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Basic student nurse perceptions about clinical instructor caring



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ABSTRACT

Background: Caring is the core of nursing and should be cultivated in student nurses. However, there are serious concerns about the caring concern in the clinical environment and in nursing education. Clinical instructors are ideally positioned to care for student nurses so that they in turn, can learn to care for their patients.

Methods: A descriptive, comparative, cross-sectional and correlational quantitative research design with convenience sampling was conducted to describe the perceptions of junior student nurses (n = 148) and senior student nurses (n = 168) regarding clinical instructor caring. A structured self administered questionnaire using the Nursing Student Perceptions of Instructor Caring (NSPIC) (Wade & Kasper, 2006) was used. Descriptive statistics and hypotheses testing using parametric and non parametric methods were conducted. The reliability of the NSPIC was determined.

Results: Respondents had a positive perception of their clinical instructors' caring. No relationship could be found between the course the respondents were registered for, the frequency of contact with a clinical instructor, the ages of the respondents and their perceptions of clinical instructor caring. The NSPIC was found to be reliable if one item each from two of the subscales were omitted.

Conclusions: Student nurses perceived most strongly that a caring clinical instructor made them feel confident, specifically when he/she showed genuine interest in the patients and their care, and when he/she made them feel that they could be successful.

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1. Background

The purpose of this article is to describe the findings of a study on the perceptions of student nurses enrolled at a private nursing education institution in South Africa about clinical

instructor caring. The carative factors, as described by Watson (1979, p. 9), were used as the theoretical framework for the study. Caring is a core value in nursing practice, and therefore a desired attribute in student nurses (Mlinar, 2010, p. 491). Caring for students during their nursing education is important, as this is where student nurses are able to learn about

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the essence of their profession (Begum & Slavin, 2012, p. 332). It enables them to form their own values as they progress in their nursing programme and later enter the profession (McEnroe-Petitte, 2014, p. 6). Clinical instructors are in an ideal position to care for student nurses and should be chosen carefully, to demonstrate the values of care and caring (Fassetta, 2011, p. 89). Their influence is likely to be particularly powerful in the development of the moral nature of nursing practice (King, Jackson, Gallagher, Wainwright, & Lindsay, 2009, p. 142).

Student nurses describe caring clinical instructors as those who express interest in their wellbeing and learning, provide personalised attention and guidance, and who are flexible in response to unexpected events. They respectfully share information with student nurses and develop an appreciation of life's meaning in them. Caring clinical instructors are also encouraging, listen to student nurses and provide them with tangible support. Such clinical instructors are kind and respectful to student nurses but are also able to set limits (Begum & Slavin, 2012, pp. 334–335; Hall, 2010, p. 57; Nelson, 2011, p. 180; Roe, 2009, p. 211 & 237). Student nurses require being positively regarded and want to be allowed to live their personalities and compassion. They want clinical instructors to honour their learning processes and would like to be creative. When a clinical instructor has passion for her/his subject, it is contagious, and student nurses find it easy to learn (Elcigil & Sari, 2008, p. 121; Hill, 2014, p. 63; Sandvik, Eriksson, & Hilli, 2014, pp. 289–290). Student nurses have a strong desire to need to know their own progress. They need to receive immediate feedback on their position in relation to their knowledge and skills, to ascertain where they stand, and whether or not they live up to the work-life expectations. A lack of feedback is considered to be a mental strain for student nurses (Maxwell, Black, & Baillie, 2015, p. 40; Tiwaken, Caranto, & David, 2015, p. 70).

Student nurses experience high levels of stress, due to rigorous academic and emotional demands when they begin to take responsibility for patient care. That stress decreases student nurses' ability to think critically and impacts on their experiences while involved in a nursing programme. It may also later impact on their lives and journeys as registered nurses (Roe, 2009, p. 211). Stress is perceived as a challenge when student nurses have a relationship of care with their clinical instructors, when clinical instructors model effective communication, when they inform the registered nurses about student nurse skills levels, and, when they set realistic goals for clinical experiences. Student nurses are then less anxious and more satisfied with their programmes (Begum & Slavin, 2012, p. 334; Hall, 2010, p. 57; Nelson, 2011, p. 180; Reeve, Shumaker, Yearwood, Crowell, & Riley, 2013, p. 423; Roe, 2009, p. 237). Poor relationships between student nurses and clinical instructors are a source of stress and could result in them losing interest in learning. Creating and establishing a clinical instructor-initiated caring transaction, linked to taught self-care interventions, has the potential to reduce their anxiety while enhancing learning outcomes and critical thinking. The caring transaction is a vehicle for clinical instructors to assist student nurses to find meaning in the anxiety, and guide them to engage in self-care, using the practice of mindfulness and reflection. Student nurses have

multiple emotional needs. These are varied and personal in nature. It is essential that clinical instructors ensure that time is provided to focus on emotional needs (Hutchinson & Goodin, 2013, pp. 22–23; Tiwaken et al., 2015, p. 70).

Student nurses who perceive their instructors as caring also perceive themselves to be caring (Labrague, McEnroe-Petitte, Papathanasiou, Edet, & Arulappan, 2015, p. 344), and report increased self-confidence (Nelson, 2011, p. 172; Roe, 2009, p. 259). Caring clinical instructor interaction with student nurses in the clinical environment causes them to perceive this environment as stimulating, and a challenge. Being cared for strengthens their ability to cope with sources of stress. Student nurses who feel cared for and valued are empowered to be confident in their clinical practice (Roe, 2009, p. 254). Striving towards supporting student nurses in their learning, ensuring that they feel included, and treating them with respect should be fundamental to any clinical environment. Failure of nursing as a profession to acknowledge the importance of student nurse empowerment carries risks. There is a chance that it will produce nurses who are ill-equipped to fully support those in their care (Begum & Slavin, 2012, p. 335; Bradbury-Jones, Sambrook, & Irvine, 2011, p. 371).

Exposure to the process of nursing education seems to reduce the capacity for expressive care in student nurses (Murphy, Jones, Edwards, James, & Mayer, 2009, p. 263). The high enthusiasm and belief in the ability to care may result in higher perceptions of caring in junior student nurses. By the time they reach their final year, their initial beliefs about entering the nurse–patient relationship may be tempered with realism about the complexities of this relationship. The stress of nursing school, the foreign and fast-paced clinical environment, or other distractions affect the ability of student nurses to form deeper perceptions of the patient context that should ultimately result in high empathy levels (Lovan & Wilson, 2012, p. 30). Uncaring practice leaves student nurses feeling vulnerable, uncertain and at risk of abandoning their compassionate practice ideals and behaviours. When the culture in clinical practice is incompatible with student nurses' ethical ideals, they may lack the courage to openly stand up for their values, coping by caring when alone with the patients, or by compromising their ethical ideals. Their moral sensitivity or inner voice is at risk of being suppressed, leading to inhibited ethical formation, thereby hindering ethical decision making according to the core values of nursing (Curtis, 2014, p. 219; Pedersen & Sivonen, 2012, p. 846).

Knowledge about student nurses' perceptions of clinical instructor caring can assist clinical instructors to improve their performance by developing appropriate caring behaviours (Madhavanprabhakaran, Shukri, Hayudini, & Narayanan, 2013, p. 43). It can also be used for decision making and development of clinical nursing instructor training, to measure quality in nursing education, and to inform nursing education curricula and programme content (Letzkus, 2005, p. 4).

2. Problem statement

An ethic of caring in South African nursing is entrenched in the Nursing Act (33 of 2005), the code of ethics for nursing

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