

2020

## Exploring Staff Nurse Interactions in Their Role as Student Nurse Educators

Jennifer Nafarrete  
*Walden University*

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>



Part of the [Nursing Commons](#)

---

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact [ScholarWorks@waldenu.edu](mailto:ScholarWorks@waldenu.edu).

# Walden University

College of Education

This is to certify that the doctoral study by  
Jennifer Nafarrete  
has been found to be complete and satisfactory in all respects,  
and that any and all revisions required by  
the review committee have been made.

## Review Committee

Dr. Maureen Walsh, Committee Chairperson, Education Faculty

Dr. Richard Hammett, Committee Member, Education Faculty

Dr. Laura Siaya, University Reviewer, Education Faculty

Chief Academic Officer and Provost

Sue Subocz, Ph.D.

Walden University

2020

Abstract

Exploring Staff Nurse Interactions in Their Role as Student Nurse Educators

by

Jennifer Nafarrete

MSN, University of Phoenix, 2009

BSN, University of Hawaii, 1994

Project Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

APA 6<sup>th</sup> Edition

Walden University

October 2020

## Abstract

The majority of nurse education occurs in academic settings, but up to 40% can occur in hospital settings. Nurse education programs rely on the staff nurses who work in the hospitals to serve as student nurse educators and fulfill the clinical education requirement of their academic programs. The problem for this study is that staff nurses in their role as student nurse educators often have negative interactions with student nurses that do not promote learning in the clinical setting. The purpose of this qualitative study was to better understand how student nurse educator interactions with student nurses are positively influenced so that research-derived recommendations could be made to enhance student nurse professional development in the clinical setting. Using the community of practice model developed by Wenger as a conceptual framework, a basic qualitative design explored ten staff nurse interactions in their role as student nurse educators. Research questions asked participants to describe the role the members of the nurse education community play in creating positive student nurse educator and student nurse working relationships. Thematic analysis through open coding revealed that while participants acknowledged their responsibilities in the clinical setting, few had undergone hospital based training to mentor student nurses. Participants indicated that an active presence of the clinical instructor and additional demonstrations of student nurse readiness for effective clinical education may enhance learning. My project recommendations include clinical instructor professional development to better prepare clinical instructors to increase their active presence and to increase student nurse preparation for professional interactions in the clinical setting. Improving clinical interactions could increase positive social change by enhancing the quality of nurse education in hospital settings.

Exploring Staff Nurse Interactions in Their Role as Student Nurse Educators

by

Jennifer Nafarrete

MSN, University of Phoenix, 2009

BSN, University of Hawaii, 1994

Project Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Walden University

October 2020

## Table of Contents

Section 1: The Problem.....	1
The Local Problem.....	1
Rationale .....	5
Definition of Terms.....	6
Significance of the Study .....	9
Research Questions.....	9
Review of the Literature .....	10
Conceptual Framework.....	11
Importance of Clinical Education .....	12
Student Perspective.....	13
Staff Nurse Perspective.....	14
Clinical Learning Environment.....	15
Sense of Community.....	16
Possible Interventions to Improve Clinical Education.....	16
Implications.....	19
Summary .....	19
Section 2: The Methodology.....	21
Research Design and Approach.....	21
Participants.....	25
Data Collection .....	27

Data Analysis .....	29
Discrepant Cases .....	31
Limitations .....	31
Data Analysis Results .....	32
Research Question 1 .....	33
Research Question 2 .....	39
Evidence of Trustworthiness.....	46
Project as an Outcome of Results .....	48
Section 3: The Project.....	50
Brief Description of the Project .....	50
Rationale and Recommendation .....	51
Review of Literature .....	52
Importance of Professional Development for Clinical Instructors .....	52
Teaching and Learning Strategies for Clinical Instructors .....	53
Professional Development Course Content .....	54
Project Description.....	56
Day 1: Clinical Instructor Efficacy .....	56
Day 2: Student Nurse Preparedness Training .....	59
Day 3: Engagement in Community of Practice .....	60
Project Evaluation.....	62
Project Implications .....	63

Section 4: Reflections and Conclusions.....	64
Project Strength and Limitations .....	65
Recommendations for Alternative Approaches .....	67
Scholarship, Project Development, and Leadership and Change .....	67
Scholarship.....	68
Project Development.....	70
Leadership and Change.....	72
Reflection on Importance of the Work .....	73
Implications, Applications, and Directions for Future Research Implications.....	73
Applications .....	74
Directions for Future Research .....	75
Conclusion .....	76
References.....	77
Appendix A: The Project .....	90
Appendix B: Interview Plan.....	110
Appendix C: Participants .....	111
Appendix D: Letter of Consent.....	112



## Section 1: The Problem

### **The Local Problem**

The National Council of State Boards of Nursing (NCSBN) mandates student nurses have sufficient clinical contact with actual patients as a quality indicator for a successful nursing program (Spector, 2019). Two major accrediting bodies, the National League for Nursing (NLN) and the Commission on Collegiate Nursing Education (CCNE), require student clinical experiences that reflect current best practices (Spector, 2019). For these clinical experiences, clinical nurse instructors assign students in various healthcare settings to shadow staff nurses as they provide direct patient care. Staff nurses become student nurse educators while sharing their expertise and clinical knowledge with the students in a hospital setting (Nielsen, Lasater, & Stock, 2016). The state board of nursing in the local setting requires a minimum of 40% of nurse education be done in this type of clinical environment (Bowling, Cooper, Kellish, Kubin, & Smith, 2018). Further investigation into staff nurse interactions with members of the nurse education community as student nurse educators could have positive social change implications by improving the quality of nurse education in hospital settings.

The Bachelor of Science in Nursing (BSN) program at a private university in a Western state of the United States relies on staff nurses in hospital settings to provide the real world, hands-on clinical experience through social and professional interactions. The community of practice model identifies these interactions as an integral aspect of an effective learning environment in nursing education (Wenger, 1998). Student nurses who feel welcomed and supported by staff nurses when they are completing their clinical

practice hours tend to perform better in professional settings (Webster, Bowron, Matthew-Maich, & Patterson, 2016). Staff nurses who are enthusiastic about working with student nurses may enhance knowledge transfer in clinical settings (Barkimer, 2016). Student nurses gain experience and have more positive clinical learning outcomes when working alongside a staff nurse who enjoy working with students and wants to be part of the clinical learning experience (Barkimer, 2016; Matthew-Maich et al., 2015). More exploration of the role that various members of the nurse education community play in staff nurse interactions could reveal potential interventions that enhance learning in clinical settings.

The problem for this study is that the student nurse educator and student nurse often have negative interactions that do not promote learning in the clinical setting. One hospital director recognized the need to improve staff nurse attitudes toward teaching student nurses in clinical settings by encouraging nurses to accept education as a part of their professional role (Hospital Director, personal communication, May 2, 2018). A clinical instructor who takes student nurses to hospitals in the local setting reported that she had students who have experienced staff nurses' negative attitudes in clinical training (Clinical Instructor, personal communication, May 3, 2018). Clinical instructors in the local academic setting are challenged to create a positive learning environment for nursing students to offset the negative interactions expressed by staff nurses who serve as student nurse educators in hospital settings (Clinical Instructor, personal communication, May 2, 2018).

All student nurses are required to complete clinical education in patient care settings where they are supervised by experienced registered nurses, referred to in this study as staff nurses (Bowling et al., 2018). Due to increased patient-to-nurse ratios in hospital settings, staff nurses are often mandated to supervise multiple students, which can create impede learning and could lead to less than optimal clinical learning environments (Chang, Lee, & Mills, 2017). Unlike nurse preceptors who receive professional development on best practices in education, staff nurses may not have volunteered to be student nurse educators (Morrison & Brennaman, 2016). Student nurse skill development suffered from poor communication and lack of rapport from staff nurses unwilling to teach student nurses (Allen & Molloy, 2017). As all members of the nurse education community are stakeholders in the professional development of new nurses, more insight into the interprofessional relationships could reveal best practices to support staff nurses in their role as student nurse educators.

Potential causes of staff nurse complaints as student nurse educators include compensation as staff nurses who are encouraged by nursing unit managers to work with student nurses are rarely paid for the extra work of monitoring and mentoring student nurses (Barber, Dague, McLaughlin, Mullen, & Scott, 2017; Courtney-Pratt, Pich, Levett-Jones, & Moxey, 2017). Unpaid excess work can lead to staff nurse burnout, and the issue exists in many nurse education settings in the United States (Barber et al., 2017; Courtney-Pratt et al., 2017). Staff nurses' negative interactions as student nurse educators are evidenced in the local setting (Clinical Instructor, personal communication, May 3, 2018). Staff nurses may not only be unfriendly to student nurses, but some may ignore

them or even be hostile to students (Chang et al., 2017; Clinical Instructor, personal communication, May 3, 2018). Hostility from staff nurses towards the students during a hospital shift adversely affects student nurses in the clinical learning environment. Knowledge transfer and student nurse skill development can be negatively affected by the attitudes of the dissatisfied staff nurses with whom student nurses work during their practicum education experiences (Allen & Molloy, 2017).

Staff nurse negative interactions in their role as student nurse educators has also surfaced through reports by student nurses who described feeling disliked by the staff nurses who served as student nurse educators in hospital settings (Student Nurse, personal communication, April 28, 2018; Thomson, Docherty, & Duffy, 2017). Clinical instructors and nursing faculty in the local setting have met with staff nurses and discussed how important it is for students to work alongside them to enhance skill development in a clinical environment (Clinical Instructor, personal communication, May 3, 2018). However, some staff nurses in the local hospital setting continue to have negative experiences when working with student nurses who report that they feel unwelcome in the hospital setting (Clinical Instructor, personal communication, May 3, 2018; Student Nurse, personal communication, April 28, 2018).

Factors that contribute to negative experiences of staff nurses as student nurse educators includes a lack of understanding of their role as educator for student nurses (Thomson et al., 2017), as well as the need to better appreciate the value of practicum experiences in nursing education (Allen & Molloy, 2017). Ignoring the problem of student nurse educator and student nurse negative interactions could exacerbate the nurse

shortage by discouraging otherwise qualified candidates from completing their nurse education programs and becoming licensed nurses (Courtney-Pratt et al., 2017). Patient care could be affected by the unhealthy interpersonal interactions between staff nurses and student nurses in the hospital setting (Shasavari, Yekta, Houser, & Ghiyasvandian, 2013).

### **Rationale**

Negative interactions between student nurse educators and members of the nurse education community is a phenomenon that I have witnessed first-hand as a clinical instructor. As a nurse education faculty member, I am dedicated to improving the quality of education that student nurses receive in the hospitals where they are placed. I have witnessed negative interactions in the clinical education setting. Knowledge transfer requires trust between the teacher and learner (Levin & Cross, 2004); staff nurse interactions in hospital settings profoundly affect student nurse learning. There may be processes that could be adjusted to allow for better preparation of student nurses and engagement by the clinical instructors.

In this investigation, exploring the potential use of a community of practice model that emphasizes positive social interactions as an important aspect of the creation of effective learning environments (Wenger, 1998) may prove useful in improving the staff nurse interactions as student nurse educators. Student nurses rely on the knowledge, expertise, communication, and rapport with the experienced staff nurses in hospitals as an important element of their nursing education experiences (Brown, Williams, & Lynch, 2013; Cleary, Happell, Lau, & Mackey, 2013; Henderson & Eaton, 2013). By providing

professional development training, the clinical nurse educational component for student nurses could improve learning and increase positive social change.

According to clinical instructors, hospital administrators, and student nurses, staff nurses in the local setting often describe negative interactions in their role as student nurse educators (Clinical Instructor, personal communication, May 3, 2018; Hospital Director, personal communication, May 2, 2018; Student Nurse, personal communication, April 28, 2018;). The purpose of this qualitative study was to better understand how student educator interactions with student nurses are positively influenced so that research derived recommendations could be made to enhance student nurse professional development in the clinical setting. Members of the nurse education community, such as local university educators, administrators, and clinical instructors, may gain additional insights regarding how to improve student nurse educators' interactions in educating student nurses. By increasing staff self-efficacy, student self-advocacy, and clinical nurse educator facilitation of the process, a reduction in staff nurse instructional load and increase in student nurse applied knowledge may be accomplished by scaffolding expectations and providing each member with role-specific intraprofessional communication professional development.

### **Definition of Terms**

*Clinical Instructors:* Clinical instructors, sometimes called clinical facilitators or clinical teachers, are academic instructors who are university based registered nurses. Clinical instructors are university employees who bring student nurses from their academic programs to the hospital. Clinical instructors are responsible for coordinating

and evaluating student nurse learning experiences for the day (DeMeester, 2016; Helminen, Coco, Johnson, Turunen, & Tossavainen, 2016; Needham, McMurray, & Shaban, 2016).

*Clinical Setting:* The direct patient care environment where student nurses gain technical, hands-on learning while working directly with a staff nurse in a hospital setting (Bowling et al., 2018). For the purpose of my study, the clinical setting involves student-nurse training that occurs in local area hospitals with real, not simulated, patients.

*Community of Practice:* This conceptual framework focuses on the social aspect of learning involving any person or organization responsible for the education of student nurses (Martin, 2016; Wenger, 1998). For the purpose of my study, the community of practice is comprised of all the academic and staff nurses who are directly involved in nurse education. In this research project, therefore, the community of practice primarily refers to clinical instructors, student nurses, and staff nurses.

*Faculty:* University faculty who act as mentors and liaisons for the clinical instructors (DeMeester, 2016). In the context of my study, these individuals have experienced academic preparation for their roles as nurse educators and are responsible for assessment of professional knowledge through lectures, examination, and other assessment methods.

*Preceptors:* Preceptors, sometimes called mentors, are staff nurses who supervise, educate, and assess one student nurse over an entire school term during their normal shift work (Helminen et al., 2016; Morrison & Brennaman, 2016). In the local context, they are often compensated for committing to having a student shadow them for multiple

shifts. Preceptors are typically given training by the hospital facility at which they are employed and are expected to provide assessment and feedback of student nurses (Foy, Carlson, & White, 2013).

*Staff Nurses:* Employees of cooperating local hospital settings, staff nurses are tasked with direct patient care. In addition, while working their shift, staff nurses may also be asked to supervise and educate student nurses as student nurse educators for the day (Needham et al., 2016). In my study, these individuals directly mentor a student nurse, yet they are not tasked with a formal assessment of the students. Unlike preceptors, staff nurses do not volunteer or sign-up to take student nurses, and staff nurses are not compensated for their work with student nurses. Some staff nurses do not receive training in advance of serving as a nurse-educator in the hospital setting (Needham et al., 2016).

*Student Nurse Educators:* In my study, this term identifies the role that staff nurses assume when working with a student nurse during their shift in a hospital setting. Staff nurses assume the role of student nurse educator when supervising and educating one or more student nurses during their hospital shift. Staff nurses adopt several roles as patient care providers, patient and family educators, interdisciplinary liaisons, policymakers, and nurse educators (Harvey et al., 2018). The term student nurse educators is the role a staff nurses undertakes that adds the additional responsibility of educating a student nurse during their shift at the hospital.

*Student Nurses:* Student nurses are prelicensed, college students currently enrolled in a BSN program. Student nurses are brought to the hospital setting to work with a staff



nurse who serves as a student nurse educator in a clinical setting (Rebeiro, Edward, Chapman, & Evans, 2015).

### **Significance of the Study**

Through this project study, I will attempt to contribute to the understanding of clinical interactions of staff nurses in their role as student nurse educators. I asked staff nurses about their role as student nurse educators, their interactions as student nurse educators, and what affects their ability to be effective student nurse educators. It is my hope that the results of the study will be used to inform interventions to promote collaboration between the academic community and health care community. Academic leaders in the nursing education program of the university chosen for this study may benefit from research-driven recommendations that could improve the collaborative relationship between the university and the hospital. Student nurses, staff nurses, and related university educators may also benefit from this study by developing a better understanding of the importance of the sense of community in clinical practice. This study may enact positive social change through fostering this collaboration as an effective approach to improving the educational experience of the student nurse educator and hence the learning experience of students.

### **Research Questions**

This study focused on the interactions of staff nurses in their role as student nurse educators in clinical settings. Because 40% of nurse education takes place in clinical settings (Bowling et al., 2018), exploring the interactions of staff nurses conducting direct instruction with student nurses regarding patient care are essential. Looking for additional

insights about student nurse educators' experiences could improve student nurse professional development in clinical settings. To explore staff nurse interactions as student nurse educators in a setting, the two following questions guided the study:

RQ1: How do student nurse educators perceive their professional practice experiences and beliefs in shaping their interactions with student nurses in the clinical setting?

RQ2: What role do the members of the nurse education community play in creating positive student nurse educator and student nurse working relationships?

### **Review of the Literature**

I conducted a literature search from several databases including CINAHL, Cochrane, Ebsco, ERIC, Health Science in ProQuest, Medline, PubMed, Ovid, ScienceDirect, and Wiley, provided by Walden University library and Google Scholar. Key terms used throughout the search included *case study*, *clinical*, *clinical education*, *clinical environment*, *clinical hospital*, *clinical learning*, *community of practice*, *education*, *educator*, *qualitative*, *student*, *nurse*, *nurse mentors*, *nurse preceptor*, *nursing student*, *self-efficacy*, *student-centered learning*, *student mentor attitude*, *student nurse*, and *student nurse experience*. I searched *clinical environment*, *educator student clinical*, *nurse preceptor clinical*, *student mentor attitude*, *student nurse*, *student nurse and clinical* in CINAHL. I searched *case study*, *clinical education*, *community of practice*, *qualitative case study*, and *self-efficacy theory* in Ebsco; *student nurse clinical* in ERIC; *constructivism*, *nurse preceptor*, and *student-centered learning* in Ovid; *clinical education*, *clinical student*, *student nurse*, and *student nurse mentors* in ScienceDirect;

*nurse mentors* in Medline; *clinical education, qualitative nurse* in Wiley; *clinical nurse* and *student nurse clinical* in Proquest; and *qualitative research* in Google scholar.

### **Conceptual Framework**

This project study is grounded by Wenger's (1998, 2001) community of practice model (COPM), a theory that identifies social engagement as an important aspect of learning. This model provided the framework for this study because it established importance of positive social relationships to create an effective community of practice. Learning is accomplished through a complex relationship between a novice and an expert, through a series of relational and social interactions (Lewis & Kelly, 2018). Wenger (1998) noted that even if there is a structure and procedure in place, a functional community is not guaranteed. An established clinical nurse education process does not always provide a positive community of practice (Woods, Cashin, & Stockhausen, 2016).

There must be positive social engagement for maximum learning to take place (Wenger, 2001). Staff nurses are powerful influences in the professional development of their protégés (Woods et al., 2016). Student nurses' decision making is often influenced more by relationships than knowledge (Krautscheid, Luebbering, & Krautscheid, 2017). Sometimes staff nurses are not aware that their casual interactions have a long-lasting effect on the students' socialization into the profession (Hanson, MacLeod, & Schiller, 2018). The COPM recognizes the social relationship as a significant factor in the learning process and practice development in clinical education (Martin, 2016). Through this study I seek to improve the community of practice in nurse education by learning about the interactions of staff nurses in their role as student nurse educators so that research-

derived recommendations could be made to enhance student nurse professional development in the clinical setting.

### **Importance of Clinical Education**

Nurse education programs throughout the world require clinical education. Mettiäinen (2015) stated at least a third of nursing education is done in the clinical setting and that it is complex and always evolving. According to Esmaeili, Cheraghi, Salsali, and Ghiyasvandian (2014), clinical learning makes up nearly half of a student nurse's education and that students report that their performance is dependent on the staff nurse's feedback. In the United States, the State Boards of Nursing require 40-50% of the nursing programs' education be comprised of clinical education (Bowling et al., 2018). Because clinical education is such a big part of nurse education, this study has definite potential for positive social change implications.

The clinical setting is the primary place of learning, exhibiting, and performing practical skills (Shasavari et al., 2013). The staff nurses in these clinical settings support, instruct, and evaluate student-nurses in clinical practice (Brown, Douglas, Garrity, & Shepherd, 2012). Students in nursing and other health sciences rely on hospital and field mentors for their clinical expertise and guidance (Brown et al., 2013; Cleary et al., 2013). Vinales (2015) described the staff nurse's role as an expert in nursing, as well as an important part of the student nurses' education. Through this study I seek to understand how to improve learning in the clinical setting with staff nurses as student nurse educators.

## **Student Perspective**

Researchers have examined student-nurse perspectives of their clinical interactions with staff nurses. Rebeiro et al., (2015) briefly described the history of clinical experience in nursing education and how nurses' attitudes affected students' learning, socialization, competence, and confidence. Thomson et al., (2017) explored students' experiences of mentorship in their final placement in nursing school. Some students had the impression the staff nurses disliked having students, while others had enriching interactions in which staff nurses allowed students to develop clinical nursing skills. Foy et al., (2013) explored factors that staff nurses need to be effective preceptors. Student nurses believed nurses should be competent, organized, have good interpersonal skills, be able to manage conflict, have prioritization skills, and know how to provide feedback (Foy et al., 2013).

Unfortunately, some student nurses observe and experience negative interactions with staff nurses in clinical settings. Courtney-Pratt et al. (2017) explored the perceptions of bullying behaviors demonstrated toward student nurses in the clinical and academic settings. Authors identified strategies to empower the students to be more resilient and increase reporting (Courtney-Pratt et al., 2017). In several of these studies, authors identified characteristics of clinical instructors that they perceive create a better learning experience (Niederriter, Eyth, & Thoman, 2017). The student nurses in the Matthew-Maich et al., (2015) study identified qualities of a clinical nurse educator that improve student experience as: prepared, person-centered, passionate and positive, professional and accountable. Shasavari et al. (2013) studied relationships between clinical instructors

and their student nurses and found that students who perceived their clinical instructors as trustworthy, competent, and professional learned more effectively. Providing student nurses with resources about intraprofessional communication best practices in advance of their clinical experience could enhance their self awareness in clinical settings (Niederriter et al., 2017).

### **Staff Nurse Perspective**

Allen and Molloy (2017) reported staff nurses have expressed confusion regarding how best to educate student nurses. Poor communication and a lack of rapport may result in substandard clinical skill development. Hanson et al., (2018) concluded that some staff nurses perceive supporting student nurse education as a burden, dependent upon (a) the practice environment, (b) the attitudes of the students, (c) the preparation by the students and clinical instructors, and (d) the understanding of expectations of the staff nurse. Cleary et al., (2013) found that in order for positive learning interactions to occur, registered nurses believe students must possess communication skills, initiative, and willingness to learn. These characteristics align to self awareness and intraprofessional communication excellence.

Martin (2016) reported that student nurses rely on staff nurses for their clinical expertise and guidance and that nurses are dissatisfied with their role as student nurse educators. Martin (2016) explored staff nurse perceptions of their role as preceptors and their influence on the development of student-nurses. Rylance, Barrett, Sixsmith, and Ward (2017) studied the satisfying and frustrating aspects of being a student nurse mentor. The authors found that staff nurses may have a satisfying experience if their

workload allows time to educate, if they receive support from the learning and health care institutions, and if students are positive and eager to learn (Rylance et al., 2017).

### **Clinical Learning Environment**

The clinical learning environment is where student nurses experience valuable learning in real patient care situations (Hendricks, DeMeester, Stephenson, & Welch, 2016). Universities must make the effort to maintain positive relationships with the health care facilities to ensure optimum learning environments (Fuentes-Pumarola, 2016).

Brown et al., (2013) reported that positive learning environments created by the educator lead to increased student satisfaction and achievement. Elliott (2017) analyzed feedback of students' and staff nurses' perceptions of student nurses' performance. Elliott (2017) reported the investment of time, honest communication, and allowing increased participation leads to supportive and effective nurse-student relationships and better student performance.

Needham et al., (2016) identified the importance in preparing experienced nurses as clinical instructors to integrate theory into practice. They confirmed that supporting the student in the clinical environment as well as the academic environment is critical to the students' ability to transition to practice (Needham et al., 2016). Providing advance preparation focused on intraprofessional communication best practices in an asynchronous modality could allow new nurses to better use the hours when they are physically in a clinical environment.

## **Sense of Community**

Barkimer (2016) identified attributes critical to clinical growth by student nurses as socialization, interpersonal communication, and supportive environments. Identification of these attributes help educators create student-centered teaching strategies. As part of their study on quality clinical placements, Ford et al., (2016) concluded that mutual respect and meaningful personal interactions between staff nurses and student nurses are crucial to learning. Webster et al., (2016) found that the relationships between staff nurses and student nurses have implications for learning, experiences, and outcomes. Negative interactions with nursing staff can be so severe that some student nurses do not stay in the profession. Positive, supportive role models motivated students to provide safe, efficient care and a desire to continue doing so throughout their nursing careers (Webster et al., 2016).

Skela-Savič and Kiger (2015) studied the relationship of mentoring staff nurses and students and how that relationship impacted the professional and ethical development of nursing students. Smith, Gillespie, Brown, and Grubb (2016) studied bullying behaviors exhibited toward student nurses and identified interventions to decrease the negative effects of these behaviors. Brown et al., (2012) stated nurses should act as gatekeepers to prevent failing students from becoming registered nurses.

## **Interventions to Improve Clinical Education**

**Clinical instructor preparation.** Clinical instructors are the link between nursing schools and staff nurses. Improving clinical instructors preparation may positively affect student nurse experiences. Nielsen et al., (2016) discussed the roles experienced nurses



have in the development of new nurses. The authors investigated the educational needs that experienced nurses require to be effective nurse educators. Vinales (2015) described the need for clinical instructors to provide clear expectations of the students who are shadowing the staff nurse. Because Hendricks et al., (2016) found that staff nurses sometimes do not know how to connect what is learned in the didactic and clinical settings, clinical instructors must find ways to develop student nurses' clinical thinking and reasoning skills. Clinical instructors must understand learning theories to support the development of these critical thinking skills (Hendricks et al., 2016). These elements of what improves clinical instructor effectiveness will be included in the project study.

**Academic partnerships.** Partnerships between the academic and clinical environments benefit student nurses as well as staff nurses (Hudacek, DiMattio, & Turkel, 2017). Student nurse benefits include improved social interactions, increased self-confidence, and more organized delivery of care (Hudacek et al., 2017). Staff nurses involved in partnerships with educators have reported being reinvigorated in their professional practice, thus increasing their satisfaction and retention (Hudacek et al., 2017). These academic partnerships are the reason why I am doing this study. I hope that I can share what I learned through the study will improve the student nurse educators' interaction with members of the nurse education community, thus improving the community of practice between academia and clinical partners.

Some hospital administrators interested in supporting the education of new nurses are identifying themselves as dedicated educational units. DeMeester (2016) defined dedicated educational units as hospital units that were identified as learning sites for

student nurses. The author explored attitudes, processes, and structures that made these dedicated educational units successful. Nurses receive training on how to be an effective educator, and their role as educator is expected. Student nurses reported positive experiences on these units, and in turn, have positive effects on hospitals and staff nurses (Morrison & Brennaman, 2016).

**Formalized feedback.** Staff nurses do not always provide useful feedback on a student's performance in clinical. Staff nurses may not know how to provide feedback, especially if not given the forum to do so. Thomas (2015) reported formalized feedback helps to improve nurse self-efficacy. Fuentes-Pumarola (2016) discussed the importance of the staff nurses' role in educating student nurses. The author stated nurse feedback is an important element in student motivation and performance. Allen and Molloy (2017) similarly found that using a feedback tool helped to improve the learning experience by the student and the staff nurse. Burden, Topping, and O'Halloran (2018) suggested that further review of assessment criteria should be done in order to improve student nurse competency. They also stated that the tools and process in which the staff nurse provides feedback should be evaluated.

**Staff nurse preparation.** The professional development of staff nurses can vary widely from nurse to nurse, even within the same hospital unit. Several researchers addressed the difference in training on the effectiveness of staff nurses tasked with educating students. Winterman, Sharp, McNamara, Hughes, and Brown (2015) described the importance of effective mentorship in clinical settings. The authors introduced a clinical education support team to address some of the challenges of nurses as student

nurse educators. Helminen et al., (2016) identified one of the concerns facing staff nurses in their role as nurse educator is the inconsistency of assessment methods of students in clinical. Hanson et al., (2018) said that staff nurses are under acknowledged and sometimes unprepared for their role as student nurse educators. Authors determined that by providing clear expectations, addressing workplace issues, and providing ongoing support and education, perceptions of student nurses as a burden may decrease.

### **Implications**

Clinical education comprises nearly half of a nurse's education, and preparing student nurses to be more self-aware and providing continuing education to clinical nurse educators about the best practices for intraprofessional communication may enhance the experience for all members of the nurse education community. The decreasing number of clinical site availability makes it very important that universities maintain a positive relationship with these sites. Staff nurses in the local setting have vocalized negative interactions as student nurse educators. Through this study I seek to better understand nurse educators' interactions with members of the nurse education community in their role as student nurse educators. I hope to provide insight into interventions that may affect the staff nurse and student nurse relationship, thus improving the community of practice.

### **Summary**

The various boards of nursing all require a significant amount of clinical experience in nurse education programs. The importance of clinical education is well documented by accrediting bodies and numerous research studies. One problem

identified in literature and the local setting is staff nurse negative interactions in their role as student nurse educators. If staff nurses have negative interactions, students have poor clinical experiences, thus decreasing learning in this environment.

I interviewed staff nurses who had been assigned nursing students during their clinical rotations with the intent to explore their interactions as student nurse educators. I transcribed interviews, found reoccurring themes, and learned about staff nurses' perceptions about educating student nurses in the hospital. The results of the study may help universities and hospitals work together in improving the community of practice and the clinical education experience for staff nurses and student nurses.

## Section 2: The Methodology

The qualitative research design was the logical choice to answer the question of how to better understand staff nurses' interactions with members of the nurse education community as student nurse educators. I chose a basic qualitative approach because it could allow staff nurses the opportunity to share their interactions in their role as student nurse educators. Basic qualitative design allows me to explore and understand experiences or issues that can contribute to an actual problem (Merriam, 2002).

### **Research Design and Approach**

Thomson et al. (2017) and Webster et al. (2016) explored student perceptions of clinical experiences, but they did not interview staff nurses. Shasavari et al., (2013) identified aspects that influence social interaction from the perspective of the students, but they did not focus upon the lived experiences of the staff nurses. Although literature is not available about the experiences of staff nurses' as student nurse educators in this western state, according to students and clinical instructors, nurses have voiced their displeasure with having to educate student nurses (Student Nurse, personal communication, April 29, 2018; Clinical Instructor, personal communication, May 3, 2018). I used a qualitative approach for this study, as it is consistent with exploring staff nurses' interactions with members of the nurse education community as student nurse educators. The community environments under study in this local setting represent a limited sample yet may provide insight into other nurse education communities.

A quantitative approach looks to test hypotheses in order to explain the relationship between the given variables. Quantitative research also requires collecting

relatively large amounts of numerical data for statistical analysis and reporting purposes (Creswell, 2013; Merriam & Tisdell, 2015). In my study, I sought to understand some of the meanings that individuals have constructed for their experiences in their environment, which is aligned with a qualitative study (Merriam & Tisdell, 2015). I used general, emerging questions in a semi-structured interview to allow for thoughtful participant responses (Creswell, 2013).

The qualitative methodology allowed me to examine the interactions of staff nurses in clinical settings working with student nurses through interviews. Creswell (2013) stated the process of qualitative data analysis is inductive and interpretive, with the researcher reading through the data several times while coding and developing themes to best describe the results of the study. The qualitative data analysis in this study may contribute to the development of a support system to improve the staff nurse and student-nurse community of practice. A quantitative analysis would limit the descriptive responses of the staff nurses' interactions as student nurse educators, and descriptive responses were needed to develop a better understanding of their experiences (Creswell, 2013). Basic qualitative design differs from phenomenology in that I am exploring an experience and dealing with an issue, rather than understanding a phenomenon (Merriam, 2002).

I considered several qualitative designs available to researchers, including case study, phenomenology, ethnography, and grounded theory (Creswell, 2013; Glesne, 2011; Lodico, Spaulding, & Voegtle, 2010; Merriam & Tisdell, 2015). Choosing the method is important in order to yield the desired data (Creswell, 2013). I considered the

goals, purpose, and intended direction of my study; I contemplated each option, and decided a basic qualitative design was best suited to provide the data I sought to gather.

Grounded theory develops a broad theory regarding a process, act, or interaction grounded in the perspective of participants (Creswell, 2013). Because my purpose was not to develop a theory about how staff nurses felt about their role as student-nurse educators, this approach was not appropriate for my study design. A phenomenological study is described as how participants experience a certain phenomenon (Creswell, 2013; Lodico et al., 2010). In phenomenological studies, researchers often describe multiple interpretations of a given experience and do not make any assumptions regarding these diverse interpretations (Creswell, 2013; Lodico et al., 2010). Typically, phenomenological research questions are broad, open-ended, and take time (Lodico et al., 2010). Because I wanted to ask the staff nurses about interactions with members of the nurse education community in their role as student nurse educators, this method would not have been appropriate.

I also considered an ethnographic study. Ethnographic researchers seek to yield a deep understanding of a specific ethnic culture (Glesne, 2011). The staff nurses and student nurses in my proposed study share the similarity of being part of a health professional culture. Being part of a community, however, does not meet the criteria of an ethnographic study; therefore, I determined that an ethnographic study would not have been an appropriate design choice.

A case study approach was also considered for this study. Merriam and Tisdell (2015) explained that a case study design is in-depth data collection that seeks to find

significance and understanding of an issue or problem. A case study is a methodological approach in which the researcher explores the factors of underlying principles, gathers detailed data from several information sources, followed by a detailed description of the data and common, case-based themes (Creswell, 2013). I believed because case studies would require several information sources, and I was collecting data solely through interviews, that a case study design would not be appropriate. Surveys could limit the staff nurses' descriptive responses about their interactions as student nurse educators. Because gathering data through observations on hospital units would violate patient privacy, I was reliant on participant recollection of their interactions. Also, a third-party observing patient care would interfere with the authenticity of the interaction.

A basic qualitative design was chosen because it was best suited to answer my research question about student nurse educators' interactions with members of the nurse education community. According to Merriam and Tisdell (2015) one interview in a basic qualitative design is typically adequate to understand the participant's response. Through the interview process I allowed staff nurses the opportunity to share their interactions as student nurse educators, discuss their role in the nurse education community, and identify factors that may increase support in their role as student nurse educators. A basic qualitative design was the most appropriate because I wanted to develop an in-depth understanding of staff nurses' interactions as student nurse educators while seeking out common themes that could enhance support for this group (Stake, 1995, 2005). A basic qualitative design allowed for in depth description and analysis of several cases (Harrison, Birks, Franklin, & Mills, 2017).



## **Participants**

Interviews with student nurse educators were the primary source of information and helped clarify factors that support staff nurses in their role as student nurse educators. According to Velte and Stawinoga (2017), small numbers of participants are typical in a qualitative study. The number of 10 participants would provide a diverse range of responses (Flick, 2018) as well as meet the small number criterion described by Velte and Stawinoga (2017). I interviewed 10 staff nurses from five local hospitals who work on various units to obtain different perspectives.

To be eligible to participate in this project study, nurses must have worked in a hospital setting for at least 5 years and have served as a student nurse educator for at least 3 years. Additionally, nurses must have supervised a minimum of 10 nursing students. My intent in setting these criteria was to ensure that the staff nurses had enough clinical experience to be confident in teaching student nurses and that they had multiple interactions with different student nurses. Participants were representative of five of the six local area teaching hospitals, varied in the size and population that they serve.

In my many years of professional nursing in the local community, I have met numerous staff nurses through social and professional events. The staff nurses who I thought fit the criteria and would be willing to participate in the study, I met either through my place of education, employment, or through common acquaintances. After receiving IRB approval to proceed with data collection, I made direct contact with nurses through my professional network. Some were willing to participate in the study, while some were willing to refer other staff nurses. If the contact was made through my place

of employment, I made sure the potential participant knew that participation or declination had no effect on their standing at the university. Because I do not work at the hospital, I used snowball sampling to recruit participants by asking staff nurses and other clinical instructors from my university to distribute my contact information and a description of the project study to staff nurses. I included a brief biography, my work experience, and a synopsis of the study. I included my contact information and offered a small token of appreciation of a \$10 gift card.

I interviewed 10 participants individually for about 40-60 minutes; at least until robust responses to the interview questions were obtained. The questions were open-ended, and the interviews took place at a date and time of the participants' choosing. In order to establish positive rapport, I offered participants a chance to ask me any questions through email or phone call. I informed the participants that I would meet them at a place and time of their choosing. I obtained informed consent from the participants before interviews took place. I let them know that their identities and their place of employment would remain confidential to ensure they are protected from harm.

I ensured participants that agreement or declination to participate in no way affected any past or present professional relationship by ensuring that participation was completely voluntary and that there were no benefits or risks to participation. Informed written consent was reviewed and obtained (Appendix D). Participants' names and place of employment were kept confidential. I did not disclose any participants' identities with any person during or after the study. For the purpose of this study, participants' names have been changed, and were replaced with popular baby names for their birth year

(Appendix C). Also included in the appendix are the years of experience, area of nursing where they currently work, age, and gender. Transcripts and notes were transferred to another password-protected device, with all participant identifiers removed. At no time were the participants in danger of harm during the process of interviews.

### **Data Collection**

Qualitative research is used to describe or explain social phenomena from the perspective of the individuals or groups studied (Flick, 2018). In qualitative studies with interviews as the method of data collection, the researcher is often the instrument tool (Burkholder, Cox, & Crawford, 2016). Traditional forms of qualitative data collection include “interviews, talking to people in ethnographies, and tracing people’s lives by analyzing documents” (Flick, 2018, p.8). Interviews are a common way to obtain data in a qualitative case study (Creswell, 2013). The qualitative researcher is typically the primary data collector and collects the data, analyzes the data, establishes patterns, and identifies themes in order to answer the research questions (Creswell, 2013).

Interviews are acceptable methods of gathering robust, qualitative data (Smith et al., 2016). Because I was the sole researcher, I was the data collector, conducting the interviews with the staff nurse participants. The data collection instrument was self-designed by the researcher based on the literature review of the issues facing staff nurses who serve as nurse educators. I worked with my chair and methodologist to ensure the interview questions were aligned with my research questions. My interview plan and the interview questions which help to answer the research questions are contained in Appendix B.

During the data collection, I interviewed staff nurses who had served as mentors to new nurses in clinical settings. These staff nurses were of varying ages, years of experience, and areas of specialty. The nurses were all currently employed as staff nurses at five of the local area hospitals. This provided me with a chance to hear various perspectives from staff nurses from different generations, nurse specialties, as well as different local clinical facilities. Although I have professional relationships with some of the student nurse educators, I have no supervisory role nor am I affiliated with their place of employment.

I conducted the interviews face-to-face in an environment of the participants' choice. Face-to-face interviews allowed for more dialogue and opportunities for clarification (Smith et al., 2016). In preparation for the interview, the participants were e-mailed the questions. I used open-ended questions in order to allow participants more flexibility when describing their experiences. I obtained consent to record interviews to ensure accurate data collection and interpretation. All participants consented to the recording of the interviews on a password-protected device.

I also explored the potential to triangulate the data through observation of interactions between student nurses and staff nurses who were educating them. However, direct observation is impossible without violating patient privacy. Unfortunately, there were no documents or policies related to staff nurses educating student nurses in the local hospitals (Hospital Director, personal communication, March 20, 2019). Another form of data I would have liked to collect would be any training material for staff nurses that the individual hospital might have provided to help staff nurses understand in their role as

student nurse educators in hospital settings. While I attempted to obtain training instructions in advance of the clinical experience that are used to explain to students the importance of the clinical experience, none of the staff nurses interviewed were aware of any professional development provided to enhance their skills as new nurse educators in hospital settings. In addition, at interviews, I attempted to collect and review any documents related to the qualification process that staff nurses go through regarding teaching new nurses. None of the participants claimed to have been provided with any education or training documents about their roles as student nurse educators. This confirmed that basic qualitative design was best suited for this study.

The interviews were recorded on a password-encrypted cellphone using a transcription application named Otter. The written consent form informed the participants of the procedures, the voluntary nature of the study, the risks and benefits of participation, payment, and their right to privacy (Appendix D). I asked the participants about any formal training documents in their role as student nurse educator. None of the participants recalled receiving any, so there was no need to have any identifiers removed from artifact documentation.

### **Data Analysis**

Data analysis allows the researcher to categorize the collected data (Creswell, 2013). Data analysis includes review of the interview transcripts, identification of codes, member checking, comparison of codes, and creation of themes based on codes (Fusch & Ness, 2015). During the data collection, and I recorded and transcribed each interview. This allowed me a full and accurate review of what the participants said. To ensure that I

had not misinterpreted the participants' responses, I employed transcript checking by asking the participants through email to validate their responses (Fusch & Ness, 2015). Participants all responded, confirming that the content of the interviews were accurate and that they did not want to change or elaborate on any of their responses.

Coding allows the researcher to categorize qualitative data to facilitate analysis (Creswell, 2013). In my first round of transcript reviews I highlighted and took notes about simple words and short phrases (Saldaña, 2016). I then put similar words and phrases into categories. The first round of codes included words such as *student attitudes*, *student learning objectives*, *plan of care*, *'plan for the day.'* In my second review, I had a better idea of which codes occurred more frequently, and I started to highlight longer passages and developed themes (Saldaña, 2016). These codes included *clinical instructor presence*, *mentoring*, *difficulty*, *clinical instructor absence*, *student nurse readiness*, *student nurse preparedness*, *hospital settings*, *experience*. I looked for themes to help me answer the overarching question that guided this study, which was to better understand staff nurse interactions as student nurse educators. The research questions were 'How do student nurse educators perceive their professional practice experiences and beliefs in shaping their interactions with student nurses in the clinical setting?' and 'According to staff nurses, what role do the members of the nurse education community play in creating positive student nurse educator and student nurse working relationships?'

In this study, participants' names have been changed, and were replaced with popular baby names for their birth year (Appendix C). To start the interviews, I asked staff nurses to share what they thought their role was as student nurse educators. Six of

the staff nurses answered freely, but four of the participants asked for additional clarification about what was meant by the question. To clarify my meaning, I explained that my questions during the interview were referring to a staff nurse who is working on the floor or unit when a clinical instructor informs them that they will have a student nurse for that shift. This differs from taking a student nurse as a preceptor, when the same student is consistently placed with the nurse who volunteered to be a preceptor for an entire school term.

### **Discrepant Cases**

One theme that emerged from the data that did not fit into the community of practice framework was denying the need for staff nurse feedback. I believed that maybe the staff nurses would benefit from the opportunity to provide feedback on the student's performance at clinical. Three participants noted that they would not welcome any more paperwork by the nursing programs in their role as student nurse educators. Each of these staff nurses felt they had too much staff nurse work to complete, and to add to their workload would be inappropriate and unnecessary.

### **Limitations**

There are a few limitations to my research study. One limitation of the study would be the relatively small sample size. I interviewed 10 staff nurses who have previously educated student nurses while working in the clinical setting. However small, this sample is appropriate, as small sample sizes are typical with qualitative case studies (Velte & Stawinoga, 2017). Another limitation would be its generalizability. As with other qualitative studies, the findings are generalizable only to the specific, local

population (Velte & Stawinoga, 2017). The participants, as well as the researcher, are from one western state and experiences may not be applicable to nurses and student nurses in other communities. The findings of this study should still contribute to the larger body of knowledge regarding student nurse educators' interactions with the nurse education community.

Triangulation of the data is another limitation I recognized. I conducted interviews to ensure confidentiality on the part of the staff nurse. However, I could not include observation as a method to triangulate data collection because of patient privacy issues. Triangulation through observation is a potential avenue of future scholarship that could be conducted to ensure that the types of communication and interaction reported by staff nurses was in evidence during observation. Whereas clinical instructors and students have clear objectives and instruction, I did not have access to artifacts because there is no official required training and no supporting documents on staff nurses teaching student nurses at the hospital bedside (Hospital Director, personal communication, March 20, 2019).

### **Data Analysis Results**

As the sole researcher, I reached out to participants, obtained consent for participation, conducted interviews, and interviews were recorded on a password-protected device. I used a transcription app called Otter that provided me with a rough draft of the transcript. I was able to listen to each audio file and make small changes to ensure the transcript was accurate. Before printing out the transcripts, all names of individuals and hospitals were removed and replaced with pseudonyms. I highlighted



codes from each interview transcript, compared field notes from each interview, found similar words and ideas, and I used these words and phrases to explore emerging themes as I started my analysis of the data. I first highlighted key words in the transcripts keeping in mind, the community of practice framework. Once I identified key words and phrases, I organized them into themes that would possibly improve the clinical experience for the student nurse educator, as well as the student nurse.

### **Research Question 1**

The first research question I sought to answer through this study was how do student nurse educators perceive their professional practice experiences and beliefs in shaping their interactions with student nurses in the clinical setting? The following themes emerged as described in the data analysis.

**Theme 1: Staff nurse experiences about hospital-based preparation of their role as student nurse educator.** Multiple studies have found that staff nurses are largely unprepared for their role as student nurse educator (McKenna, Irvine, & Williams, 2018; Rebeiro, Evans, Edward, & Chapman, 2017). When asked about their preparation in the role of student nurse educators, nine of them had no recollection of any mention of their role as student nurse educators in their hospital onboarding or orientation training. Nurse professional education in a hospital setting emphasizes the importance of effective patient and family educator roles; there is little to no mention of how staff nurses are expected to perform in the role of a student nurse educator (Marshall, Dall'Oglio, Davis, Verret, & Jones, 2015). The only participant to report receiving hospital-based training on how to mentor student nurses, reported that in her first place of employment (a hospital in a

different country) she took a three-day course. She recalled that any staff nurse who was going to mentor students had to take this course. She remembered this staff nurse training was very informative because it explained the hospital or employer expectations for how this role should function in a clinical environment. Jennifer reported that it was because of the class that she knew to brief the student before doing any skill or procedure and after, to debrief with the student to review any tips or corrections needed for the next time. The other nine staff nurses reported their place of employment offers an optional preceptor training class for nurses.

Because hospital supervisors do not assess staff nurse performance as student nurse educators, staff nurse participants do not receive professional preparation from the hospital to serve as a student nurse educator. While none of the participants described professional development for mentoring new nurses in the clinical setting, the paid role of preceptor is a formal role, unlike student nurse educator, and the preceptor is compensated to guide, tutor, and provide direction to a new nurse employed at the hospital. Distinct from the role of student nurse educators, preceptors supervise an individual nurse for a defined set of time, and preceptors are provided training in their role. No participant in the study had been provided any formal training in their role as student nurse educator. Some participants said that they did take training associated with the preceptor role in the hospital.

One participant reported that her place of employment offers a class to those staff nurses who choose to precept summer interns or new nurses. Another participant reported that as part of her annual review, her nurse manager suggested she attend the optional

preceptor workshop. She took the preceptor training, and she noted that this class taught her how to be a more effective educator to preceptorship students, and she was able to apply these best practices to her role as student nurse educator. She said:

The first year (as a nurse) my manager asked if I could go to a preceptorship workshop which (my hospital) offers. So I ended up doing that. It's totally optional and not everybody does it, but for me I like to teach, so I wanted to make sure I was doing it in the best way I could.

Two others reported a similar, optional class for staff nurses who wanted to teach new graduates as a preceptor for compensation, and that the course completion might help with promotion within the hospital. Another participant recalled an optional class about the role of preceptor that she took years ago which she found helpful in teaching student nurses. The participant added, however, that she was not aware of any training currently offered at her place of employment specifically for the role of student nurse educator.

One participant argued that hospital settings could provide additional guidance on the role of nurse education in clinical settings. More emphasis on new nurse orientation in nursing practice, the participant offered, might help staff nurses see student nurse education as part of hospital employment expectations. Like other participants, this participant recalled an optional class offered by the hospital for staff nurses who intend to precept new nurses, but nothing explicitly was provided as a hospital employee for how to best teach student nurses. The participant stated:

I think that is where a lot of the discomfort comes from because maybe they're (nurses) not as comfortable with teaching or maybe not know how to do it. Then they're tossed into that role.

Nursing students shadowing staff nurses have reported feeling alienated, marginalized, and unwanted especially when the staff nurses are unsure of what the students are doing there (Terry, Nguyen, Peck, Smith, & Phan, 2020). If hospital settings identified staff nurse excellence as clinical nurse educators, provided training about best practices in hospital professional development, and identified and rewarded high performing staff nurses who effectively mentor nursing students during their shifts, it might make the role more satisfying as an employee in that setting. Clinical instructors might be able to bridge some of the gap between academic and hospital settings, as liaisons between staff nurses and student nurses, to inform staff nurses of student learning objectives. Jawahar (2019) stated that more collaborative relationships between staff nurses and student nurses improve learning outcomes for students that could lead to better patient outcomes.

**Theme 2: Staff nurse beliefs about the professional responsibility of student nurse educators in the nurse education community.** On any given shift, staff nurses are asked to teach student nurses in hospitals and many describe negative interactions as student nurse educators. When asked about a professional responsibility to educate new nurses, the participants all described teaching in the hospital as part of their professional responsibility. "Teaching is an important role for nursing practice. Nursing roles encompass the expectation to support students in practice, largely through mentor and preceptor relationships" (McKenna et al., 2018, p. 9). Although one participant was clear

that teaching is not part of the job description, she stated that philosophically, "...it is our obligation to pass on (knowledge) because we were all students once." A nurse in obstetrics said:

The staff nurse shows student nurses what their typical day is like, what goes about through our day, (and) what it is really like being a nurse. Because what you might see in the textbook is different from what you might see, it is important to bridge the gap between classroom and what happens clinically.

Another participant thought it was her responsibility to set a good example for the students, teach them how to communicate positively with her patients, meet the students' goals for the day, and provide feedback on students' performance. Two participants said that they assess what the students want to learn, and help them seek out those experiences. One participant described her belief that "accepting that role of embracing the student is always a challenge, but I have tried to cater to the student and make it more comfortable for them." Clear consensus among staff nurse participants was that teaching and orienting new nurses to clinical settings was a part of their professional work in the hospital.

One participant described her belief that:

When it comes to having students on your floor, you should be there to oversee (and) help them with learning how to do assessments, pass medications. I think it's not just doing the actions, it's making sure they understand it and know what they're doing. I ask them questions such as, 'What do you need to know regarding

this medication?’ ‘Do you need to educate your patient?’ ‘What is the medication for?’ to make sure that they understand and know what we are doing.

Similarly, one participant reported she encourages student nurses to always ask why something is done, rather than just doing it because they are told to do the task. One participant said it was her responsibility to go about her routine while the student watched and helped with tasks throughout the day based on their level in the nursing program. Another participant argued that the role of staff nurses should include education because nurses are the ones at the bedside, up to date with clinical practice, sharp with their skills, and they should be the people passing that on to student nurses. Because it is part of the professional duties as assigned, staff nurses may benefit from specific professional development related to teaching student nurses in clinical settings (Rebeiro et al., 2015).

One of the challenges of being a student nurse educator involved the demands of the job itself: “It is tiring being a nurse, and having to take the time to teach students makes me even more tired.” Three participants described taking students as difficult because it takes extra time and interrupts workflow. Similarly, one participant stated that it is difficult to juggle teaching students while ensuring all aspects of the job are being completed. One participant said, “I wouldn’t mind having students if, let’s say, my patient load was less.” Another participant described taking student nurses as a unique challenge on her unit (cardiac critical care), because this specialization requires a lot of critical thinking and adjusting to each situation. She felt that it was difficult to justify everything she did with a patient to student nurses who may have learned things in the classroom differently from practice.

One participant remembered a few student nurses who just stood by and watched the staff nurses provide patient care. The participant said that she believes student nurses' behavior demonstrates their desire to learn, and she does not believe it is her job to figure out how to engage the student. Another participant said it is difficult to teach student nurses who are scared to be there and do not know what they need for the day. Some examples of this were student nurses who sit at the nurse's station or in the break room, while the nurse educators are providing patient care. The participant who described student nurses as unprepared believed that student nurses should take more initiative and be more involved in clinical interactions with their assigned nurse educators in the clinical setting.

## **Research Question 2**

The second research question explored the role of the members of the nurse education community in creating positive student nurse educator and student nurse interactions. Interview questions were asked to help answer this research question. Two themes emerged about active clinical instructor presence and student nurse self-management.

**Theme 1: Clinical instructor presence impacts staff nurse support in their role as student nurse educators.** One of the emergent themes that I did not anticipate was the importance of clinical instructors in hospital settings to support staff nurses in their role as clinical nurse educators. However, as it emerged as a theme, I did find some literature to support this finding. "The role of clinical instructor in student nurses' preparation for the professional nursing practice cannot be underestimated" (Factor & de

Guzman, 2017, p. 122). Clinical instructors are valuable contributors to student nurse education, as they help to bridge the gap between didactic and practice (Akram, Mohamad, & Akram, 2018). Because the clinical nurse educators are focused on assessing the student nurse performance, less attention has been paid to the role the clinical nurse educator could play in the hospital to ensure staff nurse feel supported in their role as clinical nurse educators.

As academic experts, clinical instructors have the responsibility of imparting knowledge, demonstrating skills, and evaluate students' learning (Dar Cohen & Cojocaru, 2018; Kol & Ince, 2018). The clinical instructor works with hospitals and brings student nurses into these settings to ensure they have hands-on opportunities in clinical environments. Because staff nurses are the experts in the exact care environment, clinical instructors connect the clinical and the academic learning and assess new nurse skills in all applied aspects of the nursing profession. The clinical instructors have staff nurse experience, and they use the knowledge to teach new nurses, often in close proximity of the patients with the intent to prepare and groom the next generation of nurses (Dar Cohen & Cojocaru, 2018; Kol & Ince, 2018).

Nine staff nurses identified the need for clinical instructors to be actively present during the clinical day. While the tenth nurse, did not explicitly state the importance of clinical instructor presence to staff nurse support, she did identify clinical instructor presence as a variable that was essential to a positive clinical experience for students. Four staff nurses recalled incidents when clinical instructors were not present at all, and that it made teaching student nurses much more challenging. One staff nurse said students



have shown up unannounced, without direction, and without the staff nurse ever seeing the clinical instructor in the hospital. Another staff nurse had student nurses who she mentored during a shift, yet because she never saw the clinical instructor, she had no opportunity to provide student nurse feedback. Other staff nurses reported it was common practice in a facility in another state, where new nursing students were often in the hospital without any clinical instructor or university faculty. One of the participants said,

It was pretty bad because here, [clinical instructors] would be with students on the floor. At [another hospital] they would just throw them out in clinical and there's no instructor there. So it was really weird and a lot of times I would get students who are coming to clinical and just doing homework.

One staff nurse stated the students whose clinical instructors were not present, and would often have no direction, took less initiative to seek out learning opportunities. The literature correlates with study findings, reporting that although clinical instructors are knowledgeable with skill and encouraging students, the leading problem is inaccessibility of the clinical instructors (Kol & Ince, 2018). Clinical instructors should ensure enough time is spent with each student every clinical day, not just in order to properly evaluate a student's nursing skill but also to build a trusting relationship (El Hussein & Fast, 2020). More engagement by clinical instructors could enhance staff nurse support in their role as nurse educators and improve the environment to increase learning.

One of the participants recalled having excellent clinical instructors while she was in school and when the clinical instructors had good relationships with the staff nurses, nurses were nicer to students. Close collaboration between clinical instructors and the

staff nurses could help to create positive learning environments for the student nurses (Barry & Martin, 2018; DeMeester, 2016; Heidelberg, 2017). Additional staff nurse support in their role as clinical nurse educators could create a more positive clinical learning experience and improve patient outcomes. Clinical instructors do even more than just teach, they enhance student learning of their development through professional role modeling on the clinical floor (Akram et al., 2018).

One staff nurse remembered getting most of the teaching and guidance from her clinical instructor and less from the staff nurses. As a staff nurse, she appreciated when clinical instructors briefed the staff nurses about the students on the unit, the students' level in the nursing program, what the students can and cannot do, and what their goals were for the day. Another staff nurse recalled a positive experience with a good clinical instructor she had who would put students at ease by incorporating humor while assisting with skill development.

Because clinical instructors bridge the gap between academic preparation in the university setting and professional clinical preparation, one staff nurse stressed that clinical instructors should be very clear with the staff nurses about what the students will do to help the staff nurse that day. She argued that clinical instructors should establish clear learning objectives, plan the course of the day, to assist with patient care, and coordinate with the staff nurses throughout the day (Glynn, Mcvey, Wendt, & Russell, 2017). A staff nurse recalled her best clinical instructors would help to ensure that all students had multiple and varied learning opportunities. To other participants pointed out

the need for the clinical instructor to brief the staff nurses on where the student is in their program, and to help set the learning objectives for that clinical day.

Clinical instructor presence can have a positive effect on staff nurse support as a member of the nurse education community. As an academic representative, the relationship that the clinical instructor has with the staff nurses, can greatly influence the social interactions during the clinical day. One participant described how this mutual respect can lead to comfortable learning environments for both the student and the staff nurse. The COPM supports this finding stating that casual social interactions can improve the sense of community (Martin, 2016) and thus improving staff nurses' experience and even patient outcomes (Barry & Martin, 2018).

**Theme 2: Student nurse self-management impacts staff nurse support in their role as student nurse educator.** The nurse education community includes clinical educators, staff nurses, and student nurses. Student nurses are expected to stay within close proximity to their assigned nurse throughout the day to ensure understanding of the realities of professional practice (Connor, 2019). Many of the staff nurses described student self-management, and especially their readiness to learn. Whether it was positive attitude, open communication, having confidence to ask questions, or having a list of objectives, the staff nurses all had strong opinions about what improves social interaction with student nurses. Staff nurses have better experiences with student nurses when the latter are positive and are eager to learn (Rylance et al., 2017). Staff nurses' experiences with students are also improved when students know what their objectives are for the day and what they plan to learn (Hanson et al., 2018). Student nurse readiness to learn during

the clinical experience plays a role in creating positive interactions from the perspective of student nurse educators:

Even in a female dominated area like maternity, [the male student] took the initiative to ask nurses what he could do to be helpful. Those students are really helpful for the unit, and those kinds of (student) nurses stand out. When nursing students come, it feels like a burden for the nurses, but I feel like they can come and find other ways to be helpful.

The participant explained she thought it is always best when students come to clinical with a plan and objectives. She reported that negative interactions included when students were sitting at the nurses' station, waiting for other students, and sometimes doing their paperwork.

Another participant noted that she enjoyed working with students who were attentive, took notes, were willing to look up answers to questions that she posed, who were always available to learn (not in break rooms or hovering over computers), confident but humble, and proactive. One participant said, "I can tell the difference between highly interested students who are dedicated to learning, and some students who are just there to get signed off on the hours." The message was clear: Members of the nurse education community all play a role in the clinical environment, and the better prepared that the nursing student is in advance of entering the hospital setting the better for all involved.

One participant remembered a student who refused to care for a patient in isolation, and thought it was appalling that a student nurse would think she had the right

to refuse care to anyone. Student nurses are not always clear on their own skills, yet a staff nurse noted that she much preferred students who displayed a willingness to learn, who had the confidence to ask questions, and who knew what their plan of care was for the day. Another reported the best learning experiences always included positive social interactions, welcoming nurses, and students who were open to learning. One staff nurse said she loved to teach students who could verbalize what they knew, what they needed for the day, provided feedback, and most of all was willing to learn.

When asked about positive student nurse experiences, one participant spoke several times about the culture of the units while learning as a student, as well as while employed as a staff nurse. Her perception was that if the culture of the units was one of mutual respect and positivity, that the staff nurses, students, and clinical instructors had much better clinical experiences. Students must understand that during clinical they are learning to join a community of practice just as much as they are learning nursing skills (Connor, 2019). Student nurses can prepare for these social interactions through simulation before they go to their clinical sites thus improving student attitudes and beliefs of socialization and interprofessional collaborative practice (Karnish & Shustack, 2019). Because each member of the nurse education community plays a role in staff nurse support in their role as student nurse educator, special attention should be paid to ensuring an overall culture of positive social interactions that contribute to a healthy professional learning environment.

### **Evidence of Trustworthiness**

Unlike quantitative studies that seek to control and predict phenomena, qualitative studies seek to explore and understand lived experiences of those in their natural setting (Frankel & Devers, 2000). Golafshani (2003) stated in order to increase a qualitative study's rigor, the researcher must prove reliability and validity. Creswell and Miller (2000) stated to ensure validity in a qualitative study; a researcher examines the study's credibility. Methods to ensure validity and credibility include disconfirming evidence, prolonged engagement in the field, and audit trail (Creswell & Miller, 2000).

Disconfirming evidence is identifying possible themes and then finding evidence that is inconsistent with these themes (Creswell & Miller, 2000). In this study, I was confident that staff nurse negative experiences in their role as student nurse educators would be mostly about (a) being overworked, (b) not having enough time or energy to educate student nurses while working in the hospital, or (c) not having adequate professional development regarding best practices in education. These anticipated themes were complicated by the participants who stressed the importance of other elements to ensure staff nurse comfort in their role as student nurse educators. Emergent themes about the crucial role of the presence of clinical instructors and appropriate preparation of student nurses emerged as the main themes contributing to support as student nurse educators.

Prolonged engagement in the field requires the researcher remain in the field until they have reached the point of saturation enabling them to develop codes and themes (Creswell & Miller, 2000). In this study I was sure to continue interviews for at least 40

minutes, at which time I reviewed my list of interview questions. The interviews were concluded only after I believed we had sufficiently addressed the questions with the participant's response. I used my field notes to reinforce the validity of the themes, and my committee assisted in the ongoing iterative return to the transcripts to ensure that all the major concepts were explored in alignment to my research questions.

### **Summary**

Data analysis revealed two main themes related to the first research question about the participants' interactions with members of the nurse education community. First, participants agreed that staff nurses' are invaluable in their role as student nurse educators. They all recognized the responsibility nurses have in educating student nurses, but the majority denied being taught how to teach student nurses by their facilities. Despite this lack of mandatory professional development, none of the participants questioned their self-efficacy as student nurse educators. They also believed that measuring the efficacy of their mentoring would not be well received by the majority of staff nurses.

Data analysis of responses to the second research question revealed two main themes to answer what do the members of the nurse education community play in staff nurse support as student nurse educators. Participants answered with specific suggestions on how university partners can address these problems. The themes that emerged were active clinical instructor presence and student readiness for clinical. These findings are aligned with the COPM that speaks to the need for a positive, collaborative relationship

between the members of the community of clinical practice in order to improve staff nurses' interactions as student nurse educators.

When speaking to participants who had been asked to teach student nurses in hospitals, workload did not appear to impact their experiences as student nurse educators as much as clinical instructor presence and student nurse preparation for the hospital setting. Even if the hospital does not provide an adequate training environment, a clinical instructor can increase support of the student nurse educator by ensuring an ongoing presence and by increasing nursing student readiness for learning in the clinical setting. Members of the nurse education community all play a role that affects the quality of nurse education. The anticipated and emergent themes logically and systematically related to the issue, and some of the themes of the literature. To increase support for nurse educators, my study revealed that many elements are in the academic preparation and clinical instructor engagement with student nurse educators. Because clinical instructors bridge the academic and clinical environments, they can potentially positively impact the elements of student readiness and willingness to be active learners in a clinical setting that have been identified here.

### **Project as an Outcome of Results**

As a result of the research, I thought about how to address student nurse educator professional development, clinical instructor professional development, and student nurse readiness in one project. I am familiar with the roles of the members of this community of clinical practice, and thought the clinical instructor is the best audience for professional development in all these areas. Clinical instructors are able to establish



positive relationships with student nurse educators and nurse managers to provide insight on the staff nurses' role as student nurse educators. Clinical instructors are responsible for adequately preparing student nurses for clinical. They can learn how to do both these things through a three-day professional development activity.

### Section 3: The Project

The participants interviewed in my study identified three areas of the community of practice that could improve staff nurse support as student nurse educators. Using the three areas to guide me, I created a three-part professional development project for clinical instructors. This project would address improvements of all the members in the community of practice; staff nurses as student nurse educators, student nurses, and clinical instructors. Informed by the conceptual framework of my study, by improving the sense of community in clinical practice, my intent is to improve student nurse educator support and increase student learning, which ultimately leads to the development of safer nursing care (Barry & Martin, 2018; Shasavari et al., 2013).

#### **Brief Description of the Project**

It is my position that a three-part project would most benefit the entire community of practice. Through this professional development project for clinical instructors, they will be more effective in (a) preparing themselves for clinical, (b) preparing the student nurses for positive social interaction while in clinical, and (c) informing the staff nurses about their role as student nurse educators. A project with these goals will increase clinical instructor awareness of the importance of their active presence throughout the clinical day. Clinical instructors will learn how to teach students about the importance of their advanced preparation in improving their clinical experiences and would be required to practice preparation in the simulation lab. Lastly, clinical instructors would provide

information to staff nurses that may help improve their understanding of their role as student nurse educators.

It is my intent to implement the training programs for clinical instructors at a local university. Evaluation of its effectiveness will be primarily received through course evaluation forms as well as ongoing dialogue in the discussion forums. Once feedback is received and necessary revisions made, I will share the training programs with other local nursing programs to improve the clinical experience for all student nurse educators, thus improving nurse education in the entire community.

### **Rationale and Recommendation**

The background problem for this study is that experienced student nurse educators frequently report negative interactions with members of the nurse education community, which may adversely impact new nurse professional development in clinical settings. Participants in this study revealed specific processes that would improve their support as student nurse educators. The participants identified three main themes: (a) active clinical instructor presence, (b) student nurse self-management, and (c) lack of staff nurse professional development as student nurse educators. It is my recommendation that a university policy requires all clinical instructors complete this professional development course to better prepare clinical instructors to increase their active presence and to increase student nurse preparation for professional interactions in the clinical setting. Nursing programs have the resources to provide the clinical instructors with the training and knowledge, they can require the clinical instructors to complete the training, and they can get feedback from all the members of the community of practice to evaluate

the project's efficacy. Based on these findings, I posit that universities require all clinical instructors to complete the three-day professional development course before they are allowed to take any student nurse to clinical. I would also propose that all clinical instructors receive financial compensation for completing the course.

### **Review of Literature**

I conducted a literature search about professional development for clinical instructors. I used several databases including CINAHL, Ebsco, Health Science in ProQuest, Medline, Ovid, ScienceDirect, and Wiley, provided by the Walden University library and Google Scholar. Key terms used throughout the search included: *clinical, clinical education, clinical instructor, community of practice, education, efficacy, nurse, nursing, professional development, roles, self-efficacy, simulation, student nurse, and training*. The current literature review supported professional development of clinical instructors to improve their efficacy as clinical instructors, self-awareness of students, and efficacy of staff nurses as student nurse educators.

### **Importance of Professional Development for Clinical Instructors**

The National Council for the State Boards of Nursing (NCSBN) made the recommendation that the job description for clinical instructors would include, collaborator, director of student learning, and role model (Saini & Kaur, 2017). Yet clinical instructors are often full-time staff nurses who teach clinical on a part-time, as needed basis (Bazrafkan & Najafi Kalyani, 2018; Fletcher & Meyer, 2016; Owens, 2017; Woodworth, 2017). In addition to the shortage of student nurses and clinical sites (Courtney-Pratt et al., 2017), there continues to be a critical shortage of quality clinical

instructors (Johnson, 2016; Owens, 2017; Weston, 2018). Nursing programs need clinical instructors who are current with clinical knowledge as well as who possess the skills to teach student nurses to become competent nurses (Akram et al., 2018; Sadeghi, Oshvandi, & Moradi, 2019).

Clinical instructors are often very competent in their nursing skills, but were never taught teaching skills (Bazrafkan & Najafi Kalyani, 2018). Some rely on their personal experiences as student nurses to guide them in appropriate ways to teach (Bazrafkan & Najafi Kalyani, 2018). A study by Bazrafkan and Najafi Kalyani (2018) found that new clinical instructors are largely unprepared in their new role as clinical instructors. In order to ensure clinical instructors are adequately prepared for to be effective in this role, it is imperative nursing programs provide these nurses with professional development programs (Akram et al., 2018; Saini & Kaur, 2017). Nursing programs that regularly provide clinical instructors with supervision and continuing education opportunities will bridge the gap between theory and practice learning (Akram et al., 2018).

### **Teaching and Learning Strategies for Clinical Instructors**

This clinical instructor professional development program will provide an opportunity to teach these nurses best practices in teaching strategies. Clinical instructors are clear on ‘what to teach’ such as skills and medications, however oftentimes they are not prepared with ‘how to teach’ the less tangible skills such as emotional intelligence and critical thinking (Fletcher & Meyer, 2016). Because nurse clinical instructors typically lack the education that full-time nursing faculty have, nursing programs should

provide them with the tools necessary to perform as clinical instructors (Stevens & Duffy, 2017; Xu, 2016). Saini and Kaur (2017) identified an inventory of skills and tasks to improve their efficacy as educators. These include items such as planning, execution, evaluation, supervision, guidance, counseling and feedback (Saini & Kaur, 2017).

### **Professional Development Course Content**

**Teaching student nurses interprofessionalism.** Although there is limited literature on clinical instructor effectiveness, in a meta-analysis by Collier (2018) reported the ability to develop positive interpersonal relationships is the most important qualification of an effective instructor. This finding is aligned with Wenger's (1998) community of practice model that emphasized the importance of positive socialization in order to achieve student learning. Even those clinical instructors who are able to transfer didactic knowledge to clinical application, they are sometimes unaware of the interpersonal skills that need to be taught as well (Nolan & Loubier, 2018; Sadeghi et al., 2019).

Clinical instructors need to learn the generational differences in learning styles, and that because the majority of the student nurses are in the millennial generation they do not respond to more traditional strict, rigid teaching styles (Collier, 2018). Clinical instructors should remain competent in nursing skills, but also that they also need to build on student nurses' autonomy, decision-making, confidence, and courage (Collier, 2018; Sadeghi et al., 2019). Clinical instructors need to be able to build a trusting relationship with student nurses if they are expected to create safe, positive learning environments (El Hussein & Fast, 2020).

**Teaching student engagement.** Universities should take steps to prepare experienced nurses as clinical instructors to integrate theory into practice (Needham et al., 2016). However, clinical instructors must learn to be effective at more than just teaching students. They are responsible to enable students to think critically, engage in effective and therapeutic communication, plan and implement appropriate nursing interventions, make sound clinical judgments, as well as contribute to the interprofessional healthcare team (Dar Cohen & Cojocaru, 2018). Professional development would help clinical instructors be more effective at teaching these interpersonal skills.

**Teaching student nurse communication.** Clinical instructors need to learn to empower student nurses with the ability to communicate with interprofessional teams in clinical (Kneusel, 2016; Sigalit, Sivia, & Michal, 2017). Student nurses should present themselves with positive attitudes towards learning, be clear about their learning objectives for the day, and should make every effort to stay with their nurses throughout the day. Student nurses should learn the value of interprofessional communication to improve practice in healthcare settings (Roach & Hooke, 2019). Although feedback is important in the students' learning process, there are reports of little to no feedback being used in the training of nurses (Rahimi, Ehsanpour, & Haghani, 2016).

Student nurses rely on feedback from their clinical instructors to develop competence (Nolan & Loubier, 2018). Clinical instructors should understand that feedback is best received from student nurses when it is valid, consistent, relevant, specific, and constructive (Nolan & Loubier, 2018). This constructive and reliable

delivery of feedback is an essential part of effective teaching and learning (Rahimi et al., 2016). Clinical instructors must be taught how to parallel their clinical skills with building interprofessional relationships (Factor & de Guzman, 2017).

**Staff nurses as student nurse educators engagement.** While clinical instructors are responsible for supervising student nurses on the hospital floors, a large part of learning occurs with the student nurse educators with or without the clinical instructors (Chigavazira, Fernandez, Mackay, & Lapkin, 2018). Staff nurses report ambiguity of their role as student nurse educators, which exacerbates issues with workload, workflow, and the increasing demands of delivering safe patient care (Chigavazira et al., 2018; Rebeiro et al., 2015). Student nurse educators are asked to serve as role models, trainers, teachers, assessors, evaluators, and colleagues (Kolawole, Andrew, & Evelyn Olorunda, 2019). It is up to the clinical instructors to engage the student nurse educators during clinical to provide positive learning experiences for both the student nurses and the student nurse educators (Heidelberg, 2017).

### **Project Description**

#### **Day 1: Clinical Instructor Efficacy**

The most common theme identified in the analysis of the interview data, was active presence of the clinical instructors during the student nurse educators' time with students. Barry and Martin (2018) reported student nurses undertake a significant amount of education through the direct and indirect supervision of the clinical instructors and that they are responsible for assessing the effectiveness of learning in the hospital environment. Student nurse educators are not aware of the student goals and objectives



for the day, which can negatively impact their experience as a student nurse educator. One participant stated the worst experience as a student nurse educator occurred when the clinical instructors would leave the students unattended on the hospital floor. She said without direction, the students would often end up reading and studying for their exams. Other participants noted clinical instructors who are present and assisted with tasks such as medication administration or nasogastric tube insertion, were perceived as helpful rather than burdensome.

A formal training program for clinical instructors would most benefit the student nurse educators who are responsible for 40% of the student nurses' educational program. This type of professional learning requires the clinical instructor to evaluate and improve their practice (Boylan & Demack, 2018). The program would start with a pretest of questions asking the clinical instructors to select topics they think student nurse educators would deem as important in creating a positive clinical experience for them (Appendix A). The program would then include a brief presentation of findings of this study as well as current literature found in support of the study findings. The training program will include an outline of topics based on the results of the data analysis and literature review, in order to improve clinical experiences for staff nurses, thus improving the student nurses' learning experience (Appendix A).

Clinical instructors would be made aware of facts such as when clinical faculty work with student nurse educators, that led to higher scores on unit atmosphere, nature of relationships, and student learning (DeMeester, 2016). When clinical instructors have collaborative relationships with student nurse educators, it improves student learning

outcomes (Jawahar, 2019). The program would be sure to teach clinical instructors to prepare student nurse objectives for the day, introduce themselves to staff nurses who will serve as student nurse educators, inform the student nurse educator of their level in the program, and review patient assignment and plan of care for the day. As part of the resources for the clinical instructor, they will receive a template of a student nurse clinical report sheet to be completed with the student nurses before they meet their student nurse educators. These types of materials provide the clinical instructors with the tools to improve their practice (Boylan & Demack, 2018; Roman, 2018). The program will conclude with a short posttest of the same questions (Appendix A). Learning objectives for clinical instructors are as follows:

1. The clinical instructor will be able to access documents that assist in student nurses' clinical learning.
2. The clinical instructor will learn to prepare learning objectives for each clinical day using the clinical worksheet provided in the module.
3. The clinical instructor will be aware that the student objectives should be reviewed with student nurses as well as staff nurses who will be serving as student nurse educators.
4. The clinical instructor will know where the clinical skills list may be found in the module.
5. The clinical instructor will be aware the resources needed to teach the student how to communicate with student nurse educators.

6. The clinical instructor will verbalize understanding of the importance of their active presence throughout the clinical day.

### **Day 2: Student Nurse Preparedness Training**

Another theme identified in the data analysis was student nurse preparation for clinical settings. Most of the participants said that they prefer students who show initiative, are confident, and those who are highly communicative. The participants reported it is helpful to know what to do with the students who set goals for the day. The participants reported that their role as student nurse educators was made easier with students who asked questions and were active learners. Better academic preparation of student nurses could increase staff nurse support in the role of student nurse educator and create more opportunities for hands-on nursing activities that remove annoying and difficult tasks from the staff nurse. Amy described the use of a checklist to ensure that students understand how to interact with the student nurse educators who they will be learning from.

I have a little sheet that I use as an educator (clinical instructor) that I give to them (students) during orientation, it says this is kind of how you should set your day up. Talk, introduce yourself to your (staff) nurse, get report on your patient. I always put a little thing (for them) to find out who your aides are, and communicate with them, and then start the day.

One participant thought that it was the university's responsibility to start training the students to be educators by stating:

This should be an attitude and culture that is infused into students before they even become nurses. Where I did my undergraduate (nursing program) that was implanted in us from the beginning, and we know going forward that (teaching student nurses) was the expectation.

Students learn how to enter the nursing professional community best in a safe learning environment with trusted faculty members (Yancey, 2018). Simulation exercises to teach communication between healthcare professionals create a culture of collaboration and professional role discernment (Karnish & Shustack, 2019). University faculty could increase student preparation by a simulated meeting with student nurse educators and role-play lessons for how to communicate with the student nurse educator throughout the clinical shift. Students should learn and practice the use of approach, bridging, communicating, and departing as a method to improve intraprofessional communication with student nurse educators (Henderson & Barker, 2018).

Through simulation, students can learn how to create a more positive experience for both themselves and their student nurse educators. University faculty will also have students simulate the staff nurses' role as student nurse educators (McKenna et al., 2018). Student nurses should practice teaching their peers while understanding that nurses who are approachable, respectful, knowledgeable, and supportive create better learning environments for student nurses (Terry et al., 2020).

### **Day 3: Engagement in Community of Practice**

To better understand how staff nurses' interactions with the nurse education community influenced their role as student nurse educators, some research-derived

recommendations will be made to enhance student nurse professional development in the clinical setting. As several participants noted in their interviews, student nurses have arrived unannounced, and sometimes there were too few patients to accommodate the number of student nurses. Or sometimes the opposite situation can occur, and students arrive on the floor when the patient load is too heavy to take the time to explain everything the staff nurse is doing to students. Participants interviewed reported there are no special measures taken to ease the load of the staff nurses who agree to have a student nurse for the day.

As a key member in the community of practice, responsible for a large part of student nurses' education, student nurse educators should be valued and respected as such. However, in my interviews with staff nurses who serve as student nurse educators in this local community, it was clear that they do not receive hospital based training on any best practices for how to be a student nurse educator. While it is my assertion that the university does not determine what should be in staff nurses' orientation and training, I believe sharing the findings of this study may be helpful in defining staff nurses' role as student nurse educator in the clinical setting. This project would include an online forum offered to staff nurses for professional development materials and as a place to provide feedback to clinical instructors, nursing students, and other university faculty through this virtual community of practice.

Clinical instructors would learn as part of their professional development, the importance of engaging staff nurses as an important member of the community of practice in their role as student nurse educators. Clinical instructors would be asked to

share the online site information with staff nurses and hospital nurse managers as an attempt to engage the hospital community more fully in the professional development of new nurses. This virtual community of practice an effective and valuable form of collaboration for members (Peñarroja, Sánchez, Gamero, Orengo, & Zornoza, 2019). The intent of the online module is to improve staff nurses' experience as student nurse educators. The module would include facts from the boards of nursing and the National Council of the State Boards of Nursing that state 40% of student nurses' program must be clinical hours (Bowling et al., 2018; Spector, 2019) to help emphasize the importance and value of staff nurse educators. I would include a description of the role and expectations of the clinical instructor and student nurses, along a forum to provide feedback on student performance. Clinical instructors and university faculty will have access to this forum to learn more about staff nurses' experiences.

### **Project Evaluation**

The main type of evaluation planned is a process evaluation. This form of evaluation is most appropriate for a professional development program that combines pedagogical and practice changes with curriculum materials to affect learning experiences (Boylan & Demack, 2018). Clinical instructors will provide formative feedback throughout the professional development course, a summative assessment in the course evaluation at the end of the course. The learning objectives and evaluative questions are purposefully aligned with the community of practice framework. In addition to the evaluations in the course, a process evaluation will assess the overall intent of the project, which is to improve the community of practice. This meaningful

evaluation will be an ongoing occurrence as the number of clinical instructors make practice changes and provide feedback in the discussion forums.

### **Project Implications**

Clinical education comprises nearly half of a nurse's education (40%), and providing continuing education to clinical nurse educators about the best practices for intraprofessional communication, preparing student nurses to be more self-aware, and enhancing staff nurse engagement when they serve as student nurse educators may enhance the experience for all members of the community of practice. The goal of this study was to explore staff nurses' interactions with members of the nurse education community as student nurse educators, with the intent to improve the community of practice between universities and their hospital partners. Universities with nursing programs rely on student nurse educators to educate and model what clinical nursing entails. The results of this study have significant social change implications because improving this community of practice will increase staff nurse support as student nurse educators and improve patient care (Shasavari et al., 2013).

#### Section 4: Reflections and Conclusions

Because the purpose of this qualitative study was to better understand how student nurse educator interactions with student nurses are positively influenced, I authored a research-derived set of recommendations that could be used to enhance student nurse professional development. The idea for the study was based on current nurse education literature that reported staff nurse negative interactions while attempting to educate student nurses in a hospital setting (Barkimer, 2016; Matthew-Maich et al., 2015). One aspect that was considered to impact interactions was the added effort of supporting student nurses as staff nurses are not compensated as student nurse educators.

Student nurses report having negative interactions with staff nurses during clinical education. Clinical education in hospital settings requires that staff nurses serve as student nurse educators, and national regulatory bodies require that 40% of the nursing program is clinical and 60% didactic (Bowling et al., 2018). The lack of compensation for the role coupled with the busy setting of a hospital may impact the relationship between staff nurses, student nurses, and clinical instructors. A better understanding of this clinical education setting is vital if academic leaders hope to improve the clinical experience and enhance clinical nurse education.

Using a qualitative method, I interviewed 10 staff nurses who serve as student nurse educators using open-ended questions to gather information. After transcribing the interviews, reviewing the transcripts, and coding the data, the emergent themes dealt with three main members of the nurse education community: clinical instructors, student nurses, and staff nurses. I decided upon a three-part professional development project to



address the issues that were identified with each of the different members of the community. For the clinical instructors, I created a training program to improve awareness of their importance as active instructors in clinical environment. For the student nurses, I designed a preparatory orientation to ensure that they are ready to participate. Student nurse professional development would include simulation exercises designed to improve clinical education preparedness and provide best practices for interprofessional communication skills with staff nurses who they will interact with. For staff nurses, serving as student nurse educators, I created a learning module to enhance their understanding of the importance of their role as student nurse educators. Collectively, these professional development offerings could help to create a virtual community of practice model, one that clearly delineates expectations of clinical instructors, student nurses, and student nurse educators.

### **Project Strength and Limitations**

Through interviews with ten staff nurses who serve as student nurse educators, I obtained descriptive answers that helped me understand their perspectives about their role as student nurse educators in the clinical setting. I learned that staff nurses' experiences as student nurse educators could be improved by increasing engagement and awareness by the other members of the nurse education community. Participants revealed three main areas for improvement (a) increased presence and engagement with the clinical instructors, (b) increased awareness and readiness of the student nurses, and (c) hospital staff nurse professional development in their role as student nurse educators in a clinical setting. The main strength of this project is that it addresses three main members of the

community of practice as opposed to focusing on one part of the puzzle. The results of implementing this three-pronged approach to using research to enhance staff nurse and student nurses in the clinical setting could help to determine whether full participation in a community of practice might help. A community of practice that involved all members might improve staff nurse and student nurse interactions in a clinical setting. Increasing the opportunity for student nurse educators to interact with members of the nurse education community might create a more sustainable model for each stakeholder group to socialize and engage around nursing topics. Through my study, I learned more about what participants thought about the roles of the university, student nurses, and clinical instructors play in student nurse educator experiences.

One of the limitations that I recognized with this project study is the relatively small participant pool from which I based the study. Although 10 participants is a small number, it is a typical amount for a qualitative study (Velte & Stawinoga, 2017). Although the participants provided robust answers based on their years of experience during the 45-60 minute interviews, a larger participant pool might have provided additional results. All participants reside and work in the same community. This may also limit the study's generalizability to other geographic locations. Another limitation may be my use of nonrandom sampling. Participants for this study were obtained through snowballing and participation was completely voluntary. Staff nurses who have served as student nurse educators who are willing to participate in this study may have different perceptions and attributes from those who did not volunteer.

### **Recommendations for Alternative Approaches**

One recommendation would be to expand the study to other geographical areas to gain further insight into how staff nurses across the country feel about being student nurse educators. Based on the emergent themes from this study, another recommendation I have is to triangulate the data learned from interviews with questionnaires or direct observations. Participants may be more willing to complete a quick 5-minute survey at the end of a shift than sit down for a 40-minute interview. This type of participation may be better received by student nurse educators who would otherwise be unwilling to give up an hour of their time.

Given that the main theme that emerged from the data analysis was regarding active clinical instructor presence, I focused this project on this member of the community of practice. Future studies and projects could be focused on the professional development of staff nurses in their role as student nurse educators. My interview questions were open-ended and I asked participants what improves their role as student nurse educator. Engaging in discussions with participants, specifically asking about clinical instructor preparation and efficacy, could lead to more training and development topics for clinical instructors. Investigation into factors that can improve clinical experiences leads to improvement of skills and performance and demonstrates the value of collaboration of the community of practice members (Barry & Martin, 2018).

### **Scholarship, Project Development, and Leadership and Change**

The main inspiration of this study was my awareness that student nurses do not always report positive interactions with staff nurses in clinical settings. Because I work in

a nursing program, and I oversee the clinical placements for undergraduate student nurses, I am keenly aware that nursing programs depend on the hospital staff nurses for a large part of their nurse education. I work closely with hospital administrators and nurse managers who have also told me they understand the need for clinical education within their facilities but that they are aware of the resistance of nurses to teach students (Hospital Director, personal communication, May 2, 2018). This poses as a serious problem as nursing programs face a shortage of clinical placements nationwide (Courtney-Pratt et al., 2017).

### **Scholarship**

Through my literature search, I discovered that there is an abundance of studies in which researchers asked student nurses how they felt about their clinical rotations, and not nearly as many studies with staff nurses and their experiences as student nurse educators in the clinical setting. I decided that my focus would be the staff nurses' perspective about their role as student nurse educators. Staff nurses work in high-stress environments where they are asked to manage the care of acuity ill people and concurrently, these employees are asked to teach student nurses, all while maintaining their focus delivering safe patient care (Hanson et al., 2018). I learned that many times staff nurses were not given the opportunity to provide feedback to the student nurse nor to their clinical instructors after clinical education has occurred (Allen & Molloy, 2017; Thomas, 2015). Negative interactions with staff nurses while as student nurse educators could influence clinical education and impact student nurse learning (Skela-Savič & Kiger, 2015; Webster et al., 2016). As so many moving pieces are involved, the research

that I conducted about the community of practice model revealed an emphasis on socialization to create more positive learning environments for all members of the community (Wenger, 2001).

Finding participants who were willing to sit with me for an hour proved to be a slight challenge. The holidays were fast approaching, and I had just a nominal gift card as an incentive to participate. Over the course of a month, I was able to meet with 10 staff nurses who were all open and willing to help me, as they understood the importance of my study. They all consented to being recorded to aid in the transcription of the interviews. After making some minor grammatical edits to the transcriptions, I emailed the participants and asked them to review and edit their responses. None of the participants changed any part of the transcripts. Coding of the transcripts took me some time. I reviewed each one, taking some notes on each transcript. As I read them, I started to discover there were three main themes. I reread the responses and highlighted each transcript according to these themes.

Before the interviews, the anticipated themes included (a) high stress on the staff nurse job, (b) high acuity patients, (c) lack of time to explain the job to students, and (d) lack of administrative support from the facilities. I also hoped the participants I interviewed would want to provide formal feedback to feel a sense of accomplishment in teaching student nurses. My speculation was that the gap in providing a more positive clinical experience had more to do with factors related to the staff nurse and the hospital facility than any element on the clinical nurse education or new nurse side. The overwhelming response from participants was the significance of the active presence of

the clinical instructor to positive interactions with student nurses. Participants also reported that individual nursing student's situational awareness and preparedness for clinical education are key factors in making their job as student nurse educators easier. I learned that providing formal feedback about student nurses' performance at clinical is not just unimportant to participants but viewed as burdensome. The last theme that was somewhat anticipated was that staff nurses do not receive any formal, mandatory training on how to be an effective student nurse educator. After coding and organizing themes, it was evident to me that I could address three main members of this community of practice in my project.

### **Project Development**

The clinical instructor professional development course will encompass the improvement of practice and knowledge of clinical instructors, student nurses, and staff nurses who serve as student nurse educators. The virtual course will be hosted on a learning management system, and be accessible to all clinical faculty to be completed at their convenience. Within the course there are modules: welcome and introduction, self-analysis, pretest, study results presented with informative slides, videos, a posttest, and a course evaluation (Appendix A). Also included are documents helpful in increasing their effectiveness as clinical instructors such as the curriculum outline, skills checklist, clinical worksheets, rotation schedule to share with nurse managers, student objective sheet to share with staff nurses, and student nurse simulation materials (Appendix A).

The student nurse simulation would be run by each clinical instructor at the nursing department's simulation laboratory before their clinical rotation at the hospital

facilities. Because adult learners benefit from knowing the purpose of the learning activity, the learning objectives of the simulation will be identified at the beginning of the course by the clinical instructors (Knowles, Holton, & Swanson, 2015). The student nurses will take turns running through four different scenarios that will review interprofessional communication topics that were identified by staff nurses who participated in the study. Each student will have training in (a) introduction to staff nurse with learning objectives and plan of care, (b) communication of routine care performed with assessment findings, (c) communication through unforeseen circumstances with the staff nurse, and (d) interaction with a difficult staff nurse or difficult patient. Student nurses will take turns through the simulations while observing their classmates doing the other scenario. Between each scenario, the clinical instructor will lead a debrief with the students to identify what went well and areas for improvement. This will ensure all students are aware of expectations during the clinical.

The clinical instructors would be asked to complete the 3-day course following the outline of modules on clinical preparation, instructor role, instructor presence, student nurse engagement, student nurse simulation activity, and staff nurse engagement. Clinical instructors would receive clearance to take their students to clinical upon completion of the posttest and course evaluation.

The module that addresses staff nurses as student nurse educators includes an informational graphic to start the module to increase the clinical instructors' awareness of the enormous role staff nurses have in student nurses' education. Clinical instructors will be encouraged to share this information to staff nurses and nurse managers with the

message of gratitude from nursing programs and students. The module will also include some of the findings of the study that indicated certain expectations of clinical instructors and student nurses. I will provide literature that helps support these findings. Staff nurses will be invited to view all the learning materials on the course and to provide any feedback about their role as student nurse educators in the blog. This information will prove helpful to further improve this informative module.

### **Leadership and Change**

To ensure that student nurses have a positive interaction with a staff nurse who will serve as a student nurse educator, clinical instructors can play a powerful role in developing relationships that enhance learning in hospital settings. While staff nurses who are used to serving as critical care providers are the best individuals to provide instruction to student nurses in hospital settings, academic professionals who support nurse education in university settings should use research to improve the interactions that occur in hospitals. When clinical instructors better understand the complex components of the clinical education that occurs in hospitals, they can better support positive interactions between student nurses and the staff nurses who are helping them better understand the daily tasks associated with patient care.

Through this project, clinical instructors will be better prepared to lead their clinical groups. Hospital settings are where many new nurses begin their professional lives, and staff nurses who engage in positive interactions with student nurses lay the groundwork for positive social change. Staff nurses who serve as student nurse educators are in an excellent position to inform academic nurse education and explain what a



student nurse should be able to do when they enter the clinical nurse education setting. Clinical instructors who are fully informed about staff nurse expectations will be better informed about how to effectively communicate within the nursing profession. Clinical instructors who have the leadership skills necessary to prepare student nurses to communicate their learning needs and plan during their clinical rotation will begin to build trust and demonstrate their appreciation for the staff nurse's direct mentoring skills. I believe that with the use of this project, a university could lead the way in improving the staff nurses interactions as student nurse educators in a clinical setting.

### **Reflection on Importance of the Work**

Nationwide, there is a shortage of clinical sites for future nurses to complete their education (Courtney-Pratt et al., 2017). Nursing programs must consider ways to improve every clinical experience for student nurse educators or there will be an even greater shortage of clinical opportunities. Throughout the course of this project study, I continued to observe the importance of a positive community of practice in clinical nurse education. My work in the nursing program enables me to work closely with hospital partners in establishing clinical opportunities for student nurses. This relationship is vital to the quality of nurse education. Although my study focused on one geographical area in the United States, I believe the information I gathered may help other nursing programs improve their community of practice.

### **Implications, Applications, and Directions for Future Research Implications**

The results of this study have clear implications to enact positive social change. Participants described feeling burdened by the additional task of educating student nurses

in hospital settings while still delivering the highest quality of care for their patients. Participants were clear about what would improve their interactions as student nurse educators. They described a collaborative effort of interprofessional communication exerted by clinical instructors, student nurses, and the institutions that train them. All nursing programs could apply the learnings from this study to improve student nurse educators' experience in clinical education through advanced preparation of their clinical instructors and their student nurses.

Nursing programs should take the time to ensure all clinical instructors are provided with the information necessary to support the staff nurses who serve as student nurse educators in hospital settings. Student nurses will benefit from practicing their communication skills in the simulation laboratory before going to the clinical environment. Staff nurses will learn from the module that they are a vital part of a student nurse education, and that they have the right to expect clinical instructors and student nurses will be prepared to learn from them.

### **Applications**

Participants revealed that clinical nurse educators play a crucial role in creating open lines of communication and insights regarding the types of tasks an individual new nurse is competent to perform. Staff nurses' attitudes about their role as student nurse educators make it difficult to secure clinical placements and result in negative interactions with new nurses in hospital settings. I plan to implement the project into my academic environment, as well as offer to work with the state center for nursing to publish my findings. I hope by sharing the findings with all nursing programs in the area

that interprofessional communication between clinical nurses and staff nurses who serve as educators of new nurses in hospital settings will improve.

Working with the boards of nursing to offer certified continuing education credit for clinical instructors and staff nurses if they complete the learning modules could increase the appeal for professional development around clinical education best practices. I plan to publish the clinical instructor professional development course for use by other nursing programs. By disseminating the results of my study to a broader audience, I am promoting social change in my community by improving interactions of all members of the nurse education community.

### **Directions for Future Research**

As my study is shared with other clinical nurse educators, future studies could be done to further explore staff nurses' interactions with members of the nurse education community in their role as student nurse educators in other geographical areas and with a larger number of participants. Student nurse educators play an essential role in the preparation of new student nurses, yet their experience is not part of the academic planning process. As such, clinical nurse educators may miss the opportunity to create a shared set of expectations for each new nurse. By expanding this research, clinical instructors could provide more insight into staff nurses' experiences as student nurse educators. Improving this community of practice will further improve student nurse training and quality of patient care and increase knowledge transfer to student nurses in hospital settings.

## **Conclusion**

The literature revealed an abundance of studies from the student nurses' perspectives. This motivated me to learn about the staff nurses' perspectives, if it was true that they had negative interactions as student nurse educators, and to see if there were things the nurse education community could do to improve the staff nurse experience. Through interviewing student nurse educators, I learned that it was not the stress of the job as a nurse that made their task of teaching new nursing students unsatisfying, instead it was the social interactions with the clinical instructors as well as the student nurses that decreased their feelings of support as educators in hospital settings.

As an educator in a nursing program, the data revealed new approaches to train our clinical instructors and student nurses to be better prepared for clinical education settings through a clinical instructor professional development program. I would also like to invite staff nurses to review the course materials and discussion boards to learn more about their vital role as student nurse educators. Through this clinical instructor professional development course, clinical instructors and student nurses will be better prepared for their interactions with staff nurses. This could improve the staff nurse experience as student nurse educators, which might improve patient outcomes in hospital settings (Barry & Martin, 2018). Clinical experiences account for 40% of new nurse learning, and the staff nurse role could be better supported by preparing new nurses with enhanced self-awareness and clinical educators with tools designed to scaffold the knowledge transfer process for optimal learning.

## References

- Akram, A. S., Mohamad, A., & Akram, S. (2018). The role of clinical instructor in bridging the gap between theory and practice in nursing education. *International Journal of Caring Sciences, 11*(2), 876–882.
- Allen, L., & Molloy, E. (2017). The influence of a preceptor-student ‘Daily Feedback Tool’ on clinical feedback practices in nursing education: A qualitative study. *Nurse Education Today, 49*57-62. doi:10.1016/j.nedt.2016.11.009
- Barber, C. B., Dague, R. T., McLaughlin, T. S., Mullen, E. E., & Scott, J. E. (2017). Horizontal violence among nursing Students in the clinical setting. *Proceedings of The National Conference on Undergraduate Research.*
- Barkimer, J. (2016). Clinical growth: An evolutionary concept analysis. *Advances In Nursing Science, 39*(3), E28-E39. doi:10.1097/ANS.0000000000000133
- Barry, S., & Martin, C. (2018). Factors impacting on the success of clinical learning: A student and nurse educator perspective. *Australian Nursing & Midwifery Journal, 25*(11), 42.
- Bazrafkan, L., & Najafi Kalyani, M. (2018). Nursing students’ experiences of clinical education: A qualitative Study. *Investigacion y Educacion En Enfermeria, 36*(3).
- Bowling, A. M., Cooper, R., Kellish, A., Kubin, L., & Smith, T. (2018). No evidence to support number of clinical hours necessary for nursing competency. *Journal of Pediatric Nursing, 39*.

- Boylan, M., & Demack, S. (2018). Innovation, evaluation design and typologies of professional learning. *Educational Research, 60*(3), 336–356.
- Brown, L., Douglas, V., Garrity, J., & Shepherd, C. K. (2012). What influences mentors to pass or fail students. *Nursing Management - UK, 19*(5), 16-21.
- Brown, T., Williams, B., & Lynch, M. (2013). Relationship between clinical fieldwork educator performance and health professional students' perceptions of their practice education learning environments. *Nursing & Health Sciences, 15*(4), 510-517. doi:10.1111/nhs.12065
- Burden, S., Topping, A. E., & O'Halloran, C. (2018). Mentor judgments and decision-making in the assessment of student nurse competence in practice: A mixed-methods study. *Journal of Advanced Nursing, 74*(5).
- Burkholder, G. J., Cox, K. A., & Crawford, L. M. (2016). *The scholar-practitioner guide to research*. Baltimore, MD: Laureate Publishing, Inc.
- Chang, C., Lee, T., & Mills, M. (2017). Clinical nurse preceptors' perception of e-portfolio use for undergraduate students. *Journal of Professional Nursing, 33*(4).
- Chigavazira, J., Fernandez, R., Mackay, M., & Lapkin, S. (2018). Adaptation and validation of the clinical supervision self-assessment tool among registered nurses. *Nurse Education Today, 70*, 28–33
- Cleary, M., Happell, B., Lau, S. T., & Mackey, S. (2013). Student feedback on teaching: Some issues for consideration for nurse educators. *International Journal of Nursing Practice, 19*(S1).

- Collier, A. D. (2018). Characteristics of an effective nursing clinical instructor: The state of the science. *Journal of Clinical Nursing, 27*(1–2), 363–374.
- Connor, K. (2019). Student perceptions of knowledge development and consolidation in a clinical community of practice. *Nurse Education in Practice, 39*, 90.
- Courtney-Pratt, H., Pich, J., Levett-Jones, T., & Moxey, A. (2017). I was yelled at, intimidated and treated unfairly: Nursing students' experiences of being bullied in clinical and academic settings. *Journal of Clinical Nursing Article in-press*. ISSN 0962-1067 (2017)
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage Publications.
- Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory Into Practice, 39*(3), 124–130.
- Dar Cohen, N., & Cojocar, S. (2018). Emotional dissonance in clinical instruction roles in nursing. *Social Research Reports, 10*(3), 49–57.
- DeMeester, D. A. (2016). The lived experience of nursing faculty in a dedicated education unit. *Journal of Nursing Education, 55*(12), 669-674.  
doi:10.3928/01484834-20161114-02
- El Hussein, M. T., & Fast, O. (2020). Gut feeling: A grounded theory study to identify clinical educators' reasoning processes in putting students on a learning contract. *Journal of Clinical Nursing, 29*(1).
- Elliott, C. (2017). Identifying and managing underperformance in nursing students: Lessons from practice. *British Journal of Nursing, 26*(3), 166-171.

- Esmaeili, M., Cheraghi, M. A., Salsali, M., & Ghiyasvandian, S. (2014). Nursing students' expectations regarding effective clinical education: A qualitative study. *International Journal of Nursing Practice*, 20(5), 460-467.  
doi:10.1111/ijn.12159
- Factor, E. M. R., & de Guzman, A. B. (2017). Explicating Filipino student nurses' preferences of clinical instructors' attributes: A conjoint analysis. *Nurse Education Today*, 55, 122–127.
- Fletcher, K. A., & Meyer, M. (2016). Coaching model + clinical playbook = transformative learning. *Journal of Professional Nursing*, 32(2), 121–129.
- Flick, U. (2018). Doing qualitative data collection – charting the routes. In Flick, U. *The sage handbook of qualitative data collection* (pp. 3-16). SAGE Publications Ltd.  
doi: 10.4135/9781526416070
- Ford, K., Courtney-Pratt, H., Marlow, A., Cooper, J., Williams, D., & Mason, R. (2016). Quality clinical placements: The perspectives of undergraduate nursing students and their supervising nurses. *Nurse Education Today* 37.
- Foy, D., Carlson, A., & White, A. (2013). RN preceptor learning needs assessment. *Journal for Nurses in Professional Development*, 29(2), pp. 64-69.  
doi:10.1097/NND.0b013e318287aa12
- Frankel, R. M., & Devers, K. (2000). Qualitative research: A consumer's guide. *Education for Health: Change in Learning & Practice*, 13(1), 113–123.



- Fuentes-Pumarola, C. (2016). Nursing student and professor perceptions and assessments of the achievement of practicum competencies: A mixed method approach. *Nurse Education Today, 45*(1).
- Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report, 20*(9), 1408-1416.
- Glesne, C. (2011). *Becoming qualitative researchers: An introduction* (4<sup>th</sup> ed). London, United Kingdom: Pearson. ISBN13: 9780137047970
- Glynn, D. M., Mcvey, C., Wendt, J., & Russell, B. (2017). Dedicated Educational Nursing Unit: Clinical Instructors Role Perceptions and Learning Needs. *Journal of Professional Nursing, 33*(2), 108–112.
- Golafshani, N. (2003). Understanding reliability and validity in qualitative research. *The Qualitative Report, 8*(4).
- Hanson, S. E., MacLeod, M. L., & Schiller, C. J. (2018). It's complicated: Staff nurse perceptions of their influence on nursing students' learning. A qualitative descriptive study. *Nurse Education Today, 63*.
- Harrison, H., Birks, M., Franklin, R., & Mills, J. (2017). Case study research: Foundations and methodological orientations. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research, 18*(1).
- Harvey, C. L., Baret, C., Rochefort, C. M., Meyer, A., Ausserhofer, D., Ciutene, R., & Schubert, M. (2018). Discursive practice - lean thinking, nurses' responsibilities and the cost to care. *Journal Of Health Organization And Management, 32*(6), 762–778.

- Heidelberg, T. (2017). Registered nurses' beliefs regarding the preparedness of nursing students who have completed the DEU program. *ABNF Journal*, 28(3), 81–84.
- Helminen, K., Coco, K., Johnson, M., Turunen, H., & Tossavainen, K. (2016). Summative assessment of clinical practice of student nurses: A review of the literature. *International Journal of Nursing Studies*, 53, p 308-319.
- Henderson, A., & Eaton, E. (2013). Assisting nurses to facilitate student and new graduate learning in practice settings: What 'support' do nurses at the bedside need? *Nurse Education in Practice*, 13(3), 197-201.
- Henderson, S., & Barker, M. (2018). Developing nurses' intercultural/intraprofessional communication skills using the excellence in cultural experiential learning and leadership social interaction maps. *Journal of Clinical Nursing*, 27(17–18), 3276–3286.
- Hendricks, S., DeMeester, D., Stephenson, E., & Welch, J. (2016). Stakeholder perceptions, learning opportunities, and student outcomes in three clinical learning models. *Journal of Nursing Education*, 55(5), 271-277.
- Hudacek, S. S., DiMattio, M. J. K., & Turkel, M. C. (2017). From academic-practice partnership to professional nursing practice model. *The Journal of Continuing Education in Nursing*, 48(3), 104-112.
- Jawahar, P. (2019). Perception of nurses on ideal clinical learning environment. *Nursing Journal of India*, 110(2), 87-91. Retrieved from
- Johnson, K. V. (2016). Improving adjunct nursing instructors' knowledge of student assessment in clinical courses. *Nurse Educator*, 41, 108-110.

- Karnish, K., & Shustack, L. (2019). Interprofessional Socialization Through Acute-Care Simulation. *Radiologic Technology*, 90(6), 552–562.
- Kneusel, M. (2016). Empowering nursing students: Fourteen golden rules for clinical day. *Creative Nursing*, 22(3), 181–184.
- Knowles, M. S., Holton, E. F., III, & Swanson, R. A. (2015). *The adult learner: The definitive classic in adult education and human resource development* (8th ed.). Abingdon, U.K.: Routledge
- Kol, E., & Ince, S. (2018). Determining the opinions of the first-year nursing students about clinical practice and clinical educators. *Nurse Education In Practice*, 31, 35–40.
- Kolawole, I. O., Andrew, A., & Evelyn Olorunda, M. O. (2019). Knowledge and attitude of registered and student nurses on mentor-mentee relationship in specialist hospital, Yola. *International Journal of Caring Sciences*, 12(3), 1734–1743.
- Krautscheid, L. C., Luebbering, C. M., & Krautscheid, B. A. (2017). Conflict-handling styles demonstrated by nursing students in response to microethical dilemmas. *Nursing Education Perspectives*, 38(3), 143-145.
- Levin, D. Z., & Cross, R. (2004). The strength of weak ties you can trust: The mediating role of trust in effective knowledge transfer. *Management Science*, 50(11).
- Lewis, R., & Kelly, S. (2018). Changing hearts and minds: Examining student nurses' experiences and perceptions of a general practice placement through a "community of practice" lens. *BMC Medical Education*, 18(1), 67.
- Lodico, M., Spaulding, D., & Voegtle, K. (2010). *Methods in educational research:*

- from theory to practice* (2nd Ed). San Francisco, CA: Jossey-Bass.
- Marshall, L. C., Dall'Oglio, I., Davis, D., Verret, G., & Jones, T. (2015). Nurses as educators within health systems...Chapter from Mastering Patient & Family Education, an STTI book. *Reflections on Nursing Leadership*, 41(4), 1–17.
- Martin, K. A. (2016). *Creating a community of practice: Exploring the lived experience of staff nurses in the clinical learning environment* (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (1847984090).
- Matthew-Maich, N., Martin, L., Ackerman-Rainville, R., Hammond, C., Palma, A., Sheremet, D., & Stone, R. (2015). Student perceptions of effective nurse educators in clinical practice. *Nursing Standard*, 29(34), 45.
- McKenna, L., Irvine, S., & Williams, B. (2018). “I didn’t expect teaching to be such a huge part of nursing”: A follow-up qualitative exploration of new graduates’ teaching activities. *Nurse Education in Practice*, 32, 9–13.
- Merriam, S. B. (2002). *Qualitative research in practice: Examples for discussion and analysis*. San Francisco, CA: Jossey-Bass.
- Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation* (4th Ed). San Francisco, CA: Jossey-Bass. ISBN: 978-1-119-00361-8.
- Mettiäinen, S. (2015). Electronic assessment and feedback tool in supervision of nursing students during clinical training. *Electronic Journal of E-Learning*, 13(1), 42-56.
- Morrison, T. L., & Brennaman, L. (2016). What do nursing students contribute to clinical

- practice? The perceptions of working nurses. *Applied Nursing Research*, 35.
- Needham, J., McMurray, A., & Shaban, R. Z. (2016). Best practice in clinical facilitation of undergraduate nursing students. *Nurse Education in Practice*, 20, 131-138.
- Niederriter, J. E., Eyth, D., & Thoman, J. (2017). Nursing students' perceptions on characteristics of an effective clinical instructor. *SAGE Open Nursing*.
- Nielsen, A., Lasater, K., & Stock, M. (2016). A framework to support preceptors' evaluation and development of new nurses' clinical judgment. *Nurse Education in Practice*, 19, 84-90.
- Nolan, T., & Loubier, C. (2018). Relating instructor feedback and student reception in the clinical environment. *Radiologic Technology*, 89(3), 238.
- Owens, R. A. (2017). Part-time nursing faculty perceptions of their learning needs during their role transition experiences. *Teaching and Learning in Nursing*, 12(1), 12–16. <https://doi-org.ezp.waldenulibrary.org/10.1016/j.teln.2016.10.002>
- Peñarroja, V., Sánchez, J., Gamero, N., Orengo, V., & Zornoza, A. M. (2019). The influence of organisational facilitating conditions and technology acceptance factors on the effectiveness of virtual communities of practice. *Behaviour & Information Technology*, 38:8, 845-857, DOI: 10.1080/0144929X.2018.1564070
- Rahimi, M., Ehsanpour, S., & Haghani, F. (2016). The role of feedback in clinical education: Principles, strategies, and models. *Journal of Medical Education and Development*, 10(4), 264–277.
- Rebeiro, G., Edward, K., Chapman, R., & Evans, A. (2015). Interpersonal relationships

between registered nurses and student nurses in the clinical setting—A systematic integrative review. *Nurse Education Today*, 35.

Rebeiro, G., Evans, A., Edward, K., & Chapman, R. (2017). Registered nurse buddies: Educators by proxy? *Nurse Education Today*, 55, 1–4.

Roach, A., & Hooke, S. (2019). An academic-practice partnership: Fostering collaboration and improving care across settings. *Nurse Educator*, 44(2), 98–101.

Roman, T. (2018). Novice and expert clinical instructors: A method to enhance teaching capabilities. *Nursing Education Perspectives (Wolters Kluwer Health)*, 39(6), 368–370.

Rylance, R., Barrett, J., Sixsmith, P., & Ward, D. (2017). Student nurse mentoring: an evaluative study of the mentor's perspective. *British Journal of Nursing*, 26(7), 405-409.

Sadeghi, A., Oshvandi, K., & Moradi, Y. (2019). Explaining the inhibitory characteristics of clinical instructors in the process of developing clinical competence of nursing students: a qualitative study. *Journal of Family Medicine & Primary Care*, 8(5), 1664–1670.

Saini, R., & Kaur, S. (2017). Development of “Clinical instructor's/tutor's task inventory”: A methodological study. *Nursing & Midwifery Research Journal*, 13(4), 182–194.

Saldaña, J. (2016). *The Coding Manual for Qualitative Researchers*. (3rd ed). Thousand Oaks, CA: Sage.

- Shasavari, H., Yekta, Z., Houser, M., & Ghiyasvandian, S. (2013). Perceived clinical constraints in the nurse student-instructor interactions: A qualitative study. *Nurse Education in Practice, 13*(6), 546-552.
- Sigalit, W., Sivia, B., & Michal, I. (2017). Factors associated with nursing students' resilience: Communication skills course, use of social media and satisfaction with clinical placement. *Journal of Professional Nursing, 33*(2), 153–161.
- Skela-Savič, B., & Kiger, A. (2015). Self-assessment of clinical nurse mentors as dimensions of professional development and the capability of developing ethical values at nursing students: A correlational research study. *Nurse Education Today, 35*(10). ISSN: 0260-6917 PMID: 25981136
- Smith, C. R., Gillespie, G. L., Brown, K. C., & Grubb, P. L. (2016). Seeing students squirm: Nursing students' experiences of bullying behaviors during clinical rotations. *Journal of Nursing Education, 55*(9): 505–513. doi: 10.3928/01484834-20160816-04
- Spector, N. (2019). 2018 NCSBN scientific symposium - education: Consensus on nursing education regulatory quality indicators: A Delphi study [Video transcript]. [https://www.ncsbn.org/Transcript\\_2018SciSymp\\_NSpector.pdf](https://www.ncsbn.org/Transcript_2018SciSymp_NSpector.pdf)
- Stevens, K. E., & Duffy, E. A. (2017). A toolkit for nursing clinical instructors. *Teaching & Learning in Nursing, 12*(2), 170–172.
- Terry, D. R., Nguyen, H., Peck, B., Smith, A., & Phan, H. (2020). Communities of

- practice: A systematic review and meta-synthesis of what it means and how it really works among nursing students and novices. *Journal of Clinical Nursing (John Wiley & Sons, Inc.)*, 29(3/4), 370–380.
- Thomas. (2015). Home nurses' turnover intentions: The impact of informal supervisory feedback and self-efficacy. *Journal of Advanced Nursing*, 71(12).
- Thomson, R., Docherty, A., & Duffy, R. (2017). Nursing students' experiences of mentorship in their final placement. *British Journal of Nursing*, 26(9), 514-521.
- Velte, P., & Stawinoga, M. (2017). Integrated reporting: The current state of empirical research, limitations and future research implications. *Journal of Management Control*, 28, 275-320. doi:10.1007/s00187-016-0235-4
- Vinales, J. J. (2015). Exploring failure to fail in pre-registration nursing. *British Journal of Nursing*, 24(5), 284-288. doi:10.12968/bjon.2015.24.5.284
- Webster, A., Bowron, C., Matthew-Maich, N., & Patterson, P. (2016). The effect of nursing staff on student learning in the clinical setting. *Nursing Standard*, 30(40), 40.
- Wenger, E. (1998). *Communities of practice and social learning systems: The career of a concept*. Cambridge, MA: New York University Press. Retrieved from:
- Wenger, E. (2001). Communities of practice. *International Encyclopedia of the Social & Behavioral Sciences*, 2339-2342.
- Weston, J. (2018). The clinical instructor program: Improving self-efficacy for nurse educators. *Nurse Educator*, 43(3), 158–161.

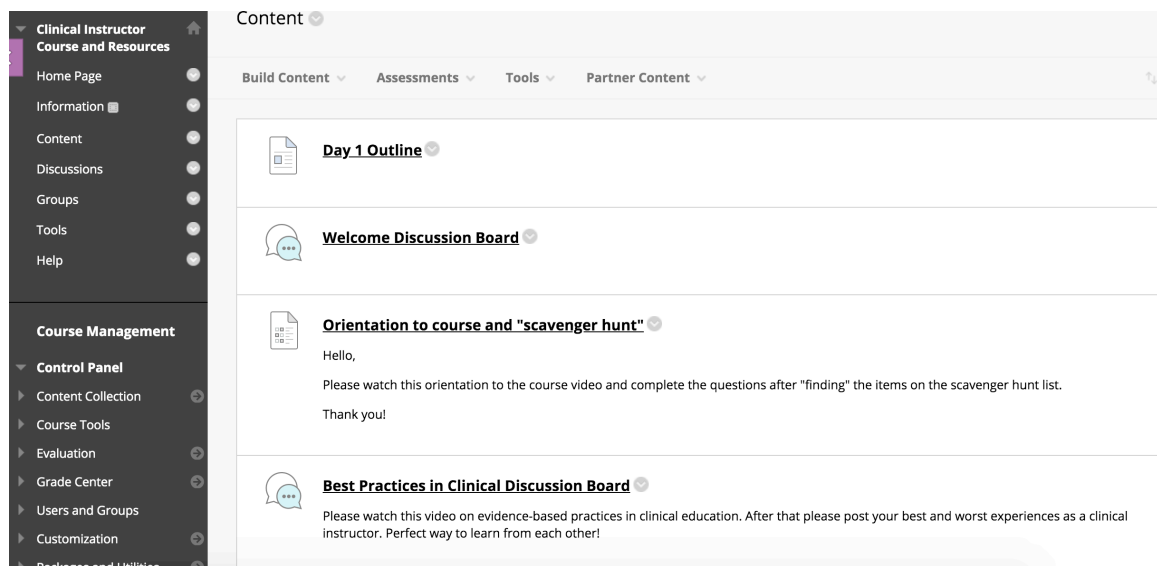


- Winterman, E., Sharp, K., McNamara, G., Hughes, T., & Brown, J. (2015). Support for mentors in clinical education. *Nursing Times*, *110*, 21-23.
- Woods, A., Cashin, A., & Stockhausen, L. (2016). Communities of practice and the construction of the professional identities of nurse educators: A review of the literature. *Nurse Education Today*, *34*, 164–169.
- Woodworth, J. A. (2017). Adjunct nurse faculty demographics and intent to stay teaching. *Nurse Educator*, *42*(6), 295–298. <https://doi-org.ezp.waldenulibrary.org/10.1097/NNE.0000000000000376>
- Xu, J. (2016). Toolbox of teaching strategies in nurse education. *Chinese Nursing Research*, *3*(2), 54–57.
- Yancey, N. R. (2018). Living With Ambiguity: A gift and a challenge for teaching-learning. *Nursing Science Quarterly*, *31*(3), 226–229

## Appendix A: The Project

### Professional Development Course: “Clinical Instructor Course and Resources”

Screenshot is of the Coursesites, course content page.



The screenshot displays the course content page for "Clinical Instructor Course and Resources". The left sidebar contains a navigation menu with the following items: Clinical Instructor Course and Resources (selected), Home Page, Information, Content, Discussions, Groups, Tools, and Help. Below this is the "Course Management" section, which includes: Control Panel, Content Collection, Course Tools, Evaluation, Grade Center, Users and Groups, Customization, and Packages and Utilities. The main content area is titled "Content" and features a sub-menu with "Build Content", "Assessments", "Tools", and "Partner Content". The content area lists four items:

- Day 1 Outline** (document icon)
- Welcome Discussion Board** (discussion icon)
- Orientation to course and "scavenger hunt"** (document icon)  
Hello,  
Please watch this orientation to the course video and complete the questions after "finding" the items on the scavenger hunt list.  
Thank you!
- Best Practices in Clinical Discussion Board** (discussion icon)  
Please watch this video on evidence-based practices in clinical education. After that please post your best and worst experiences as a clinical instructor. Perfect way to learn from each other!

### Screenshot of Resources in the Professional Development Course

**Helpful Clinical Documents**

👁 Visible to students

You will find documents helpful in teaching clinical. Skills checklists Program curriculum Clinical worksheets Clinical objectives form

⋮

▼

---

**Simulation Resources**

👁 Visible to students

⋮

---

**Research Findings**

👁 Visible to students

This folder contains the study findings which prompted the development of this course for clinical instructors. I also added several of the research articles I think would be most helpful to enhance your practice. Enjoy!

⋮

▼

---

**Community of Practice**

👁 Visible to students

This folder contains information and graphics about the community of practice model. This was the driving framework that states positive social interactions help to create better learning experiences for all members of the community of practice.

↕

⋮

▼

**Helpful Clinical Documents**

👁 Visible to students

You will find documents helpful in teaching clinical. Skills checklists Program curriculum Clinical worksheets Clinical objectives form

⋮

^

---

	<p><b>Student Nurse Skills Checklist.docx</b></p> <p>👁 Visible to students</p>	🔄	✎	⋮
	<p><b>NUR Clinical Worksheet.docx</b></p> <p>👁 Visible to students</p>	🔊	✎	⋮
	<p><b>Student Nurse Clinical Rotation Information.docx</b></p> <p>👁 Visible to students</p>	🔄	✎	⋮
	<p><b>BSN Curriculum Outline.docx</b></p> <p>👁 Visible to students</p>	🔊	✎	⋮

**Outline of Professional Development (example of timeline)**

## Day 1

- 0800: Sign-in and pretest
- 0830: Introductions of self in the discussion board named “Welcome” and encourage clinical instructors to read others’ profiles.
- 0900: View orientation video that reviews outline of Professional Development program
- 0930: Complete a scavenger hunt of the online course
- 1000: Watch video on best practices in clinical. Share their best and worst clinical experiences on the discussion board. Make it personal. Learn from each others’ experience, and respond to two other clinical instructors’ posts.
- 1100: Read findings of study and why this program is important to be effective clinical instructors. Answer a few multiple choice questions in this module.
- 1200: lunch
- 1300: Watch preparation for clinical video.
  - Refer to online course to review resources such as facility-specifics, nursing program curriculum, student nurse skills checklists, learning objectives, and clinical worksheets. Answer a few multiple choice questions in this module.
- 1400: Watch clinical day video.
  - Refer to online course materials that discuss methods to engage students,

effective communication methods with students, methods to provide feedback, and how to run an effective post-conference.

- 1500: end of day evaluation

#### Day 2:

- 0800: Watch video on teaching and learning strategies
  - Answer a few multiple choice questions in this module
- 0830: Watch video on generational differences and adult learning theory
  - Answer a few questions in module
- 0900: Watch video on how to run a simulation with student nurses
  - Refer to online resources including the four simulations scenarios that clinical instructors will be teaching their clinical group. Video of examples of how each simulation may be run, including prebrief, simulation, and debrief.
- 1200: Lunch
- 1300: Watch video on best practices of simulation and debriefing in postconference.
  - Answer a few questions in this module
- 1400: Ask clinical instructors to provide feedback about each simulation in discussion board.
- 1500: End of day evaluation

Day 3:

- 0800: Watch video on interprofessional communication
  - Answer a few questions in this module
- 0900: Watch video on importance of staff nurses as student nurse educators.  
Present more of the study's findings.
  - Post a responses to a poll
- 1100: Watch video on community of practice, importance of staff nurse engagement, and where to find staff nurse feedback on the site.
- 1200: Lunch
- 1300: Complete course post-test and course evaluation

Clinical Instructor Scavenger Hunt quiz (entered as an electronic test for clinical instructors)

1. Where would I find staff nurse feedback on the coursesites page?
  - a. Homepage, To Do list
  - b. Content Page
  - c. Homepage, Blog link
  
2. Where would I find the list of clinical skills recommended for students in each level?
  - a. Ask the course coordinator
  - b. In the Blackboard clinical instructor course
  - c. On the hospital unit
  
3. Where would I find resources on how to perform clinical skills?
  - a. In the Blackboard clinical instructor course
  - b. In our clinical master course
  - c. Ask the student nurses
  
4. Are there simulation scenarios that I can use to teach my students how to

communicate with their staff nurses?

a. Yes

b. No



## Clinical Resources

### Nursing Program Outline

<b>LEVEL 1</b> <i>Semester 1</i> <i>Requirements</i>	NUR 2720	Foundations of Professional Nursing	(3)	15 <i>credits</i>
	NUR 2721	Foundations of Professional Nursing Clinical/Lab	(3)	
	NUR 2730	Health Assessment and Promotion	(3)	
	NUR 2731	Health Assessment and Promotion Lab	(2)	
	NUR 2710	Pathopharmacology	(4)	
<b>LEVEL 1</b> <i>Semester 2</i> <i>Requirements</i>	NUR 3720	Comprehensive Nursing Care I	(3)	15 <i>credits</i>
	NUR 3721	Comprehensive Nursing Care Clinical/Lab I	(4)	
	NUR 3730	Mental Health Nursing	(3)	
	NUR 3731	Mental Health Nursing Clinical/Lab	(2)	
	NUR 3710	Evidence-Based Practice & Research	(3)	
<b>LEVEL 2</b> <i>Semester 3</i> <i>Requirements</i>	NUR 3740	Comprehensive Nursing Care II	(3)	14 <i>credits</i>
	NUR 3741	Comprehensive Nursing Care II Clinical/Lab	(4)	
	NUR 3750	Child & Family Health	(3)	
	NUR 3751	Child & Family Health Clinical/Lab	(1)	
	NUR 3760	Maternal-Newborn Nursing	(2)	
	NUR 3761	Maternal-Newborn Nursing Clinical/Lab	(1)	
<b>LEVEL 2</b> <i>Semester 4</i> <i>Requirements</i>	NUR 4770	Comprehensive Nursing Care III	(3)	17 <i>credits</i>
	NUR 4771	Comprehensive Nursing Care III Clinical/Lab	(4)	
	NUR 4780	Community Health Nursing	(3)	
	NUR 4781	Community Health Nursing Clinical/Lab	(3)	
	NUR 4710	Gerontology	(3)	
	NUR 4711	Nurse Readiness for Practice	(1)	
<b>TOTAL DEGREE CREDITS</b>			=	<b>120</b>
<b>TOTAL NURSING CREDITS</b>			=	<b>61</b>

### Foundations of Professional Nursing Skills Checklist

Skills	Date Demonstrated
Skill 31-1 Hand washing p. 616	
Skill 31-2 Using Standard Precautions p. 618	
Skill 31-2 Clean gloving/ PPE p. 622	
Skill 29-1 Assessing Body Temperature p.484	
Skill 29-2 Assessing Peripheral Pulses p.489	

Skill 29-5 Assessing Respirations p.498	
Skill 29-6 Assessing Blood Pressure p.504	
Skill 29-7 Assessing Oxygen Saturation p.508	
Skill 32-2 Implementing Seizure Precautions p. 654	
Skill 32-3 Restraints p.663	
Skill 33-1 Bathing an Adult p. 676	
Skill 33-2 Providing Perineal-Genital Care p. 682	
Skill 33-4 Brushing/ Flossing Teeth p. 692	
Skill 33-5 Providing Special Care for the Unconscious/Debilited Client p. 696	
Skill 33-9 Bed Making – occupied p. 713	
Skill 44-1 Supporting the Client’s Position in Bed p.1035-1039	
Skill 44-1 Moving a Client up in Bed p. 1040	
Skill 44-2 Turning a Client to the lateral or Prone Position in Bed p. 1041	
Skill 44-3 Logrolling a Client p. 1042	
Skill 44-4 Assisting the Client to sit on the Side of the Bed p. 1043	
Skill 44-5 Transferring Between Bed and Chair/ wheelchair p. 1046	
Skill 44-6 Transferring Between Bed and Stretcher p. 1048	
Skill 44-7 Assisting the Client to Ambulate p. 1053	
The Nursing Process (Review)	

Refresher SOAPIE/DAR/SBAR	
Braden Scale for pressure ulcer risk p. 833	
Types of wound dressing p. 847	
Skill Performing a Dry Dressing Change p. 846	
Skill Applying a Transparent Wound Barrier p. 847-848	
Skill Applying a Hydrocolloid Dressing p. 847-848	
Skill 36-2 Irrigating a Wound p.849	
Skill Performing a Damp-to-Damp Dressing Change p. 851	
Skill Using Alginates on Wounds p. 847	
Skill 37-4 Cleaning/changing a sutured wound with a drain p. 892	
Skill 37-4 Maintaining Closed Wound Drainage (Penrose, Jackson Pratt , Hemovac) p. 894-895	
Skill 31-3 Establishing and Maintaining a Sterile Field p. 628	
Skill 31-4 Applying and Removing Sterile Gloves p. 632	
Applying Dry Heat Measures/ Cold Measures p. 858	
Skill Assisting the Client to Use a Cane p. 1055	
Skill Assisting the Client to Use Crutches p. 1056	
Skill Assisting the Client to Use a Walker p. 1056	
Skill Passive Range of Motion p. 1050	
Skill 37-2 Applying Antiemboli Stockings p. 876	
Skill 51-1 Applying a Sequential Compression Device p. 1302	

Assessing Intake and Output p. 1329	
Assisting an Adult to Eat p. 1152	
Skill 47-4 Inserting a Nasogastric Tube p. 1154	
Skill 47-4 Removing a Nasogastric Tube p. 1166	
Skill 47-2 Administering a Tube Feeding p. 1160	
Skill 47-3 Administering a Gastrostomy or Jejunostomy Feeding p. 1163	
Skill 48-1 Applying an External Urinary Device p. 1189	
Skill 48-2 Performing Urinary Catherization p. 1194-1197	
Skill 49-2 Changing a Bowel Diversion Ostomy Appliance p. 1233	
Skill Assisting with Urinal	
Skill Assisting with a Bedpan p. 1124	
Skill 50-1 Administering Oxygen by Cannula, Face Mask or Face Tent p. 1262	
Skill 50-2 Oropharyngeal/Nasopharyngeal/Nasotracheal Suctioning p. 1269	
Skill 50-3 Suctioning a Tracheostomy or Endotracheal Tube p. 1273	
Skill 50-4 Providing Tracheostomy Care p. 1276	
Skill Using an Incentive Spirometer p. 1254	
Skill 37-1 Conducting Preoperative Teaching p. 867-871	

Skill 37-1 Teaching Abdominal Breathing p. 871	
Skill Using an Incentive Spirometer p. 1254	
Chest Tubes overview	
Skill 35-1 Administering Oral Medications p. 775	
Administering Medications by Enteral Tube p. 780	
Administering Dermatologic Medications p. 811	
Skill 35-10 Administering Ophthalmic Medications p. 813	
Skill 35-11 Administering Otic Medications p. 815	
Administering Nasal Medications p. 817	
Administering Metered-Dose Inhaler Medications p. 820	
Skill 35-2 Preparing Medications from Ampules p. 787	
Skill 35-3 Preparing Medications from Vials p. 788	
Skill 35-4 Mixing Medications Using One Syringe p. 790	
Skill 35-5 Administering an Intradermal Injection for Skin tests p. 792	
Skill 35-6 Administering a Subcutaneous Injection p. 794	
Skill 35-7 Administering an Intramuscular Injection p. 797-801	
Skill 34-1 Obtaining a Capillary Blood Specimen - Blood Glucose p. 726	
Collecting Stool Specimen p. 729	
Skill 52-1 Starting an Intravenous Infusion p. 1340-1344	
Using an Infusion Pump or Controller p. 1349	

Simulation (complete student midterm evaluations)	
Clinical Site	

**Date Completed:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Clinical Faculty Signature:** \_\_\_\_\_

**Clinical preparation steps**

PLANNING	
Participates in planning clinical placement of students.	3 months
Prepares and communicates clinical rotation plan to the students.	2 weeks
Provides copy of clinical rotation plan of students to clinical areas/community etc.	2 weeks
Prepares himself/herself (clinical instructor) for demonstrations of clinical procedures.	ongoing
Pre-instruct students for clinical placement.	ongoing
Collaborates with the sister in-charge of the ward/unit or the college authorities to provide adequate number of articles in the unit to provide nursing care by the students.	weekly

EXECUTION	
Orients the students to the clinical areas.	
Assigns patients to the students based on the objectives of clinical placement.	
Guides students to apply 'Nursing Process' while providing patient care. (assess, plan, implement and evaluate)	
Demonstrates nursing care procedures at bedside.	
Confirms safety and comfort of the patient during nursing care.	
Takes return demonstrations of nursing procedures from students. Ensures that students give correct return demonstration or attain proficiency in nursing care procedures.	
Provides at least two opportunities for students to learn (such as facilitating them to observe rare or special procedures in their or other clinical areas; demonstration of procedures).	
Facilitate involvement of the nursing staff of the ward/unit in clinical learning of the students.	
Teaches/facilitates students to write clinical assignments (nursing care plans/case presentations/case studies/health talks, drug book, diary etc.)	
Conducts nursing rounds or bedside clinics for students.	
Teaching handing/taking over of emergency drugs, MLC files and other necessary information/articles from staff nurses.	
Teaches how to prevent needle-stick injury while working with patients. Signs log books of students.	

Evaluation:	
Plans clinical evaluation criteria for formative assessment.	
Prepares formative evaluation tools for the clinical posting (e.g. student clinical evaluation performance, evaluation performance for health talks, case presentations etc).	
Checks/corrects/evaluates clinical assignments of the students (nursing care plans, case presentations, health talks, drug book, daily diary, patient care procedures etc.)	
Conducts or assists in the conduction of internal and external practical exams of the students.	

Clinical Worksheet

NUR Clinical Worksheet - Comprehensive Health Care

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ inches. Admission Wt: \_\_\_\_\_ kgs.

Admitting Diagnosis: \_\_\_\_\_ Current Diagnosis: \_\_\_\_\_

History of Present Illness (HPI): \_\_\_\_\_

Medical & Surgical History: \_\_\_\_\_

Medication History: \_\_\_\_\_

Family Health History: \_\_\_\_\_

Allergy/ies + Reaction/s (specify): \_\_\_\_\_

Religious Preference: \_\_\_\_\_

Surrogate Decision Maker: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mental Health: \_\_\_\_\_

Social/ Cultural Data: \_\_\_\_\_

<p><b>Code Status</b>- DNR (No Code)/ FULL/ DNR w/ exceptions</p>	<p>Endocrine Psych Cardio GI Endocrine Musculoskeletal</p> <p>System highlights to include invasive devices.</p>	<p><b>IV #1</b> LOCATION SL / TLC / PICC / Port Site: _____ Rate: _____</p>																																			
<p><b>VS Frequency</b>- Daily/ Q4/ Q2 Time T P R BP O2 Pain</p> <table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																					<p><b>IV #2</b> LOCATION SL / TLC / PICC / Port Site: _____ Rate: _____</p>
<p><b>DIET TYPE</b>- Regular/ Soft/ Chopped/ Minced/ Pureed/ Other- <b>Liquids</b>- Thin/ Nectar/ Honey/ Pudding Feeds self/ Requires Assist/ Total Assist (Enteral [Tube Feed]) via NG/ GT /JG/ PEG Product: TF Rate/ bolus: Bolus Times: Flush amount: Flush Times:</p>		<p><b>PCA</b> _____ Bolus _____ Q _____ min Cont _____</p>																																			
<p><b>ACTIVITY</b>- Up ad lib/ Bedrest (BR)/ BR with BRP/ ROM/ Other-</p>		<p><b>MEDICATIONS Due/ PRN-</b> Time _____ _____ _____ _____ _____ _____ _____</p>																																			
<p><b>ASSIST DEVICE</b>- Cane/ Walker/ Wheelchair/ BSC/ Other-</p>	<p><b>LABS</b> Glucose: _____ Na: _____ K: _____ BUN: _____ Cr: _____ WBC: _____ Platelets: _____ Other Labs-</p>	<p><b>NOTES/REPORT:</b></p>																																			
<p><b>SAFETY</b>- Fall/ Aspiration/ Seizure/ HOB @ _____/ Restraints Other-</p>																																					
<p><b>ISOLATION</b> -</p>																																					
<p>Treatments/ Wound Care</p>																																					
<p>Procedures/ Diagnostic Tests</p>	<p>Glucose/ Sliding Scale - BID/ ACHS</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Result</th> <th>Initial Type</th> <th>Flow</th> <th>Urea</th> <th>Location</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Date	Result	Initial Type	Flow	Urea	Location																														
Date	Result	Initial Type	Flow	Urea	Location																																

Simulation Resources



#### Student Simulation Plan:

1. Plan demonstration of nursing procedures in the skill lab.
2. Prepare lesson plan for the demonstration of nursing procedures.
3. Divide students in various groups for the demonstration of nursing procedures.
4. Demonstrate nursing procedures to the students in lab.
5. Discuss issues/problems related to nursing procedures with the students
6. Provide time to students to practice nursing procedures. Observe and guide students practicing nursing procedures in the lab. Take return demonstrations of nursing procedures from the students in the lab.
7. Sign student skills checklists.
8. Arranges manikins, equipment, supplies etc. for the demonstration of nursing procedures in lab
9. Notify simulation coordinator of any needs, concerns, broken equipment, missing supplies.
10. Maintain lab inventory and stock register.
11. Teach students handling of lab articles.
12. Ensure students assist in clean-up and preparation for next simulation group.

Adapted from: Saini, R., & Kaur, S. (2017). Development of “Clinical instructor’s/tutor’s task inventory”: A methodological study. *Nursing & Midwifery Research Journal*, 13(4), 182–194.

Student Nurse Simulation Learning Objectives:

1. Student nurses will report an increase in comfort level when communicating to their staff nurse and other healthcare personnel.
2. Student nurses will verbalize the importance of communicating a proper greeting, an introduction to where they are in their program, what their objectives are for the day, and their plan of care to their staff nurse.
3. Students will gain an understanding of the value of all members of the healthcare team, including themselves.
4. Students will gain an understanding of their role as peer educators, with the intent to improve their effectiveness as student nurse educators.

Student Nurse Simulation Evaluation:

Interprofessional Socialization and Valuing Scale—9A (ISVS Equivalent Form A)

This instrument is designed to help you explore your perceptions of what you have learned about working with professionals from other disciplines. Please complete the following questionnaire based on your own views of your experiences from the simulation.

Please indicate the degree to which you hold or display each of the beliefs, behaviors, and attitudes that are described. You are asked to consider *where you feel you are now*.

You are asked to respond to each statement using a 7-point scale with 1 meaning “Not at All” and 7 meaning “To a Very Great Extent”. Please respond by circling the one number that you feel best fits your experience. If you feel the statement does not apply to you please use the zero value (0).

---

At this point in time, based on my participation in interprofessional education activities and/or clinical practice . . .

I have gained an enhanced perception of myself as someone who engages in interprofessional practice	7	6	5	4	3	2	1	0
---	---	---	---	---	---	---	---	---

I feel comfortable with introducing myself and my learning objectives to the staff nurse with whom I will be working with at clinical	7	6	5	4	3	2	1	0
I feel comfortable in describing my professional role to staff nurses	7	6	5	4	3	2	1	0
I have gained an enhanced awareness of roles of other professionals on a team	7	6	5	4	3	2	1	0
I have gained an appreciation for the importance of having open communication with the hospital staff	7	6	5	4	3	2	1	0
I am comfortable engaging in shared decision making with clinical instructors and staff nurses	7	6	5	4	3	2	1	0
I feel comfortable in accepting responsibility to be a peer	7	6	5	4	3	2	1	0

educator
----------

Adapted from the ISVS-9A form from © King, Orchard, & Khalili (2016)

### Staff Nurse Evaluation

Based off information learned in the module, rate your confidence level in the following categories with the rating scale:

Not at all true	Hardly true	Somewhat true	Absolutely true
1	2	3	4

I can confidently teach student nurses while working on the hospital unit.

It is easy for me to determine what the student needs to learn that day.

I am capable of communicating my expectations with the clinical instructors.

I am capable of providing feedback about the student nurse's performance.

Adapted from the Self-efficacy scale from Schwarzer, R., & Jerusalem,

M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M.

Johnston, *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35-37). Windsor, UK: NFER-NELSON.

## Appendix B: Interview Plan

Project Title: Exploring Staff Nurse Attitudes and Self-Efficacy as Student Nurse Educators

Date, Time, and Location:

1. Thank the interviewee for participating in the study: “Thank you so much for taking the time to participate my project study. I truly appreciate your insight into this subject that is very important to me.”
2. Introduction: “As part of my fulfillment of the requirements for my doctoral degree, I am completing this qualitative study to inform readers about the perception staff nurses have about their role as student-nurse educators. I am focusing on the experiences of staff nurses who are asked to teach student nurses during their clinical rotations in local area hospitals. I hope to provide insight into what staff nurses like and do not like about having to teach student nurses. I hope to improve our community practice by learning what nursing programs, clinical instructors, and students do well and what they do not do well. I will provide clarity as we proceed with the interview so please feel free to ask any questions you may have. As a reminder, this is voluntary and you may choose to withdraw from the study at any time. Also as a reminder, your identity will be kept confidential, as will your place of employment if you disclose that information during the interview. My interview questions are open-ended and are meant only to guide the process. Do you have any questions before we begin?”

## Appendix C: Participants

Name*	Years experience	Specialty	Age/Gender
Ashley	6	Maternal-newborn	28/F
Michael	6	Medical-surgical	28/M
Jennifer	27	Medical-surgical	48/F
Amy	14	Medical-surgical	48/F
Lisa	33	Cardiac care	54/F
Mary	28	Cardiac care	59/F
Jessica	16	Maternal-newborn	35/F
Heather	13	Burn ICU	43/F
Karen	32	ICU	52/F
Brittany	9	Emergency	32/F

\*Actual names of participants were excluded and replaced with popular baby names from within 5 years of their birth year.

## Appendix D: Letter of Consent

**CONSENT FORM**

You are invited to take part in a research study about staff nurse perceptions about their role as student-nurse educators. I, Jennifer Nafarrete, am the researcher seeking to understand how staff nurses feel about taking student nurses in clinical settings. I want to better understand their perceptions about their effectiveness as student-nurse educators. I am inviting staff nurses who have been a nurse for at least five years and who have been assigned to at least 10 student nurses in a clinical setting to be in my study. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

**Background Information:**

The purpose of this qualitative study was to better understand how student educator interactions with student nurses are positively influenced so that research derived recommendations could be made to enhance student nurse professional development in the clinical setting.

**Procedures:**

If you agree to be in this study, you will be asked to:

- Partake in one face-to-face interview for approximately 60 minutes.
- Answer open-ended questions related to your interactions with student-nurses in a clinical setting.



- Describe any professional training materials they used to help prepare them as student nurse educators.
- Review transcripts of interview and provide feedback about its accuracy through email (10-20 minute review). Here are some sample questions:
- In your role as a staff nurse, do you feel able to serve as a student nurse educator? Why or why not?
- Please describe what you believe a staff nurse's role should be in the education of student nurses.
- Please describe a situation when you were a student nurse in a clinical setting. It is okay to share a positive or negative interaction, a recent or an interaction that happened long ago.

**Voluntary Nature of the Study:** Participation or denial to participate in the study is completely voluntary and will in no way influence any established relationship I have with you or the person who gave you this invitation. Participation is voluntary, and your identity will be kept confidential. No one-including the person who sent you the invitation letter, will be informed of your participation or declination to participate. You may stop participation for any reason at any time during the study process.

**Risks and Benefits of Being in the Study:** Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as fatigue, stress, or becoming upset. Being in this study would not pose risk to your safety or well-being. There are likely no direct benefits to you as a participant of the study, however there are potential benefits to the nursing community. It is my hope that the results of my study help universities and hospitals work together in improving the community of practice and

the clinical education interaction for staff nurses and student nurses. Another possible risk is stress related to a loss of time. To minimize this risk, the interview will be limited to 60 minutes or less. The care of children or elderly is not a subject of the study.

However, because registered nurses are mandated reporters of child or elder abuse, if any abuse is revealed in the study, as indicated by the Department of Health and Human Services, I will be obligated to report the incident to the Hawaii Child and Adult Welfare Services for follow-up.

**Payment:** You will receive a \$10 gift card to Starbucks or Target as a small token of appreciation. If you change your mind and decide to stop participation at any time, the gift card is yours to keep.

**Privacy:** One possible risk is a breach of confidence. To decrease this risk, all personal identifiers will be removed from the interview transcripts and the information will be safely secured at all times. Reports coming out of this study will not share your identity. Details that might identify you, such as the location of the study, also will not be shared. The researcher will not use your personal information for any purpose outside of this research project. Data will be kept secure by the use of codes in place of names and storing transcripts and data on password protected devices. Data will be kept for a period of at least 5 years, as required by the university.

**Contacts and Questions:** You may ask any questions you have now. Or if you have questions later, you may contact me, Jen Nafarrete via text/call at xxx-xxx-xxxx or by email xxx@email. If you want to talk privately about your rights as a participant, you can

call the Research Participant Advocate at my university at 612-312-1210. Walden University's approval number for this study is **11-08-19-0632550** and it expires on **November 7<sup>th</sup>, 2020.**

If you participate in the study, you may either print a copy of this consent or save it electronically.

**Obtaining Your Consent** If you feel you understand the study well enough to make a decision about it, please indicate your consent by signing below.

Printed Name of Participant Date of consent

---

Participant's Signature Researcher's Signature

---

---