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Role of Clinical Instructor in Supervision of Pre-Licensure Nursing Students: A Qualitative Enquiry

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ABSTRACT

The clinical education is vital to ensure clinical competence of nursing professionals and gradually train the nursing students. The role of clinical instructors considered to be crucial in clinical supervision of students. Thus, they have various responsibilities that must be identified. **Objective:** The study aims to identify the roles and responsibilities of the clinical instructors who help supervise nursing students' training in educational institutions in Rawalpindi and Islamabad. **Methods:** A descriptive exploratory design was used to identify the role of clinical instructors working in private and public institutions. The purposive sampling technique was used to recruit twelve clinical instructors in the study. For data collection, open-ended questionnaires and question guides were employed since they provide the utmost accuracy. Conventional content analysis was used for data analysis. **Results:** It also identified the roles, nature and factors that influence clinical instructors and their supervision of the students. Specific means accounted for were implementing links between theory and practice, controlling and guiding students, demonstrating professional behavior, being proactive in delivering feedback about the students, and prompt patient care. Moreover, the teaching competence; professional and ethical practices; and clinical expertise were identified as important characteristics of clinical instructors. **Conclusions:** Therefore, it has been realized that several facilitating and constraining factors affect clinical instructors in the course of their work in the working organization or their own personal factors related to student factors. The study findings may be utilized to strengthen the role of clinical instructors, and to improve the quality of clinical education.

INTRODUCTION

Clinical education is the act of imparting advice to students on personal, educational and professional growth as well as patient care delivery [1]. The challenges faced in clinical education within a baccalaureate nursing program in Ghana. Using qualitative methods, the authors identified issues such as limited resources, inadequate clinical supervision, and gaps in collaboration between academic and clinical staff. The findings emphasized the need for curriculum revision, better communication, and increased support for clinical educators to enhance nursing students' clinical learning experiences [2]. This cross-sectional study investigated perceptions of effective clinical teaching behaviors from the perspectives of both nursing students and instructors in Ethiopia. It highlighted essential teaching behaviors, including clinical competence, effective communication, approachability, and constructive feedback. The study recommended continuous training and evaluation of instructors to improve the quality of clinical education [3]. It is also another important component of the nursing education process. It is aimed at preparing nursing students to discover how they can gradually implement theoretical knowledge into practice. Hence, they have several functions and duties. Nursing skills are one of their primary duties because they are largely charged with developing the related aptitudes of the nursing student. They needed

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to ensure that the climate was conducive to learning. They delivered constructive feedback so the students could learn, improve understanding, and be motivated and encouraged to care for patients. The students are from different cultural backgrounds, meaning the clinical instructors should observe the student's levels and learning styles. In that way, they can assess the learning needs of the students and aid them in a manner that can enhance the learning process to better mold graduates [4]. The effective mentorship improves nursing students' confidence, learning, and clinical integration, while poor mentorship hinders development. It emphasizes the need for structured mentorship and mentor training [5]. Al-Hussami *et al.,* (2020) emphasized the role of supportive supervision and communication in Jordan [6]. Dağ *et al.,* (2019) noted heavy workloads, unprepared students, and limited resources as key barriers for instructors [7]. There are some of the characteristics, factors, or qualities that clinical instructors should have to carry out their responsibilities effectively. Besides, they must have updated knowledge of the nursing profession, listen to the students actively, and demonstrate effective teaching and assessment skills among students. Another possible limitation to the role performance of clinical instructors is a non-conducive environment characterized by factors such as a lack of infrastructure, low nurse-patient ratio, and so on, which negatively impact student learning. Also, the learning resources, such as equipment for procedures, internet access, and any other issues within the clinical environment, may present some difficulties to the clinical instructors. These constraints could pose a great challenge to their capacity to ensure that students are trained in compliance with the institution's SOPs [8-10]. Consequently, it became apparent to identify and describe the research questions on the role and responsibilities of the clinical instructors whereby qualitative descriptive exploratory design was used. Consequently, this study aimed to determine clinical instructors' roles in supervising their students in nursing institutions of Rawalpindi, Islamabad.

To this end, this multicenter research was done with a view of acquiring valid information and response to the following research questions.

METHODS

A descriptive exploratory qualitative study was carried out with approval from Shifa Tamer E. Millat University's research ethics committee (IRB#112-602-2019). Over the course of three months, from 1-06-2019 to 31-08-2019, conducted at four significant nursing institutions (PIMS, Rawal, Shifa, and Holy Family) in the public and private sectors in the twin cities of Pakistan, Rawalpindi and Islamabad. The study participants were chosen through the use of purposive sampling. In qualitative research, sample size is determined by the principle of data saturation. In this study, saturation was achieved after interviewing twelve clinical instructors, as no new themes emerged. The interview guide was reviewed by three experts in nursing education to ensure content validity. Reliability was ensured through consistent application of the tool across all interviews. A total of twelve samples were obtained. The teachers who had two years of experience overseeing the students in the clinical care were included in the inclusion criteria and clinical instructors or faculty who were currently involved in nursing students' clinical supervision and the clinical instructors who weren't present when the data was being collected made up the exclusion criterion. Section three describes the steps taken in the study to inform the participants of the purpose of the research study. This aimed at ensuring the participants understood that they could also decline to participate in the study and that their withdrawal from the study at any time would not attract any punishment. Also, the possible consequences and advantages of the study were explained, and consent was sought through the consent forms. In addition to the interviews, self-completed questionnaires were used to collect demographic data, including age, gender, qualifications, and years of experience and place of work. Conventional content analysis was used to manually analyze the data. Each participant's response to each question was compiled independently. As this was a qualitative exploratory study, no statistical formula was used for sample size estimation. Sample size was guided by data saturation, as supported by Bradshaw et al [4]. The questionnaire used was self-developed based on literature review and expert consultation. Face and content validity were established through review by a panel of nursing education experts who assessed the relevance and clarity of the questions. Data were analyzed manually using conventional content analysis. NVivo software (version XX) was considered but not used due to manual coding sufficiency. As this study is qualitative, no statistical tests were applied. Thematic coding was used for analysis. Conventional content analysis was selected to allow themes to emerge naturally from participant narratives without preconceived categories, which is suitable for exploratory designs. Since this is a qualitative study, descriptive statistics were not applicable. However, participant demographics were summarized using percentages. Data were analyzed using conventional content analysis. Interview transcripts were read repeatedly for familiarization, then coded line-by-line. Codes were grouped into categories and themes, which were validated through peer discussion.

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RESULTS

Demographic data such as age, gender, qualifications, and experience were analyzed using descriptive statistics and are presented in Table 1 as frequencies and percentages. Table 1 presented the demographic characteristics of the participants in the research. Twelve participants were selected from the private and public health care sectors. Majority of them (66.67%) were female and most of them were belong to age group 28 to 34 years (58.33%). Regarding qualification of subjects 41.67% have Post RN, Generic BSN (33.333%), MSN (25%) respectively and having teaching and clinical expertise of 2-6 years (75%) (Table 1).

Table 1: Characteristics of the Participants

Variable	Frequency (%)
Gender	
Male	4 (33.33)
Female	8 (66.67)
Age	
28–34	7 (58.33)
35–40	5 (41.67)
Qualifications	
Post RN	5 (41.67)
Generic BSN	4 (33.33)
MSN	3 (25.00)
Teaching/Clinical Experience	
2–6 years	9 (75.00)
7–11 years	2 (16.70)
≥11 years	1 (8.33)
Clinical Experience	
2–6 years	9 (75.00)
7–11 years	2 (16.67)
≥11 years	1 (8.33)

The study's findings are based on the participants' narratives and are placed in four categories that will address the study's research questions. These are the categories of clinical instructors' responsibilities, characteristics, preparation for a clinical instructor's role and influence factors on a clinical instructor's role. Some of the subcategories of each category are shown in the table below (Table 2).

Table 2: Role of Clinical Instructors

Categories	Subcategories
Responsibilities	Link theory into practice
	Assessment of student's competence level
	Supervision and facilitation
	Role Modeling
	Provision of feedback
	Ensuring patient safety
	Communication and collaboration
Characteristics	Clinical expertise
	Teaching competence
	professionalism and ethical practices
Preparation of Role	Experiential learning
	Formal training and workshops
Factors affecting the role	Organizational factor
	Personal factors
	Students factors

Most participants concluded that their main task is to assist the students in applying their theoretical concepts in the clinical area. Some participants felt that they were already carrying out this responsibility, while others thought it should be the executives' key duty. As one of the clinical instructors mentioned, Clinical instructors are supposed to smooth out the difference between knowledge and practice so that the students can use the two while practicing nursing. In the same regard, one of the participants went on to state, "The role is to determine if they [students] have the right attitude to practice that [theoretical] knowledge in the clinical area of practice." Several participants said that they used intelligence levels to rate students and observe their study habits. This is to determine the student's clinical skills and performance ability level. One participant said, "The clinical instructors should know the level and competence of the students and whether the students are competent to perform skills on the clinical or not." One of the participants believed that clinical nursing instructors are involved in posting students to different units in certain departments by estimating the needs of the courses, whether they are at a lower or higher course level. A few participants contributed that they had the duty of supervision and facilitation. In regards to the training requirement of the students, they assess the needs of the students and oversee them. Of all the participants, some emphasized assessment and supervision and were involved in these practices. On the other hand, some of them feel they should prepare for the task. From this argument, one of the clinical instructors provided the following comment: "The clinical instructor's role is to manage and monitor the students when they are on the clinical and should not let the students operate without supervision." Many participants opined that they must practice whatever they expect from the students in this context, as the learners can learn by observation from their teachers. This role modeling can be done by dressing and speaking during training sessions or talking to junior members. Participants also offered examples of role modeling and how it is considered in the clinical area. One of the participants said: "As student teachers, one must emulate some attributes such as dressing neatly in uniform arriving on the clinical on time. Poli retaining ones grooming, tidiness, beginning by offering a smile to the students/staff, have time wishing, accompany the students to observe their patient teachings, to talk with the

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patients, to visit the patients and to introduce sessions with the team leaders. In other words, the point the author is making is, as teachers are role modeling all the time then it was expecting from the students to do all". Conte outlined that some of the participants focused on feedback to the students. They believe that feedback is crucial for the student's clinical learning experiences and that peer feedback is adequate. Also, the feedback can prevent clinical errors and enhance their functioning level. Moreover, they also pinpointed some modalities of feedback. This leads to the conclusion that they do have some characteristics. This is how one participant reasons his or her use of the technology: 'I used to give my students feedback to cover the paths taken to reinforce learning.' I always gave [feedback] both in writing and orally since one student is different from the other. It also reveals that some leaned through word of mouth while others grasped through written words. Most participants said this is because they have a safety and quality assurance responsibility, requiring the patients to know what the students do. They should also be aware of safety policies and care. One said, "According to the clinical instructor job description, one of the accountability is to educate and supervise on evidence-based practices which incorporate research and culture." The clinical instructor should know about current practices and keep abreast of new developments in the literature and evidence. One of the important roles highlighted was that the clinical instructors were also expected to exchange information regarding clinical practice training with hospital employees, directors, and students. Participants' information also included communication aspects following the interactions with the students, such as the student's clinical plan, learning objectives/teaching horizon, academic ability, clinical calendar, and the assignment of clinical mentors. For details, the following participant stated: "Regarding clinical area managers always talk about the students' needs in the areas of skills learning, duty hours and the faculties who will supervise in clinical." Clinical instructors need to subscribe to a number of behaviors that help them foster students in clinical environments, as highlighted by participants. The following were taken as a clinical specialty: teaching performance, interpersonal communication, professionalism, and ethical behavior. Each of these characteristics is also described in the following headings. Most participants noted that it would be reasonable to state that the clinical instructors must have specialization and knowledge about clinical skills. They should also be confident and have the right experience to practice in every area of the hospital, specifically in ICUs. For example, one said, "A clinical instructor should be skilled on clinical practices and demonstration, have clinical knowledge, and clinical experience". Some professionals stated that the roles and responsibilities of clinical instructors include abilities related to knowledge of clinical teaching and content mastery, content knowledge and competency training. They also emphasized the need to practice and demonstrate interpersonal and communication skills in syllabi formulation, course planning and development, and different assessment forms for diverse students. In order to trace the features of this domain, several examples of this domain were given. Concerning the set of competencies for a clinical instructor, one participant wrote: Firstly, one should have adequate knowledge of the theoretical framework and the ability to share this knowledge. In this regard, some respondents said that professionalism and ethical practice are core competencies for a clinical instructor. Thus, useful interpersonal behavior in the context of teaching consists of honesty, equal standing, cooperation, friendliness, punctuality, social manners and patience. These attributes were appreciated for facilitating professionalism in clinical education to ethical levels. One of the participants expressed it in the following words: "They should be respectable, should not lie and should be good communicators, and should take responsibility for teaching the students. Regarding the participants' understanding of their role preparation as a clinical instructor, they claimed to have acquired the same through either learning by experience or training/meetings. The following is the elaboration of the role preparation section: All participants reported that they only gained their role as a clinical instructor through the learning they encountered in their working experience, which included observation, experience and education. One of the participants stated, "In this country, there is no such type of set-up to prepare the teachers properly for the clinical role but during my education tenure I have learned my role as a clinical instructor from my teachers and seniors by observing them". Most participants said they never went through any training or workshop concerning their readiness to play the doctor role. Among them, a few expressed that their institute organizes some workshops and academic certifications that can be beneficial to them in fulfilling their roles. Nevertheless, they did not complete any program or course related to their clinical instructor position. Further, one of the clinical instructors said, "Honestly, looking at everything regarding that, I have nothing to say that there has been any meeting of clinical instructors to give them an orientation or perhaps a workshop on what their role is of a clinical instructor." He replied that he had never encountered this role preparation strategy in his last five years of working."

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DISCUSSION

The purpose of this research study was to identify and respond to the following three questions: 1) The role or the duties of clinical instructors managing pre-licensure nursing students; 2) Most of the study's participants, similar to participants This qualitative study explored clinical instructors' views on factors affecting teaching in nursing education, identifying barriers such as time constraints and enablers like institutional support and faculty development [11]. This study examined the transition from clinical nurse to nursing faculty, highlighting challenges like role adjustment and the need for mentorship and institutional guidance [12]. Here, a clear segregation was noted in how the two groups of instructors managed their responsibilities in private and public sector institutions. In private institutions, faculty members who teach clinical and supervise students' clinical practices do those activities most of the time. They are very useful in assisting students in bridging the gap between classroom work and the real work environment and, more importantly, assessing the student's strengths and weaknesses in relation to their intended fields of practice and offering constructive feedback that could add value to the student's learning. According to the studies conducted by Heydari, A [13]. In the public sector, each teacher was 50 to 60 students at a time, below the ratio that should be maintained per PNC. The Pakistan Nursing Council's recommendation for personnel ratio in clinical teaching is 1 10. Thus, they could not spend enough time on each student. In this case, the students practice clinically by trial and error, which does not allow them to get the quality education they are supposed to receive. In the private sector, institutions provided BSN degrees, and the facilities were granted to BSN students as supernumerary. The clinical instructors can thus determine students' competency through the supernumerary status, improving the process. These findings are consistent with the work of Chan et al., who highlighted that effective clinical teaching relies heavily on the quality of instructor-student interactions and institutional support, particularly in high-density learning environments [14]. Additionally, as noted by Pimmer et al., incorporating mobile and technology-enhanced learning methods in clinical education can significantly improve nursing students' engagement and knowledge retention, particularly when traditional resources are lacking [15]. A study explored nursing faculty perceptions of written feedback practices, revealing variability in feedback quality and emphasizing the need for clear, constructive, and student-centered feedback to enhance learning [16]. Nevertheless, in the present study, the students in the public sector did not enjoy the perks associated with supernumerary status because they were on a scholarship that closely resembled the remuneration of a registered nurse. Consequently, student reception and training are affected, and the safety of patients may be compromised. Moreover, there is strong hope because supernumerary status negatively affects students' high participation and learning processes. Hence, supernumerary status should be advocated in the clinical setting to guarantee the safety of learners, and students should not be regarded as staff nurses [17]. The disruption caused by the COVID-19 pandemic further exposed challenges in clinical practice, including reduced supervision and limited hands-on opportunities, as observed by Fernández-García *et al.*, in their mixed methods study on nursing education during the pandemic [18]. Thus, there is a need for clinical instructors to be competent and well-equipped with the knowledge to produce professional nurses who can manage and function in future healthcare systems. Because competition and qualifications are standard in clinical fields, practicing is a crucial factor that ought to be embraced by instructors in clinical facilities. It allows the faculty members to update their knowledge in practice, have practical experience with the current practices, and develop good working relationships with clinical staff, as noted by Joolaee, S et al. These findings suggest that public sector students treated more like staff nurses due to scholarship obligations—are deprived of these benefits, leading to compromised learning experiences faculty practice in private institutions enhanced clinical instructors' competency and rapport with staff, a factor notably absent in public settings. [19]. While all the patient participants interviewed in this study claimed to practice evidence-based patient education, 75% of them had only an undergraduate education level and did not know whether they could have any further education or advanced studies. Therefore, in this type of learning, the instructors may experience some problems in helping learners apply their learning practically. It also came across the fact that all of the institutions of the study had none of the higher education and continued faculty development programs except one. Sources of learning such as procedure-related equipment, demonstration rooms or skill labs were cited as lacking in the participant's institutions across the public sectors. They also lacked a general meeting point or any other clinical area in a clinical area where they could meet to deliberate on clinical cases with the students. A supportive clinical learning environment plays a critical role in enhancing students' professional competence, as emphasized by Alzayyat and Al-Gamal in their cross-sectional study [20]. Padagas emphasized that meeting nursing students' expectations regarding clinical instructor support and guidance significantly influences their satisfaction and learning outcomes during clinical placements [21]. Hence, they should endeavor to provide learning materials and other

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related resources within the institution to improve clinical education quality. According to the participants of the current study, students have certain undesirable behaviors that include: truancy, lateness, and unwillingness to do particular tasks, among others, as stated by Rezaei et al. These findings underscore the urgent need for policy-level reforms to enforce recommended teacher-student ratios, ensure supernumerary status for students, and promote ongoing clinical practice among instructors to enhance the effectiveness of nursing education [22]. They voted the clinical environment the hardest and the most demanding one. Such behaviors may be attributed to the fact that not all students get into this profession of their own free will. Therefore, changing this attitude takes considerable time in counseling, and this affects the time devoted to teaching and supervising the students in a clinical environment. Therefore, as per the guidelines recommended by the Pakistan Nursing Council, the right proportion of the teacher-student ratio should be maintained. This will, therefore, improve the quality of clinical education. The public sector ought to consider making students supernumerary, as this would enhance the learning environment. For instance, they could be given scholarships equivalent to the basic salary of the staff nurses, but they would only be given a pocket allowance. Applying faculty practice in the public setting is recommended since it increases instructors' psychomotor skill levels. In this connection, the healthcare industry job description and the job responsibilities of clinical instructors should be clearly defined. This requires a system that is used to provide for these responsibilities.

CONCLUSIONS

This research aimed to determine the role and functions of clinical instructors, their personal attributes, and the variables influencing their role. The results of this study make it clear that the instructors have defined their roles and factors well. Still, they are applied differently in the private and public organizational structures. From the conclusion of the current study, several factors may hinder or enhance the role performance of the clinical instructors; these include the following general working organization, personal and student factors.

Authors Contribution

Conceptualization: YA
Methodology: YA
Formal analysis: RG, AK
Writing, review and editing: YA, NI, RG, AK

All authors have read and agreed to the published version of the manuscript.

Conflicts of Interest

All the authors declare no conflict of interest.

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