (Gaberson & Oermann 2007 and Bonnel, 2009) added that clinical evaluation concludes in clinical instructors‟ judgment regarding student attainment of observable clinical objectives or outcomes. Clinical evaluation does not proclaim to measure the actual process of clinical learning. It measures the outcomes of student clinical learning. Kube (2010) found clinical support and supervision findings indicated that the supervision and support desired by the students was less than the supervision and support they obtained. The cumulative implication of these studies was that the faculty role and-student teacher relationship is significant influences in the clinical learning environment.

Beitz and Wieland (2005) added that instructors viewed the clinical area as more of a learning environment than teaching environment and described students‟ ability to learn in the experience without regard to the presence or absence of instructors. Also, they provided potential solutions to better prepare CIs to become effective supervisors should present clear, well-organized information; should be enthusiastic, dynamic, energetic, competent, and knowledgeable;

have group instructional skill; and model professionalism. Further, they suggest that CIs should be carefully matched with students to affect positive clinical outcomes.

Levy *et al.* (2009) agreed with our results and showed that the supervisor's role is to facilitate the student's educational and personal growth while supporting the development of the student's clinical independence. They added that direct supervision had a positive effect on patient outcome, whereas, lack of direct supervision was harmful for patients. Supervisors must be clinically competent, knowledgeable, and have good teaching and interpersonal skills. Training supervisors may positively affect supervision.

The study also, clarified that the majority of the studied sample suggested participating in training program and updating knowledge. It is worth to mention that, most of the clinical instructors try to improve their knowledge personally via attending workshops and this gives a very important indicator that, the clinical instructors are going after current and most updated findings rather than traditional and old events. Levy *et al.* (2009) agreed with this result and illustrated that CI skills improve by teacher training workshops. Participants reported that they were able to better use positive feedback, develop a broader range of teaching methods, create more CI/student interaction, provide for greater student involvement, and have an overall improvement in their daily work. Further, CIs remarked that the workshop provided sustained value, and that there were few blocks to implementing the changes suggested in the workshop. Sustained effects in the learning process were also seen. In their concluding remarks, the authors listed the value of clinical instructor education, saying that training develops CI teaching and assessment skills and provides a forum where CIs can discuss difficulties as well as solutions in the clinical learning environment.

Concerning the present study sample opinions toward staff development, results revealed that (82.5%) of them agreed on profiting from master courses in improvement of their work. Orton (2007) expressed the need for a structured approach to training and development, and a supportive teaching culture within their institutions. Most significant in the findings were the ten critical success factors demonstrated by model institutions which have adopted strategic and systematic approaches to faculty development. McDonald (2010) discussed the multiple competencies and educational preparation necessary to be a nurse educator. This set of competencies included evaluation, teaching, designing curriculum, and a continued list that reflects the current Core Competencies of Nurse Educators. Beres (2006) recommended that all educators planning to teach in academia should have formal instruction to prepare them for the role of educator.

Kube (2010) identified that the following categories should be developed in teacher behaviors: (a) evaluative behaviors, (b) instructive or assistive behaviors, and (c) personal characteristics. effective teaching behaviors as "those actions, activities, and verbalizations of the clinical instructor which facilitate student learning in the clinical setting". Hanson and Stenvig (2008) added Positive clinical educator attribute categories educator knowledge, interpersonal presentation, and teaching strategies. Also they point out "each faculty member has a personal belief system that provides the basis for a professional belief system." Both provide the supports for an individual's teaching style. As this combination of personal beliefs, professional experience, and approaches to teaching takes shape, it is important to engage in self-assessment in order to measure one's efficacy, identify areas for improvement, and ensure satisfaction within the teaching environment.

5. Conclusions:

1. The clinical instructors in the clinical setting were satisfied with work in clinical area , number of students, responding style for students questions and method of giving feedback toward student answers. The statistical significant difference is related to teaching skills**.**
2. The statistical significance difference for work problem is related to clinical instructors department and time**.**
3. Two thirds of clinical instructors were suffering from insufficient time to update their knowledge and following students activities; interaction with patient and family.
4. The majority of clinical instructors (77.5%) were suffering from heavy work related to regularly staff meeting to discuss and clarify school curriculum, department curriculum, department objectives and theory objectives in their department.
5. No statistical significance difference was found between performance of the clinical instructors and their years of experience and their age; workload and years of experience and age of the studied sample.

Recommendations:

Based upon the findings of this study: An orientation program for preparation of newly appointed clinical instructors is highly recommended. This program is supposed to facilitate the transitional phase during their career and develop collegial relationships with peer and other staff members. This orientation program should include:

1. Teaching the instructors about the principles of adult learning (special emphasis on how to bridge the gap between theory to practice).
2. How to assess individuals' learning needs and evaluate students' performance and how to demonstrate nursing skills.
3. Provide an opportunity for newly appointed clinical instructors to discuss their clinical work, validate their decision-making, and examine clinical issues with faculty member may create stimulating clinical experiences and foster the development of self-confidence.
4. More involvement of all faculty members in the clinical settings, to provide guidance, support and role model, thus to ensure quality education.
5. As a result of the need for improved academic preparation of nursing faculty, the first masters degree program for nurses interested in teaching was initiated at Teachers College.

References

1. Levy S., Sexton P., Willeford S., Barnum G. Guyer M., Greg Gardner and A. Fincher L. (2009): Clinical Instructor Characteristics, Behaviors and Skills in Allied Health Care Settings: A Literature Review. Athletic Training Education Journal; 4(1):8-138.
2. Kan Z., & Stabler-Haas S. (2009): fast facts for the clinical nursing instructor clinical teaching in a nutshell, Springer Publishing Company, LLC. New York pages:3- 14
3. Orton marie-louise (2007): Nurses as clinical teachers: variables affecting teaching comfort and self-efficacy a dissertation presented to the faculty of the rossier school of education university of southern California. May, degree doctor of education.
4. Morrison, E., Hitchcock, M.A., Harthill, M., Boker, J.R. & Masunaga, H. (2005): The on-line clinical teaching perception inventory: A .snapshot. of medical teachers. Family Medicine, 37(1):48-53.
5. Nelson N. (2011): beginning nursing students‟ perceptions of the effective characteristics and caring behaviors of their clinical instructor. degree doctor of philosophy Capella university March.
6. National League for Nursing. (2005): Position Statement: Transforming nursing education. Retrieved June 2, 2009, http://www.nln.org/aboutnln/positionstatements/transforming052005.
7. Clark, C. M. (2006): Incivility in nursing education: Student perceptions of uncivil faculty behavior in the academic environment. Pro Quest Dissertations & Theses: Full Text Database. (UMI No. 3216197)
8. Clawson Roe, D. (2009): The relationship between pre-licensure baccalaureate nursing students' stress and their perceptions of clinical nurse educator caring. Pro Quest Dissertations & Theses: Full Text Database. (UMI No. 3351570)
9. Tang, F., Chou, S., & Chiang, H. (2005): Students‟ perceptions of effective and ineffective clinical instructors. Journal of Nursing Education, 44(4) 187-192.
10. Wade, G. H. (2006): Nursing students' perceptions of instructor caring: An instrument based on Watson's theory of transpersonal caring. Journal of Nursing Education, 45(5): 162-168.
11. Knowles, M. S., Holton, E. F., & Swanson, R. A. (2005): The adult learner: The definitive classic in adult education and human resource development (6th ed.). Houston TX: Gulf Publishing.
12. McGregor, A. (2007): Academic success, clinical failure: Struggling practices of a failing student. Journal of Nursing Education, 46(11):504-511.
13. Kube L. (2010): The Relationship of Nursing Faculty Clinical Teaching Behaviors to Student Learning A dissertation submitted to College of Saint Mary, degree of doctor in education with an emphasis on Health Professions Education. The faculty of College of Saint Mary by: by Pro Quest LLC.
14. Beitz, J. M., & Wieland. D. (2005): Analyzing the teaching effectiveness of the clinical nursing faculty of full & part-time generic BSN, LPN-BSN & RNBSN nursing students. Journal of Professional Nursing, 21:32-45.
15. Bonnel, W. (2009): Clinical performance evaluation. In D. M. Billings & J. A. Halstead, Teaching in nursing: A guide for faculty (3rd ed.) (449-466). St.Louis: Saunders.
16. Gaberson, K. B., & Oermann, M. H. (2007): Clinical teaching strategies in nursing (2nd ed.). New York: Springer Publishing. P25-45.
17. O‟Connor, A. B. (2006): Clinical instruction and evaluation: A teaching resource (2nded.). Boston: Jones and Bartlett. p 15-31.
18. Shuman, L.(2005): The signature pedagogies of the professions of law, medicine, engineering, and the clergy: Potential lessons for the education of teachers. Math Science Partnerships Workshop. Retrieved February 8. June 24, 2009 from http://hub.mspnet.org/index.cfm/11172.
19. Walker, K. (2005): Postmodern pedagogy and the nursing curriculum: Collaborating for excellence. Collegian, 12, 36-40.
20. Cheryl L. Schriner (2004) : Clinical Nurses Transitioning Into a Faculty Role: A Cultural Analysis of the Nursing Profession, the Academic Discipline of Nursing, and the Academic Professorate , Doctor of Philosophy Degree in Higher Education The University of Toledo December
21. American Association of colleges of nursing Washington (2005): faculty shortages in

baccalaureate and graduate nursing programs: scope of the problem and strategies for expanding the supply updated june, d.c. american association of colleges of nursing / 2 faculty shortages in baccalaureate and graduate nursing programs
22. Berlin, L.E. & Sechrist, K.R. (2003): Analysis of selected variables pertaining to fulltime nurse faculty from the 1999 study of postsecondary faculty (unpublished data).
23. Hewitt P, and Lewallen L, (2010): The Journal of Continuing Education in Nursing · Vol 41, No 9, Ready, Set, Teach! How to Transform the Clinical Nurse Expert Into the Part-Time Clinical Nurse Instructor
24. Hessler, K., & Ritchie, H. (2006): Recruitment and retention of novice faculty. Journal of Nursing Education, 45: 150-154.
25. Alsadoon, A., (2009):The Potential of Implementing Online Professional Training Development for Faculty in the College of Education at King Saud University. Master of Education (MEd), Ohio University, Computer Education and Technology (Education).
26. Denise K. Gormley, (2005): Organizational climate, role ambiguity, role conflict and nurse faculty work role balance: Influence on organizational commitment and turnover intention. In the College of Nursing. University of Cincinnati , degree of doctorate of philosophy.
27. Lanman Ann (2011): Counselor Educators: Clinical Practice and Professional Identity , the University of Cincinnati, degree of doctor of education. In Counseling School of Human Services College of Education, Criminal Justice, and Human Services.
28. Anderson K. Judy (2009):Journal of Nursing Education The Work-Role Transition of Expert Clinician to Novice Academic Educator CNE, 48: 4
29. McDonald Paula Jo (2010):Transitioning from Clinical Practice to Nursing Faculty: Lessons Learned, CPON Journal of Nursing Education, 49: 3
30. Hand (2006): promoting effective teaching and learning in the clinical setting. Nursing Standard, 20 (39): 55-63
31. Hanson and Stenvig (2008): The Good Clinical Nursing Educator and the Baccalaureate Nursing Clinical Experience: Attributes and Praxis . Journal of Nursing Education 47(1):38-42
32. Mogan J, and Warbinek E (1994): Teaching behaviours of clinical instructors: an audit instrument.Journal of Advanced Nursing , 20(1): 160–166.
33. Durham S, Merritt J, and Sorrell J. (2007): Implementing A new faculty workload formula. Nursing Education Perspectives; 28(4):184
34. Little ,M.A.,& Milliken, P.F.(2007):Practicing what we preach: Balancing teaching and clinical practice competencies. International Journal of Nursing Education Scholarship, 4(1):1-14.
35. Beres, J. (2006): Staff development to university faculty: Reflections of a nurse educator. Nursing Forum, 41:141-145.
36. Culleiton, A.L., & Shellenbarger, T. (2007): Transition of a bedside clinician to a nurse educator. MEDSURG Nursing, 16:253-257.
37. Schriner, C.L. (2007): The influence of culture on clinical nurses transitioning into the faculty role. Nursing Education Perspectives, 28: 145-149.
38. Brownstein L., Rettie S., and George M.(1998): A programme to prepare instructors for clinical Teaching. Perfusion, 13: 59–65
39. Kelly, R. E. (2006): Engaging baccalaureate clinical faculty. International Journal of Nursing Education Scholarship, 3(1): 1-14.
40. Hanson, S., (2006**):** Service as a subversive activity: On the centrality of service to an academic career. Gender, Place, and Culture, 14 (1): 29-37.