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ORIGINAL ARTICLE

Clinical nursing instructors' perceived challenges in clinical teaching

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Abstract

Aim: The purpose of this qualitative study was to explore the challenges in clinical teaching that are encountered by clinical instructors and to foster the relevant training.

Methods: Focus group methodology was used. The participants were 54 clinical nursing instructors who were recruited from middle Taiwan and participated in one of five focus groups of 2–3 h each. The data transcripts were analyzed by using qualitative content analysis.

Results: Five challenges emerged: (i) teaching outside one's area of expertise; (ii) building cooperative relationships with the clinical staff; (iii) the unit's use of students as nursing staff; (iv) inappropriate clinical practices by the clinical staff; and (v) clinical staff members' negative comments toward the students. These challenges revealed clinical nursing instructors' difficulties in balancing clinical teaching quality and their relationships with the clinical staff members.

Conclusion: The identified challenges reflect the need to support clinical instructors and assist them to prepare for their role through training programs or policy changes.

Key words: challenge, clinical nursing instructors, clinical teaching, focus group.

INTRODUCTION

Practice experience is accepted in nursing education as a vital aspect of the learning experience. Those who teach students in clinical practice settings often are referred to as "clinical nurse instructors" (CNIs) (Hall & Chichester, 2014). The role and use of CNIs vary worldwide. In Japan, CNIs are typically hospital staff nurses who work with students and faculty members from varied nursing schools. Faculty members might or might not be present at the clinical site during nursing practice (Yamada & Ota, 2012). North American nursing programs rely heavily on part-time CNIs to teach students at clinical sites (Davidson & Rourke, 2012; Roberts & Glod, 2013). The increasing trend of using part-time CNIs results from the current shortage of nursing faculty members (Hewitt & Lewallen, 2010).

In Taiwan, nursing graduates are required to finish at least 1016 h of clinical practice experience in multiple areas, including fundamental skills and medical/surgical, obstetrics and gynecology, pediatrics, psychiatric, and community nursing practice settings. Many of these experiences occur in hospitals, in which nursing schools largely rely on the CNIs to teach the nursing students in the clinical practice setting. Clinical teaching is very labor-intensive for nursing programs. The CNIs in Taiwan are usually experienced nurses who are recruited and hired by the nursing school for clinical teaching in the practice setting. Unlike other countries, such as Japan, Taiwanese CNIs are typically full-time employees of the nursing school with the role of teaching groups of seven-to-eight students at assigned clinical sites.

The CNIs are expected to help the students not only to integrate the theoretical concepts that are learned in class into clinical practice, but also to develop the

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professional skills and behaviors that are required in nursing practice (Volk, Homan, Tepner, Chichester, & Scales, 2013). Students consider an effective CNI as one who is competent in clinical practice, knowledgeable regarding the clinical facility and students' needs, supportive and encouraging, and who uses diverse teaching strategies (Hanson & Stenvig, 2008).

Unfortunately, it has been reported that high turnover rates and a shortage of CNIs negatively impact the quality of clinical teaching in Taiwan (Taiwan Nursing Accreditation Council, 2009). As a result, nursing schools in Taiwan hire part-time CNIs, or clinical preceptors, as an alternative. From a review of the literature, it appears that the shortage of nursing faculty members and the use of part-time CNIs to teach students in the clinical practice setting are occurring in other countries as well (Davidson & Rourke, 2012; Roberts & Glod, 2013). It seems reasonable to expect that CNIs might experience similar challenges worldwide (Hewitt & Lewallen, 2010).

Teaching a group of students in clinical practice can be challenging. There are few papers addressing CNIs' perspectives on the difficulties that are encountered in clinical teaching in Taiwan. It has been argued, based on studies conducted in other countries, that CNIs supervise nursing students in clinical sites with complex, unpredictable environments, which could cause stress and frustration (Hewitt & Lewallen, 2010; Yamada & Ota, 2012).

The relationships among nurse educators, nursing students, and staff within the clinical area vary. Regardless of whether a position is full- or part-time, in most cases, a nurse educator who teaches practice skills is paid by one institution to work in another, making them "visitors" who lack a sense of belonging in the setting (Jetha, Boschma, & Clauson, 2016). These observations are quite similar to the authors' perceptions of CNIs' circumstances in Taiwan.

A CNI requires time to manage a new environment and a new role. Providing CNIs with an in-depth orientation to the educational program, anticipated clinical outcomes, time management tips, and suggestions for managing difficult students increases the likelihood of CNIs' satisfaction and leads to successful student experiences (Hewitt & Lewallen, 2010). In addition, in order to enhance teaching quality, new CNIs might also need formal training regarding teaching and the curriculum (Hall & Chichester, 2014). The CNIs are the key people who influence students' learning in the clinical environment. However, in Taiwan, nursing research is lacking regarding the experiences of CNIs and the challenges that they encounter in their clinical teaching. Information about these experiences could be used to inform interventions that better prepare CNIs for their role. This article is part of the results of a larger project that explored the difficulties that instructors encountered in clinical teaching as a basis for preparing and supporting their new role.

Table 1 Participants' clinical expertise (n = 54)

Focus group	Expertise	Participants
1	Obstetric clinical nursing instructor	C1–12
2	Community clinical nursing instructor	C13–24
3	Pediatric clinical nursing instructor	C25–34
4	Psychiatric clinical nursing instructor	C35–43
5	Medical and surgical clinical nursing instructor	C44–54

METHODS

This qualitative study used focus group interviews to collect data on CNIs' perceptions of the challenges that they encountered in clinical instruction.

Participants and data collection

The participants were recruited from nursing schools in middle Taiwan. In total, 54 participants, most of them female (98.1%), were included in the study. Their clinical areas are summarized in Table 1. The participants' number of years of experience in clinical teaching ranged from 3 to 17 years. They were grouped according to their area of clinical expertise, which facilitated the group discussion because of the participants' similar expertise and experiences (Freeman, 2006; Plummer-D'Amato, 2008). Grouping the participants by clinical specialty area also allowed for the identification of differences in the challenges that they encountered.

Five focus groups of 9–12 participants were conducted, interviewing CNIs from medical/surgical nursing, obstetric nursing, pediatric nursing, psychiatry, and community health nursing practice settings. Each group was led by the second author and a senior faculty member. All the data were collected from July to August, 2013.

The focus groups were conducted in a conference room at the participants' school. The second author initiated the focus group interviews by asking the participants to share: (i) their experiences in clinical teaching; (ii) the challenges that they encountered; and (iii) how

these challenges impacted their clinical teaching. The participants were encouraged to interact with each other to provide richer data. Each group session lasted from 2–3 h and was audio-taped with the participants' permission.

Ethical considerations

This study was reviewed and approved by the institutional review board at an institution. The participants signed consent forms before each group interview.

Data analysis

The tape-recorded interviews were transcribed in Mandarin by a transcription service and rechecked by the second author. The interview transcripts were analyzed by qualitative content analysis in six steps (Graneheim & Lundman, 2004): (i) repeatedly listening to the tape-recorded group interviews; (ii) viewing and reviewing all the transcripts; (iii) highlighting the meaningful units; (iv) linking and comparing the data, distinguishing the differences and similarities between the different units; (v) continuing to develop a conceptual framework and associated attributes in order to achieve full clarification; and (vi) integrating the results in order to develop an exhaustive description of the phenomenon.

In order to increase the study's accuracy, the group transcripts were viewed and reviewed to identify any linkage between the themes in the data. In addition, the results and discoveries were shared with two participants in order to verify whether these findings appropriately reflected their experiences. Both agreed that the reports appropriately reflected the meanings that were conveyed in the transcripts and represented the difficulties that were experienced in their clinical teaching.

RESULTS

Through the data analysis, the experiences and interactions of the 54 participants in the five focus groups were integrated. This analysis generated five themes: (i) teaching outside one's area of expertise; (ii) building cooperative relationships with the clinical staff; (iii) the unit's use of the students as nursing staff; (iv) inappropriate clinical practices by the clinical staff; and (v) clinical staff members' negative comments toward the students.

Teaching outside one's area of expertise

In Taiwan, CNIs are encouraged to develop a second area of expertise in clinical teaching. In contrast, faculty members in some countries (e.g. the USA) are expected to teach only in their own area of clinical expertise (Commission on Collegiate Nursing Education, 2013). In order to achieve the goal of expanded expertise, CNIs in Taiwan may be asked to leave positions and settings in which they have worked for several years and be transferred to another area in which they have no experience. This policy might benefit the school in managing its workforce; however, it causes stress for CNIs because they must face a new clinical environment, build relationships with groups of clinical staff in new units, and work in an area with which they are unfamiliar. These factors cause CNIs to feel frustrated and worried regarding the potential negative effect on student learning. Several instructors shared their experiences:

> *I was unhappy at work because I had taught students in medical–surgical units for a long time, and was subsequently asked to teach students in the community unit, in which I didn't know how to demonstrate my professional knowledge and ability. I felt worthless* (c3).

> *To be a good clinical instructor, we also need to be familiar with, and make good use of, all the resources we can use for students in the teaching units. Frequent rotation is not good for clinical teaching* (c12, c25, c42).

Building cooperative relationships with the clinical staff

The CNIs are employed by nursing schools, but work in clinical units. According to the participants, building a positive and cooperative relationship with the clinical staff is crucial for clinical teaching and for surviving. The CNIs described their experiences:

> *A rich experience in clinical teaching takes time, so a new clinical instructor needs time to learn how to cooperate with the nursing staff, fit in the culture and working style of the unit* (c5, c26, c37, c48).

> *Teaching in the clinical units, I sometimes feel that I am living in another person's house. I teach and care for a group of students and I must maintain a positive relationship with the staff in the units. I hope everything goes smoothly* (c6, c52).

As a clinical instructor, we should have good communication and interaction with the clinical staff and manager to avoid misunderstanding and conflicts. Otherwise, the clinical staff and manager could perceive us as uncooperative (c7, c28, c36).

Another instructor described the benefits of good relationships with the clinical staff:

Sometimes, the clinical staff criticizes the students ... when a student does something wrong, the instructor could be questioned as to why they didn't teach the student better. A good relationship may be helpful in this situation (c2).

The instructors also try to establish a good relationship with the clinical staff by using strategies like expressing a friendly manner:

I would tell the clinical staff that there is no need to view me as a teacher and we are partners when working. I would provide help when she needs a hand, for example, I would tell her what she can incorporate when preparing patient education (c6).

Unit's use of the students as nursing staff

Several CNIs complained that the head nurse assigned the students a substantial amount of clinical work because of a lack of nursing staff. These CNIs believed that the students should not assume responsibilities to resolve the problem of nursing shortages on the unit. Students have their own learning goals in their clinical practice. One CNI shared her experience, saying:

The ward was extremely busy, with six-to-seven C-[Cesarean]sections at the same time. Students and the clinical instructor had to offer their help and were even delayed having their lunch. We are frequently treated as part of the workforce (c4).

Another CNI indicated that, although the clinical managers were aware of the shortage problems, they had no choice because they had no other nurse to take care of the patients. Some of the clinical managers and staff occasionally asked the CNIs and students to help the nursing staff when they were busy. In addition, the staff sometimes could be too busy working to supervise the students and the students could be distracted from the goals that were set for their clinical experience; for example, being forced to take on tasks that they were not prepared for:

I am teaching in a busy unit that is short of nursing staff. Some staff members' attitudes toward the students are not good. For example, they asked a student to perform perineal care for a patient and complained that student did not do well (c20).

Inappropriate clinical practices by the clinical staff

The CNIs also encountered situations in which the clinical nursing staff used inappropriate interventions or implemented them incorrectly, which could have a negative effect on students' learning. One CNI said:

Large hospitals typically have high-quality care, with methods and standards of nursing techniques similar to what is taught in our school. However, small hospitals can be different. I had an experience in which the nursing staff did something wrong and I told the student not to learn from her (c9).

In trying to maintain a positive relationship with the nursing staff, the CNIs could have difficulty in telling the students that the nursing staff carried out a task incorrectly and avoided instructing them in how to carry out the task correctly. They preferred to not correct the nursing staff in front of the students; instead, they tended to discuss the matter with the students without involving the nursing staff. One CNI remarked, "I also avoid confronting staff nurses. It's better to talk with students off the unit about the best approach" (c11).

Clinical staff members' negative comments to the students

The CNIs perceived that the clinical nursing staff occasionally could be unfriendly or even hostile toward the students. Although this was a rare occurrence, it might seriously affect students' learning. The CNIs observed:

Some nursing staff would criticize students, saying, "Teacher, I don't want this student to work with me, send her away …" (c12).

Sometimes, they would disagree with how a student performed nursing techniques and would act negatively toward the student (c18, c42).

In my experience, the nursing staff could not tolerate a student's slow performance and displayed a negative attitude toward the student (c20, c38)

Although the CNIs were aware of the negative impact on students' clinical learning, most of them tended to

comfort the students, but did not communicate with the clinical staff or the head nurse directly. Fearing damaging the relationship and not knowing how to communicate regarding such issues were their major concerns.

DISCUSSION

The findings of this study indicate that the CNIs in Taiwan encountered five challenges that must be overcome in order to function effectively in their clinical teaching roles. The findings cover some issues that are worthy of further discussion.

The participants in this study were experienced nurses in specific clinical practice areas, but they did not typically receive any training before teaching students in the clinical setting. A lack of training could negatively affect the effectiveness of a CNI (Volk *et al.*, 2013). Worse, often they were asked to teach students in clinical practice settings outside their area of expertise. Their comments revealed that they felt pressure in unfamiliar settings, similar to the findings of previous articles (Hewitt & Lewallen, 2010; Yamada & Ota, 2012). Evidence indicates that new CNIs need time to cope with their new role and familiarize themselves with a new environment and nursing staff (Hewitt & Lewallen). Furthermore, although schools of nursing sometimes provided mentoring programs to assist new faculty members in their role, the CNIs still felt unprepared to manage this role. New clinical faculty members might need more formal guidance, support, and orientation. For example, nursing school administrators could consider introducing new CNIs to the unit and staff in which the clinical rotation is to be conducted, providing a contact person to answer questions, and planning time for debriefing early in the new role (Clark, 2013; Hewitt & Lewallen, 2010). Institutional policies also should be reviewed during the orientation of new CNIs (Hewitt & Lewallen).

In line with the perspectives of Jetha *et al.* (2016), some CNIs in this study lacked a sense of belonging in the setting and spoke about their "visitor status." This explains the importance of building positive relationships, communication, and coordination between CNIs and the clinical unit staff, as reported by the participants in this study. From their perspective, building a positive and cooperative relationship with the clinical staff was crucial for effective clinical teaching and also for surviving.

Sometimes, the CNIs in this study chose to maintain a harmonious relationship with the clinical staff, even in the face of circumstances that could negatively impact students' learning. For example, the students occasionally would be required by the nurse managers and nursing staff to carry out additional duties in order to compensate for a lack of nursing staff or might witness inappropriate behaviors by the staff. Although the CNIs perceived that this kind of situation could negatively influence students' learning, they were uncertain about how to communicate with the nursing staff regarding these issues without negatively affecting their relationships.

These findings might be consistent with the identification of coordination as an essential role of CNIs in a Delphi survey of 48 nursing education professionals in Japan (Yamada & Ota, 2012). The participants perceived that a lack of preparation for the CNI role (Hewitt & Lewallen, 2010) led to the inability to communicate and address the dilemmas that they faced. Other studies also have highlighted the importance of receiving orientation, as well as on-the-job training, for effective CNI supervision of students in the clinical practice setting (Davidson & Rourke, 2012). These results highlight the need to address interpersonal skills in the training of new CNIs. Other strategies could be considered, such as developing a structured orientation and ongoing mentoring for CNIs and helping them to form strong collaborative relationships with clinical agencies (Hall & Chichester, 2014; Jetha *et al.*, 2016).

From a cultural perspective, CNIs' choice to maintain a harmonious relationship with the clinical staff could be an artifact of Chinese society, in which maintaining good relationships and "saving face" are more important than in Western societies (Friedman, Chi, & Liu, 2006). Westerners tend to appreciate honest and polite communication about differences, but this might not be true in some Asian cultures. In Chinese society, many traditional Chinese values, such as respect for authority, building trust, and community harmony, are pervasive. In addition, conflict avoidance leads to passivity and a lack of skill in persuasion and communication (Peng & Tjosvold, 2011).

CONCLUSION

The challenges that CNIs have encountered in their clinical teaching have been presented in this study, especially their need to build good relationships and maintain cooperation with the clinical staff, which sometimes leads to the dilemma of balancing quality clinical teaching with staff relationships. Although these findings are based on the system in Taiwan, it is suspected that the challenges that were identified in this study are shared by staff nurses who are teaching students in clinical settings in

other countries. In part, this has been borne out by the findings of other researchers, but further study in other countries and cultures is needed in order to establish the universality of these challenges. This study has contributed to the knowledge about the challenges that are faced by CNIs and is a stepping stone to further research. In the interim, it is recommended that Taiwanese nursing schools examine these and other findings to shape orientation programs for new CNIs in order to increase their effectiveness and to reduce their stress regarding clinical teaching. In particular, nursing schools can assist CNIs to develop the coping skills and psychosocial skills that are needed to manage the dilemmas that are typically encountered in clinical teaching.

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CONFLICTS OF INTEREST

The authors declare no conflict of interest.

AUTHOR CONTRIBUTIONS

C-I. Y. carried out the data collection and analysis and drafted the manuscript; S-Y. C. contributed to the concept and design of this study, interpreted the data, critically reviewed the manuscript, and supervised the whole study process. Both authors gave final approval of the manuscript.

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