



Explicating Filipino student nurses' preferences of clinical instructors' attributes: A conjoint analysis



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ABSTRACT

The role of clinical instructor in student nurses' preparation for the professional nursing practice cannot be underestimated. The extent to which such role is achieved depends highly on the instructors' ability to realize the desired qualities expected of them. While a number of empirical studies have qualitatively explored the attributes of an effective clinical instructor, no attempt has ventured yet on the power of experimental vignettes for conjoint analysis in explicating the preferences of a select group of Filipino student nurses relative to their clinical instructors' attributes. Junior and senior nursing students ($n = 227$), recruited from one of the comprehensive universities in the Philippines, were asked to sort out orthogonal cards generated by Sawtooth Software. As shown, the full-profile conjoint analysis was considerably fit for this study: Pearson's $R = 0.988$, ($p < 0.05$) and Kendall's $t = 0.944$, ($p < 0.05$). Results indicated that the student nurses are one in terms of their most preferred clinical instructor attribute, which was clinical teaching capacity (38.14%) followed by interpersonal relationship and caring behavior (33.17%). In regard to the clinical teaching capability, a clinical instructor who parallels clinical teaching skills with the students' understanding and experience (0.089) was the highest part-worth. As for the interpersonal relationship and caring behavior, the highest part-worth was a clinical instructor who respects a student nurse as an individual and cares about him/her as a person (0.114). Findings of this study can be a basis for clinical instructors as to which qualities to cultivate best to facilitate a first-rate clinical nursing instruction. Likewise, the results of this study can inform current practices of clinical instructors by making them aware of how they can nurture a pedagogical approach consistent with the student nurses' preferences.

1. Introduction

Clinical teaching's proverbial complexity requires constant learning and development of the clinical faculty (O' Mara et al., 2014). This is because clinical instructors have a pivotal role in integrating nursing students' theoretical knowledge and practical skills, (Nabolsi et al., 2012; Mamhidir et al., 2014) and facilitating clinical judgment and profession identity development (O' Mara et al., 2014). The clinical instructors' role in the student nurses' clinical learning cannot be underestimated (Nabolsi et al., 2012) for they shape nursing students to be 'fit for practice' and 'fit for purpose' (Ousey and Johnson, 2007). However, a recent study showed that the nursing faculty tends to focus on activities concerned on checking off completed tasks and quizzing students for memorized knowledge in lieu of guiding them in developing critical thinking with consideration to real life risks, situational factors and available resources that influence patient care and options (Ironside et al., 2014). A clinical instructor's failure in drawing a line that connects didactic learning and practical experiences can makes

students feel that their learning is fragmented, which can eventually result to reality shock (Hickey, 2010), academe rejection and dissatisfaction to nursing profession (Flood and Robinia, 2014). The quality of learning experience student nurses gain critically depends on the caliber of their clinical instructor. An ineffective facilitator of clinical teaching can lead to the production of half-baked nurses, resulting in substandard delivery of patient care.

In the last two decades of nursing education research, a growing interest and attention on the humanistic and holistic (Zakari et al., 2014) approach to teaching and learning (O' Mara et al., 2014) has been noted. There is apparent emphasis on the relevance of accustoming pedagogy to students' preferences (Hallin, 2014) and listening to students' opinion (O' Mara et al., 2014; Papathanasiou et al., 2014). This paper argues that student preferences in regard to clinical teaching should not be overlooked nor belittled. Notably, previous studies have highlighted various characteristics of clinical instructors based on student nurses' perspectives (Kelly, 2007; de Guzman et al., 2008; Elcigil and Sari, 2008; Hickey, 2010; Parsh, 2010; Heshmati-Nabavi and

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Vanaki, 2010; Hayajneh, 2011; Ingrassia, 2011; Ali, 2012; Valdez et al., 2012). However, no matter how extensive such studies were, no attempt has ventured yet on the use of conjoint analysis in explicating the preferences of student nurses relative to their clinical instructors' attributes, hence, this investigation. Historically, one of the designs that researchers espoused to capture preferences is conjoint analysis. It is a research design from market research that provides statistical examination of consumers' preferences (Hobbs, 1996). Through conjoint analysis the following hypotheses were tested:

H1. Filipino student nurses prefer a clinical instructor who parallels clinical teaching skills with students' understanding and experiences.

H2. Filipino student nurses prefer a clinical instructor who is proficient in theoretical knowledge and clinical skills.

H3. Filipino student nurses prefer a clinical instructor who provides constructive feedback and suggestion for improvement.

H4. Filipino student nurses prefer a clinical instructor who respects them as individuals and cares about them as persons.

Findings of this study can be a basis for clinical instructors as to which qualities to nurture best to facilitate a first-rate clinical nursing instruction. Likewise, results of this paper can inform current practices of clinical instructors as to how they can embrace a pedagogical approach consistent with the student nurses' preferences.

2. Method

2.1. Research Design

This study used conjoint analysis to identify the clinical instructor's attributes preferences of a select group of Filipino student nurses. Conjoint analysis is an analytical technique in market research that measures individuals' psychological judgments, such as preferences. Its governing concept is the presentation and rating of bundles of features in lieu of individual features (Beall and Pertulla, 1991). Besides marketing, Conjoint Analysis has been utilized in other disciplines, such as Hospitality Management (Baek et al., 2006; Millar and Baloglu, 2011; Ruetzler et al., 2012), Health Care (Beusterien et al., 2005; Gibson and Nelson, 2009; Hong et al., 2011) Human Resource Development (Gan et al., 2009), Education (Hornig, 2009; Nazari and Elahi, 2012), Ecological Economics (Arifin et al., 2009) and Energy Policy research (Luthi and Prassler, 2011; Kaufman et al., 2013), among others.

2.2. Study Site and Sample

This study was conducted in one of the comprehensive universities in the capital of Philippines and involved 227 student nurses enrolled in a College of Nursing that is recognized as a center of excellence in Nursing education in the country. The respondents were junior and senior student nurses who were exposed to different clinical settings and encountered various clinical instructors.

2.3. Data Measures

The attributes, together with its corresponding levels, have a total of 36 possible combinations. Through Sawtooth Software, an orthogonal array with thirteen (13) choice bundles, including the four (4) holdouts for reliability purposes, were generated. Each choice bundle was presented in cardboard cut-outs (see Fig. 1).

2.4. Data Collection and Ethical Consideration

Preliminarily, the study underwent ethical clearance from the Graduate School and from the College of Nursing of the university

where the study was conducted. Data gathering took place during the break time and dismissal of student nurses. Prior to data collection, respondents were asked to sign an informed consent and fill out a *robotfoto*. The identity of the participants remained confidential throughout the study. Balanced Incomplete Block Design or BIBD (Baek et al., 2006) was explained to the participants for data collection was carried out in this manner. The BIBD entailed ranking of the choice bundle in four categories: from the most preferred to the least preferred depending on the likelihood of choosing the clinical instructor's profiles presented to them (Baek et al., 2006). The process of BIBD was repeated within each category until all choice bundles were ranked from 1 to 13, with rank 1 as the most preferred.

3. Results

Table 1 shows the demographic profile of the respondents. Of the 227 respondents, 177 (77.97%) were female, 146 (64.32%) were senior nursing students who had a range of 11–20 clinical exposures (52.86%) and clinical instructors encountered (56.83%).

Table 2 depicts that the conjoint model performed for this study was considerably fit: Pearson's $R = 0.988$, ($p < 0.05$) and Kentall's $t = 0.944$, ($p < 0.05$). Results showed clinical teaching capacity as the most important attribute that Filipino nursing students considered in a clinical instructor (38.14%). This was followed by interpersonal relationship and caring behavior (33.17%), knowledge, expertise and professional qualifications (19.89%) and communication and feedback (8.81%).

With regard to the clinical teaching capability, a clinical instructor who parallels clinical teaching skills with the students' understanding and experience was of the highest part worth. As for the interpersonal relationship and caring behavior, the highest part worth was a clinical instructor who respects a student nurse as an individual and cares about him/her as a person. When it comes to knowledge, experience and professional qualifications, student nurses prefer a clinical instructor who is proficient in both theoretical knowledge and clinical skills. Further, it appears important for them that the clinical instructor demonstrates objectivity and fairness in evaluating clinical performance.

As Table 3 indicates, no significant differences were noted in the clinical instructor attributes preferences of the Filipino nursing students when grouped according to gender.

As Table 4 reflects, no significant differences were noted in the clinical instructor attributes preferences of the Filipino nursing students when grouped according to year level.

4. Discussion

Using preference-based conjoint analysis, this study explicated the clinical instructor attributes preferences of a select group of Filipino nursing students ($n = 227$). The results will be discussed according to hypotheses raised earlier in this paper.

With regard to the deliberated clinical instructor attributes preferences, clinical teaching capability showed the highest preference. This result is consistent with what Hou et al. (2010) found in their study of Chinese clinical nursing faculty competence inventory. Among its levels, a clinical instructor who parallels clinical teaching skills with student nurses' understanding and experience gained the highest part worth, thus supporting the first hypothesis (H1). Notably, student nurses see the clinical instructor as responsible for determining which clinical education model to utilize (Mamhidir et al., 2014) that can best fit the students' learning styles (Nabolsi et al., 2012). As Baldwin et al. (2014) claimed, there is more to clinical teaching than merely communicating theoretical knowledge because it is not just about what is taught but more importantly how it is taught (Griffiths et al., 2012). Clinical instructors' role remains crucial in stirring positive environment that can enhance student nurses' resilience and learning strategies

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