The effect of clinical nursing instructors on student self-efficacy

Melodie Rowbotham[*], Rachel M. Owen [1]

Southern Illinois University of Edwardsville, 3331 Alumni Hall School of Nursing Southern Illinois University Edwardsville, Edwardsville, IL 62026, USA

ABSTRACT

Clinical practicum experiences for nursing students provides the students an opportunity to apply concepts learned in class, practice skills learned in lab, and interact with patients, families, and other nurses. Although students look forward to these experiences, they often feel intimated and anxious about them. Clinical instructors play an important role in this experience and can either help or hinder student learning and self-efficacy. Using Bandura's Social Learning Theory as foundation, this descriptive study examined the relationship between perceived instructor effectiveness and student self-efficacy. Data were collected from a BSN school of nursing at a Midwestern USA comprehensive masters university. The instruments used were the *Nursing Clinical Teacher Effectiveness Inventory* (*NCTEI*) and the *student self-efficacy* (*SSE*) questionnaire. Participants (n = 236) were from a traditional nursing program with 86% female and 14% male. Data was analyzed using Pearson's correlation and MANCOVA. Results indicated: Out of the five areas of attributes, one area showed significant (p < .01) difference between the lower and higher self-efficacy groups and with specific teacher behaviors within the Evaluation category. Students with high self-efficacy reported faculty who suggested ways to improve, identified strengths and weaknesses, observed frequently, communicated expectations, gives positive reinforcement ad corrects without belittling. This can help faculty develop behaviors that increases student learning and student self-efficacy.

Published by Elsevier Ltd.

Introduction

Clinical practicum experiences provides nursing students an opportunity to apply concepts learned in class, practice skills learned in lab, and interact with patients, families, and other nurses. Although students look forward to these experiences, they often feel intimated and anxious about them. During clinical practicum, stressful situations may arise, which can increase the students' anxiety level and may impede the students' learning ability (Elliot, 2002; Melincavge, 2011; Papastavrou et al., 2010; Sharif and Masoumi, 2005). Clinical instructors play an important role in this experience and can either help or hinder student learning and self-efficacy.

Self-efficacy is multidimensional and influences the cognitive and affective processes of students. Self is the identity of a person, while efficacy is defined as the power to produce an effect. It is also the conscious awareness of one's ability to be effective and to control actions (Zulkosky, 2009). Self-efficacy is the perceived beliefs of one's capability to produce a level of performance that exercises the influence over events affecting their lives (Bandura, 1994). Self-efficacy is the underlying principle of nursing education. However, there is limited research in the actual clinical setting and in regards to the relationship of the clinical faculty with student self-efficacy.

Clinical teaching in the United States typically consists of a nursing faculty accompanying six to ten students to a clinical site. The clinical site may be in the hospital, community or other facility where nurses may practice. The student usually attend clinical for fundamental nursing, medical surgical nursing, maternal newborn nursing, pediatrics, mental health and community. A clinical instructor or faculty member is one who teaches or is responsible for students at these sites.

Theoretical framework

Bandura's Social Learning Theory was the theoretical framework for this study. A person's self-efficacy helps determine how people feel, think, motivate and behave (Bandura, 1994). Self-efficacy is a

* Corresponding author. Tel.: +1 618 650 5319.
  E-mail addresses: mrowbot@siue.edu (M. Rowbotham), rowen@siue.edu (R.M. Owen).
  [1] Tel.: +1 618 650 5319.

central concept in social cognitive theory and is thought to facilitate actions and behaviors such as decision-making (Lauder et al., 2008). Learning can be affected by a student's perception of success or failure.

Self-efficacy influences a person's cognitive ability or the thinking process that is involved in obtaining, organizing, and using information (Bandura, 1994). A stronger perceived self-efficacy leads a person to set higher goals and increases commitment to obtaining that goal. In order for the student to succeed in the clinical setting, they need to be motivated. A person's self-efficacy contributes to their motivation in several ways: determines the goals they set; the effort they expend; how long they persevere; and their resilience to failures (Bandura, 1994). Motivation is essential for student success. In order for students' to keep motivated, they need to be able to cope with the stresses of clinical practicum.

In the clinical setting, students often encounter situations that can create stress and anxiety. Self-efficacy can shape the course of people's lives by impacting the environment and the activities they choose (Bandura, 1994). Those students with a higher sense of self-efficacy are more likely to choose challenging activities that would enhance their learning and increase their skills to be a nurse. Clinical faculty need to understand how self-efficacy can influence a student's performance, and how the clinical instructor in turn influences the student's self-efficacy. How a clinical instructor interacts and responds to students can either increase or decrease a students' belief in themselves to be successful. The purpose of this study was to examine the relationship between clinical instructors' behavior that help and hinder student self-efficacy within the clinical practicum.

Literature review

A literature review was conducted through Cumulative Index of Nursing and Allied Health Literature (CINHAL) electronic database. Key search words included: self-efficacy, clinical, undergraduate student and teachers. Only studies with the focus of clinical teaching were included for this study. In the past decade, numerous researchers have studied the perception students have of their clinical faculty. Identifying what students believe to be effective or ineffective instructors and what helps increase or impede learning is an essential component of understanding the role the clinical instructor plays in learning and on student self-efficacy. There is a lack of current literature addressing the effectiveness of the clinical instructor, student self-efficacy, and the interaction of these concepts.

Ineffective clinical instructor

Certain traits of the clinical instructor may impede learning in the clinical setting. The behavior the students disliked the most was personality characteristics of the clinical instructor, followed by interpersonal relationships, and then teaching abilities. The students' concluded that it was the instructors' attitude toward the students that was ineffective; more than the teachers' professional abilities (Tang et al., 2005). Prior work also revealed ineffective instructor was one who is not a good role model, is unable to direct them to literature to help them answer their questions, and failure to identify students' strengthens and weaknesses (Kotzabassaki et al., 1997; Mogan and Knox, 1987; Nehring, 1990). Researchers also found instructors who belittled, does not provide constructive feedback, or criticizes students in front of others were not perceived as effective.

Certain instructor characteristics heighten the students' anxiety level during clinical, such as, an impolite manner toward students,

difficult to communicate with, and treating students as irresponsible adults (Cook, 2005). These personality traits and attitudes may deter students' learning and may also influence student's self-efficacy.

Effective clinical instructor

The approach the instructor takes while in the clinical setting can also improve learning and decrease anxiety. The instructor who is more encouraging, inviting, shows respect, expresses pleasure in helping students, selects appropriate patient assignments, acts friendly and is trustful of students will lower students' anxiety levels (Cook, 2005). Along with the approach instructors take there are five areas of attributes that can influence student learning.

Students identified the most common attribute as being helpful to their learning was in the category of interpersonal relationship (Tang et al., 2005; Elcigil and Yildirim, 2008; Parsh, 2010; Nahas et al., 1999). Clinical instructors should be empathic, motivational, understanding, available, inviting, respectful, and increase student confidence (Cook, 2005; Elcigil and Yildirium, 2008; Gignac-Caille and Oermann, 2001; Kelly, 2007; Parsh, 2010; Wills, 1997). These traits help the instructors to be more approachable and the students are more likely to interact positively with them.

The second clinical instructor attribute to help improve learning in the clinical setting is evaluation. Evaluation is crucial to the student. The instructor needs to realize that providing positive feedback can inspire students to learn more, work together with other students, and develop critical thinking. When responding to questions from the students, the instructor needs to have direct and energetic responses (Elcigil and Yildirium, 2008; Gignac-Caille and Oermann, 2001; Lee et al., 2002; Parsh, 2010). Evaluation has also been identified as important in the development of student self-respect and self-confidence (Gignac-Caille and Oermann, 2001). Of the five areas of behaviors, Kotzabassaki et al. (1997) reported that evaluation was the least important behavior, but Viverais-Dresler and Kutschke (2000) found that nursing students thought it was the most important and that fairness and constructive feedback enhanced learning.

Another characteristic for an effective clinical instructor is the instructors' ability to teach. The instructors needs to guide the students to either the correct answer or where to find the answer (Elcigil and Yildirium, 2008; Parsh, 2010). The instructors also need to demonstrate new skills to the students and be able to coach students through the skill and encourage practice (Elcigil and Yildirium, 2008; Gignac-Caille and Oermann, 2001; Kelly, 2007; Kotzabassaki et al., 1997; Parsh, 2010).

The fourth clinical instructor attribute is competence. The instructor should be knowledgeable about the area of clinical rotation they are in, as well as being a role model for the students to look up to (Elcigil and Yildirium, 2008; Gignac-Caille and Oermann, 2001; Kelly, 2007; Lee et al., 2002; Nahas et al., 1999). Students need to be able to trust the instructor and know that the instructor is not giving them wrong information. Behavior is often learned through observation and modeling (Zulkosky, 2009). Modeling good skills, techniques and appropriate behavior by the clinical instructor is part of student learning.

The final clinical instructor attribute is personality. The instructor should be able to communicate well with students. The instructor should always have a smile, be positive, and always defend the student in time of a crisis (Kotzabassaki et al., 1997; Elcigil and Yildirium, 2008). The instructor should also display a love for teaching and enjoy sharing their experiences/mistakes they make with the students (Parsh, 2010). The interaction of the instructor and the enthusiasm shown for learning and the profession encourages students to feel the same.