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Nurse educator confidence in clinical teaching in Vietnam: A cross-sectional study

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ABSTRACT

Background: There have been shortages of qualified nurses to teach nursing in Vietnam, leading to the involvement of physicians to undertake nurse educator roles for decades.

Aim: To explore (i) how Vietnamese clinical nurse educators are recruited for their roles, (ii) their perceived confidence in clinical teaching and (iii), the association between perceived confidence and nursing background.

Methods: Descriptive survey design was used to conduct the study. Cross-sectional surveys were used to collect data from 334 clinical nurse educators from 19 institutions in Vietnam.

Findings: Clinical nurse educators in Vietnam were recruited from three sources: (1) new Bachelor of Nursing graduates, (2) experienced nurses or nurse educators and (3) those who did not have a background in nursing (mostly physicians). Regardless of the professional background participants perceived their confidence in clinical teaching at moderate and high levels. Experienced nurses rated their confidence lower than all other groups, including those who did not have any clinical nursing experience prior to commencing the clinical educator role.

Discussions: The recruitment of non-nurses and nurses without experience as clinicians to undertake the role of nurse educator role does not appear to affect their confidence in clinical teaching. The professional backgrounds of these groups appear to be unique to Asian contexts and may provide insight into identified delays in the development of professional identity in nursing students.

Conclusions: This study has contributed important insights into the current situation surrounding nursing education in Vietnam. Recommendations are provided to inform future recruitment of clinical nurse educators.

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1. Introduction

In a practice discipline such as nursing, clinical practice experience for students is an essential component of every nursing curriculum. Through clinical placements, nursing students learn to integrate theoretical knowledge into the planning and implementation of patient care; develop therapeutic communication and psychomotor skills; practise ethical decision-making in clinical situations; socialise to the workplace environment; and function as a member of the healthcare team (McKenna, McCall, & Wray, 2010). The recruitment and preparation of qualified, confident and competent clinical nurse educators (CNEs) is essential to the quality

of clinical learning and ultimately the education of capable future nurses.

Research evidence has indicated that interpersonal skills, professional competence (also referred to as clinical credibility or clinical competence), teaching ability and personal traits are essential attributes of an effective CNE (Hou, Zhu, & Zheng, 2011). In many countries, clinical nursing experience has become an important prerequisite for the clinical teaching role and has been linked to enhanced clinical teaching skills. Nevertheless despite extensive clinical experience the transition to the clinical educator role is not free of challenge due mainly to the complexity of the role, competing demands placed upon CNEs and a sense of under-preparedness reported by many (Cangelosi, Crocker, & Sorrell, 2009; Clark, 2013; Janzen, 2010; Ramage, 2004). Role transition is said to go through in common phases: disorientation; neutral zone – initiative taking to gain knowledge, network and confidence; and developing educational persona (Cangelosi et al., 2009; Clark, 2013; Janzen, 2010).

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Summary of relevance

Problem

- Little is known about clinical nursing education in Vietnam, particularly about the clinical nurse educator role. The effect of professional background on the role confidence of clinical nurse educators is hitherto unknown.

What is already known?

- A critical shortage of qualified nurses to teach nursing has led to employment of non-nurses in educator roles and medically focussed curricula that may delay the process of professionalisation in Vietnam.

What this paper adds?

- The involvement of clinical educators with a non-nursing background or limited understanding of the discipline is potentially detrimental to the development of students' professional identity.

A longitudinal study of Ramage (2004) found that this transition may take from three to seven years and can affect confidence in the role. Diminished confidence or lack of competence as a CNE may affect the experiences and outcomes of nursing students. Given that the transition experience of those who have knowledge, skills and experience in nursing is prolonged and challenging, it seems likely that those recruited from non-nursing backgrounds or new graduates from the Bachelor of Nursing course may also experience difficulties developing their confidence in the clinical educator role. The development of confidence and competence in clinical teaching has not been widely explored. The influence of practice background to the development of confidence and competence has also not been explored particularly in countries striving to professionalise nursing such as Vietnam.

2. Literature review

The current picture of nursing in Vietnam is characterised by three main factors. Firstly, the presence of multiple levels of undergraduate education, compounded by the absence of a licensing mechanism, has affected the recognition of nursing as a profession (Harvey, Calleja, & Phan Thi, 2013). Currently, there are four levels of nursing undergraduate education in Vietnam: primary, secondary, collegial and bachelor. The length of these programs is one, two to two and half, three and four years respectively. The entry requirement for the primary program is the completion of grade nine as opposed to other three programs that require completion of high school (year 12) and success in the National Entry University/College Examination.

It is estimated that only approximately 14% of the nursing workforce hold Collegiate/Bachelor of Nursing qualifications and above (World Health Organisation [WHO], 2013). The recent introduction of registration for nurses has yet to be fully implemented and is not yet considered to be thorough or effective. It appears that graduates from all the programs described above are still able to perform the same duties and work mostly interchangeably. According to Harvey et al. (2013), there is no publicly perceived distinction in the scope of practice of nurses regardless of the educational program undertaken, and this may contribute to the variation in quality of patient care observed in Vietnam. Moreover, nursing curricula have been primarily based on the medical model and mainly delivered by physicians, due to a critical shortage of qualified nurses to teach nursing students (Jones, O'Toole, Nguyen, Tran, & Pham, 2000).

Attempts have been made in Vietnam to shift the focus of nursing curricula from a medical focus to one that emphasises nursing theory and nursing science in the last decade. It seems that this goal is yet to be achieved as there remains a continued reliance on medical practitioners, other health disciplines and new graduates from Bachelor of Nursing degrees who lack clinical nursing experience, to fill nurse educator roles.

Given the importance of clinical education to the development of competence and professionalism in nursing students the role of clinical educator is of paramount importance. The aim of the study was therefore to describe (i) how Vietnamese CNEs are recruited for their roles, (ii) their perceived confidence in clinical teaching and (iii) the association between perceived confidence and nursing background.

3. Methods

3.1. Study design

Descriptive survey research was used in this study. Data were collected using cross-sectional surveys via web-based and paper-based modes.

3.2. Participants and settings

Nurse educators in Vietnam who were employed by a university or a college and engaged in clinical teaching of bachelor and/or collegiate nursing students in hospital settings were recruited for this study. Only those CNEs teaching in the areas of fundamental, medical and/or surgical nursing were chosen. CNEs who did not meet the above criteria or were teaching in clinical psychiatry, emergency or end-of-life care were excluded to ensure homogeneity.

Permission to conduct research was granted at nineteen colleges and universities in Vietnam where nursing programs are provided at collegiate and/or bachelor levels. It was estimated that there were appropriately 428 CNEs employed in these 19 institutions. Data collection took place from 01/2015 to 03/2015. After three follow-ups at every institution, 343 (94.5%) paper-based and 13 (5.5%) web-based surveys were returned, contributing to an estimated response rate of 83.2%. After data cleaning, the number of valid cases was 334.

3.3. Ethical considerations

Ethics approval was granted by the Human Ethics Advisory Group – Faculty of Health (DU HEAG-H 103.2014).

3.4. Measurement

The surveys contained two parts. Part A included questions about demographic and background information, recruitment methods and preparation methods provided to CNEs for their role delivery. Part B of the survey contained the content of the Clinical Nurse Educator Skill Acquisition Assessment tool (CNESAA). This instrument was developed from the platform of the Nurse Educator Skill Acquisition by Ramsburg and Childress (2012). The psychometric properties of the CNESAA were developed and validated in the Vietnamese setting (Nguyen, Forbes, Mohebbi, & Duke, in press). Using rigorous procedures, the CNESAA has been established with high internal consistency, and face, content, and convergent validity. The CNESAA comprised 24 Likert-scale items and five domains: (1) *Enhancing student learning*, (2) *Relating theory and practice*, (3) *Engaging in scholarship*, (4) *Functioning as a leader* and (5) *Participating in professional development*. The outcome variable is CNE perceived confidence determined by the total score of all 24 items.

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