Effect of Nurse Educators Teaching Style on Learning of Baccalaureate Nursing Students in Clinical learning environment

Professor. Hala Gabr Mahmoud
Nursing Administration Department, Faculty of Nursing, Mansoura University, Egypt


Abstract: Nursing education is often divided into two distinctive types of courses which are both important and provide different contributions to learning namely; theoretical and practical courses. Clinical courses in the nursing baccalaureate program consist about 54% of the whole curriculum and provides baccalaureate nursing students an opportunity to combine cognitive, psychomotor, and affective skills. Teaching styles are core to the teaching role of any educator in order to assist students in a learning situation to maximize their full potential to learn. Therefore, investigating the educational processes included a survey of the preferred teaching styles among the nurse education faculty based on the premise that quality teaching contributes to quality learning. Hence, the present study aims to investigate nursing students’ perceptions of clinical nurse educators’ teaching styles and their learning in clinical practice. A descriptive correctional study was used in carrying out this study. The study was conducted at Faculty of Nursing at King Khalid University, Saudi Arabia. All nursing students enrolled in the Faculty of Nursing from five levels of academic year, fourth, fifth, sixth, seventh, and eighth at the time of the study of the academic year 2015-2016 were included in the study (n=196). Three tools were used for data collection namely; Clinical Nurse Educators Teaching Style Questionnaire, Students’ Self-assessment Clinical Practice Scale, and Student Clinical Training Experience Satisfaction Scale. Based on the study findings of this study, it could be found clinical nurse educators teaching style was significantly correlated with students’ self-assessment clinical practice and their learning satisfaction. Flexibility for personal development teaching style dimension not significantly correlated statistically with students’ self-assessment clinical practice and their learning satisfaction. It was concluded that total mean of clinical nurse educator teaching style is 149.566 mean score which indicate they used personal centered approach in clinical learning environment and the student reported moderate satisfaction about learning. It is recommended to the learning in the clinical setting required knowledgeable and experienced clinical instructors with the ability to teach adult learners effectively and used learner-centered approach in clinical learning environment that had students’ positive learning outcomes.

INTRODUCTION

In recent years, increase in nursing educational institutions has been occurred because of the expanding interest of nurses in national and international market. The purpose of nursing education is to develop nurses by equipping them with the necessary knowledge, attitude and skill to perform their duties efficiently(1). Not only is nursing education an appropriate opportunity for students to apply what they have already learned in real-world settings, but it also includes a socialization process that is important for students who are entering a clinical environment. With respect to achieving this objective, clinical education assumes an imperative part in nursing education(2).

Nursing education is strongly related to theoretical and clinical teaching. In such manner, nursing students’ clinical experiences is a vital component of the nursing profession and clinical teaching which is foundation of the nursing education(3). In learning environment, students figure out how to apply nursing knowledge, abilities, tolerant correspondence and professionalism and set themselves up for practice in future working environments. Clinical learning environment is a critical part regarding to clinical learning and learning outcomes(4).

Throughout nursing history, clinical placements assume a basic in the learning process of nursing students (5). Furthermore, nursing students consider that clinical environment is the most powerful educational component to acquire nursing knowledge and skills. The clinical environment comprises of inpatient, hospital outpatient and community settings, which has its specific challenges. One of the most imperative purposes in clinical education is diminishing the gap between the actual and expected clinical environments that prompts to an expanded clinical learning performance(4).

Nursing education is often divided into two distinctive types of courses which are both important and provide different contributions to learning namely; theoretical and practical courses. Clinical courses in the nursing baccalaureate program comprise around 54% of the whole curriculum(6). Clinical nursing education gives baccalaureate nursing students a chance to consolidate cognitive, psychomotor, and affective skills. For accomplishing this objective, clinical teaching is the cornerstone in nursing education, because approximately around half of the curriculum theory and half practice in the nursing program(7).

Clinical learning remains a significant component and critical part of nursing education which considered as the heart of professional practice and bridging the theory-practice divided. Incorporation of theoretical knowledge with clinical practice is essential significance for development of efficient professional nurses. Both quality classroom teaching and ability in demonstrating clinical competence greatly influence the success of graduates of a nursing program(1). In addition, it will maximize
opportunities for nursing students to learn, and succeed in becoming professional nurses throughout learning processes. Ultimately, clinical nurse educators in the healthcare colleges want to help students to become the type of practitioners who will positively impact patient care. Nurse educators also hope that their students become lifelong learners. Its also the goal of the nursing faculty to creatively develop education techniques that are compatible with the preferred learning styles of their students. Nursing student learning preferences must be understood to most effectively develop methods that will result in educating well-prepared nursing professionals.

By the way, the quality clinical practice conveyed through clinical nurse educator who is a dynamic to the accomplishment of clinical education and has coordinate effect on the quality of nursing to ensure students achieve positive outcomes in the clinical settings as well as in future practice. Clinical nurse educator as a foundation of nursing education and plays an essential role in preparing nursing graduates for their role as competent, capable and caring nurses. Therefore, exploring the educational processes incorporated an overview of the preferred teaching styles among the nurse education faculty in view of the premise that quality teaching contributes to quality learning.

Teaching styles are a central of the teaching role of any educator in order to assist students in a learning circumstance to amplify their maximum capacity to learn. Teaching style refers to educators’ behaviors as they teach in the classroom. Teaching style is the manner a person teaches by nature, habitual, inclination or even a custom that she uses to convey information and skills in the classroom. Teaching style is a multidimensional phenomenon which clarifies how a teacher presents information, associate with the students, manage classroom tasks, supervise coursework and socialize with the students. Its teacher's presence, nature and quality of the experience with the students.

There are two main types of teaching styles can be distinguished; a traditional teacher-centered style that focusing on transfer of knowledge by teachers, and other is a more student-centered. As respect teacher-centered learning actually prevents students’ educational growth. Conversely, in a learner-centered classroom, students are effectively learning and have more prominent contribution to what they learn, how they learn it, and when they learn it. This implies that students take responsibility of their own learning and are straightforwardly required in the learning process. Learner-centered teaching style focuses on how students learn rather than how teachers teach.

Again, teaching styles and related teacher activities were categorized under active teaching techniques for the most part positively effect on student learning and intellectual outcomes. Teaching style is a characteristic ways each individual collects, organizes, and transforms information into useful knowledge. Along these lines, clinical teaching style assumes a critical part in developing nursing skills and holistic caring. Therefore, nursing teachers need to give an attention of teaching styles in order to utilize them effectively.

The clinical teaching style is essential because it effects on nurse students’ motivation, emotion, and performance. Teaching styles and the curriculum should accommodate the variety of learning style preferences for all students. The role of the clinical nurse educator is imperative in encouraging nursing students’ learning, particularly in the clinical settings where vulnerability flourishes. The clinical nurse educator should be concerned to help learners develop their potential as nurses. Encouraging learning involves interacting between nurse educator and students and the ability of the teacher to interact with students is an exceptionally basic teacher’s behavior.

The complexity of the current health care system demands that new nurses be better arranged to enter the workforce and to practice in ways that reflect their full extent of practice. These demands require nursing faculty to rethink clinical education and how students’ learning can be optimized during clinical experiences. Therefore, there is developing exploration research on the significance of teaching styles and how they coordinate with learning styles and learner performance.

Clinical nurse educators’ attributes assume a crucial role in clinical practice not just empowers students to integrate the knowledge and skills related with caring for patients, additionally gives learners the chance to internalize the role of the nurse as caregivers. To accomplish high quality in clinical nursing education, variables as the relationship of clinical teaching behaviors to student learning must be distinguished. Likewise, nursing students’ perception of effective clinical nurse educator teaching style is an important indicator to modify and facilitate effective clinical instruction.

Awareness of any issue that may influence the learning process of nursing students in the clinical area is fundamental to ensure that most extreme advantages are gained from this aspect of nursing education. Today's students are the nurses of tomorrow, so essential for nursing educators to demonstrate effective clinical teaching behaviors while preparing students to practice in a complex health care system. Nursing student's perceptions on clinical teacher's behavior is an important indicator to modify and facilitate effective clinical instructions.

**SIGNIFICANT OF THE STUDY**

The concepts of teaching style which main process of teaching have not been studied as a whole in clinical settings. No single teaching style is better than the other but variation in teaching style is what matters to enhance deep and active learning. Knowledge about clinical teaching style that influence learning nursing students is fundamental in any student centered learning environment and will assist nurse educators to develop appropriate teaching strategies for the clinical learning environment. The finding of the current study will provide base for all clinical nurse educators to examine and change their own teaching style regarding clinical practice and to realize teaching behaviors that are effective in clinical practice. Consequently, it could help to create a healthy academic atmosphere contributing to effective clinical learning. One favored approach for attaining higher performance levels advocates matching.
teaching styles to students learning. However, exposing students to a range of learning experiences enhances their learning and assists them in becoming effective learners who can adapt to their multifaceted working and learning. Besides, not found study was investigate relation to the clinical teaching style of nurse educators in clinical practice and students’ learning at Faculty of Nursing at King Khalid University.

Research questions:
The specific research questions are:
1. What is the main teaching style of clinical nurse educators, as perceived by students?
2. What are the nursing students’ experiences during clinical practices?
3. What is the level of nursing student satisfaction about clinical training experience?
4. Is there a relationship between the teaching styles as perceived by students and their learning and satisfaction?

Aim of the study:
The aim of the study was to investigate nursing students’ perceptions of clinical nurse educators’ teaching styles and their learning in clinical practice.

SUBJECTS AND METHODS

Design:
Descriptive correlational design was utilized in the present study.

Setting:
The study was conducted at Faculty of Nursing, King Khalid University, Saudi Arabia. The Faculty of Nursing was established in 2008, and followed accreditation hours policy. Faculty of Nursing offers a Bachelor’s Degree in Nursing Science, and serves an increasing number of new students each year. This program consists of 5 years (8 semesters or level). The first year includes two levels which are devoted to study general and biomedical sciences. Clinical practice starts at the beginning of the fourth semester to the eighth for about 1–2 days (4–6 h) of clinical training per week. During fifth year is internship year which students do their clinical training about 52 week as 8 hours per day.

Subjects:
All nursing students, enrolled in the Faculty of Nursing from five levels of academic year, fourth, fifth, sixth, seventh, and eighth at the time of the study of the academic year 2015-2016 were included in the study. In the present study, excluded the first year/level three because in this year of undergraduate program, the students are expected to study and get qualified in the same subjects. Study subjects comprised of 38 nursing students from fourth level, 23 nursing students from level five, 55 nursing students from level six, 40 nursing students from level seven and 42 nursing students from level eight.

Tools of data collection:
Three tools were used for data collection, namely: Clinical Nurse Educators Teaching Style Questionnaire, Students’ Self-assessment Clinical Practice Scale, and Student Clinical Training Experience Satisfaction Scale.

I. Clinical Nurse Educators Teaching Style Questionnaire. It was developed by Conti and used the Principles of Adult Learning Scale (PALS) to investigate instructors’ teaching styles. The PALS was also adapted to measure clinical nurse educator teaching styles as perceived by students. It includes 44 items that assesses students’ perceptions of their clinical nurse educators’ teaching styles. The questionnaire is divided into seven categories namely: assessing student needs (4 items), personalizing instruction (9 items), relating to experience (6 items), learner-centered activities (12 items), climate building (4 items), participation in the learning process (4 items), and flexibility for personal development (5 items).

Respondents answer items using a 6-point Likert scale ranging from 0 for always to 5 for never. Scoring system of scale was ranged from 0-220. High scores on Principles of Adult Learning Scale (PALS) demonstrates support for a learner-centered approach to teaching; low scores on PALS indicates support for a teacher-centered approach. This means that scores above 146 indicate a tendency toward the learner centered mode while scores below 146 indicate support of the teacher-centered approach.

II. Students’ Self-assessment Clinical Practice Scale. It was developed by the researchers based on literature review. This scale divided into two parts:-

The first part was used to identifying where students had to determine the extent to which they had gained skills. It consists of 25 items. Students respond to the items using a 4-point Likert scale ranging from 1 to 4 (1=not able to apply gained skills and 4 for able perfect). The maximum score a student could get in clinical practices was 100. For this reason, the score each student received from the scale was considered as the grade point out of 100 for clinical practices.

III. Student Clinical Training Experience Satisfaction Scale. It was developed by the researchers based on literature review. This scale divided into two parts:-

The first part was developed by the researchers to measure students’ satisfaction with clinical training. It contains 12 items and students respond to the items using a 5-point Likert-type scale, ranging from 1 (strongly disagree) to 5 (strongly agree).

The second part: Students’ written comments on negative experiences in relation to clinical nurse educators teaching behaviors in clinical training and were qualitative analyzed. This part also includes students suggestions for improving clinical nurse educators teaching strategies in nursing education.

METHODS OF DATA COLLECTION
- An official agreement was obtained from the Dean of the Faculty of Nursing, at King Khalid University, Saudi Arabia to collect the necessary data.
- The questionnaire was translated into Arabic and English questionnaires were submitted to three experts from English section, at King Khalid University, Saudi Arabia.
- Internal consistency reliability for Clinical Nurse Educators Teaching Style Questionnaire sub-scales and Student Clinical Training Experience Satisfaction Scale was assessed using coefficient alpha. It was 0.84 and 0.89 respectively.
- Pilot study was carried out on 20 students selected randomly from the different academic levels to check and ensure the clarity of the Arabic questionnaire, identify obstacles and problems that may be encountered during data collection and to estimate the time needed to complete the questionnaire items.
- Data were collected from all undergraduate nursing students enrolled in level four, fifth, sixth, seventh, and eighth at the Faculty of Nursing, King Khalid University. Needed instructions were given before the distribution of the questionnaire. The data collection took a period of three months, starts November 2016.

**STATISTICAL ANALYSIS**

The collected data were organized, tabulated and statistically analyzed using SPSS software statistical computer package version 19. Data summarized using mean and standard deviation for numerical variables. For comparative purpose, score are presented as absolute values and as percentages from the maximum score of each topic. This maximum score depends on the number of items of each topic and comparison of means was done using t-test for independent samples. Correlation between variables was evaluated using Pearson’s correlation coefficient. The threshold of significance was fixed at the 5% level for interpretation of results of tests of significance.

**RESULTS**

Table (1) shows mean and standard deviation of clinical nurse educators teaching style as perceived by of nursing students in different academic levels. This table showed there is a statistically significant difference regard total dimension of teaching style of clinical nurse educators as perceived by nursing student in different levels p<0.05. This table also shows the highest mean score of the overall clinical nurse educators teaching style was 156.71 reported for nursing student in level four and followed by nursing student in level five and six 154.56and 152.39 respectively.

**Figure 1.** shows the highest overall percentage of students self-clinical learning assessment performance and learning satisfaction was 64.29% and68.33% reported for level six respectively. While the least percentage was 55.14% and 61.23% respectively reported for level eight.

Table (2) shows total dimension of clinical nurse educators teaching style as perceived by of nursing students was 149.56 representing 67.98% of maximum score. And total students’ learning satisfaction was 39.16 representing 65.28% of maximum score. Learner-centered activities had the highest score 71.16% of maximum score. On the other hand, the least maximum score was 63.36% for climate building.

Table (3) depicts relationship of clinical nurse educators teaching style with students self-assessment for clinical learning and satisfaction. This table revealed clinical nurse educators teaching style was significantly correlated with students’ self-assessment clinical practice and their learning satisfaction. This table also showed flexibility for personal development teaching style dimension not significantly correlated statistically with students’ self-assessment clinical practice and their learning satisfaction.

Table (4) shows students’ qualitative negative comments regarding clinical nurse educators teaching behaviors in clinical training.

Table (5) depicts number and percentage of students’ agreement regarding their suggestions for effective clinical teaching behaviors of nurse educators in clinical training which facilitate their learning in clinical learning environment. The majority of 99.49% students suggests clinical nurse educator involve in doing tasks in real environments & conditions and start firstly with tasks done at the first time after that student start to do. And 98.98% suggests clinical nurse educator teach & transfer experiences to the students by empowering them to carrying out tasks and accompany with student when doing procedures.

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Fourth Mean±Sd</th>
<th>Fifth Mean±Sd</th>
<th>Sixth Mean±Sd</th>
<th>Seventh Mean±Sd</th>
<th>Eight Mean±Sd</th>
<th>F p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personalizing Instruction</td>
<td>32.60±3.300</td>
<td>33.21±2.539</td>
<td>31.49±2.991</td>
<td>31.50±2.428</td>
<td>29.47±2.830</td>
<td>8.71±</td>
</tr>
<tr>
<td>Learner-Centered Activities</td>
<td>43.02±3.605</td>
<td>43.47±4.066</td>
<td>43.60±3.090</td>
<td>43.12±2.652</td>
<td>40.42±3.895</td>
<td>6.08±</td>
</tr>
<tr>
<td>Climate Building</td>
<td>13.94±2.799</td>
<td>13.60±2.589</td>
<td>13.08±2.278</td>
<td>11.90±2.447</td>
<td>11.30±2.065</td>
<td>6.46±</td>
</tr>
<tr>
<td>Flexibility for Personal Development</td>
<td>16.42±2.225</td>
<td>13.43±2.642</td>
<td>16.03±1.941</td>
<td>17.50±2.275</td>
<td>16.28±2.027</td>
<td>13.03±</td>
</tr>
<tr>
<td>Total dimension of teaching style</td>
<td>156.71±8.232</td>
<td>154.56±9.708</td>
<td>152.39±7.147</td>
<td>146.00±6.965</td>
<td>140.19±9.650</td>
<td>26.32±</td>
</tr>
</tbody>
</table>

Significant at p<0.05 level.
Table (2) Descriptive statistics of clinical nurse educators teaching style and learning satisfaction as perceived by of nursing students(n=196)

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Max. Score</th>
<th>Nurses Students Mean ± S.D</th>
<th>% *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessing Student Needs</td>
<td>20</td>
<td>13.30 ± 1.978</td>
<td>66.53</td>
</tr>
<tr>
<td>Personalizing Instruction</td>
<td>45</td>
<td>31.49 ± 3.084</td>
<td>69.95</td>
</tr>
<tr>
<td>Relating to Experience</td>
<td>30</td>
<td>19.83 ± 3.585</td>
<td>66.12</td>
</tr>
<tr>
<td>Learner-Centered Activities</td>
<td>60</td>
<td>42.69 ± 3.97</td>
<td>71.16</td>
</tr>
<tr>
<td>Climate Building</td>
<td>20</td>
<td>12.67 ± 2.860</td>
<td>63.36</td>
</tr>
<tr>
<td>Participation in the Learning Process</td>
<td>20</td>
<td>13.41 ± 1.907</td>
<td>67.06</td>
</tr>
<tr>
<td>Flexibility for Personal Development</td>
<td>25</td>
<td>16.15 ± 2.428</td>
<td>64.63</td>
</tr>
<tr>
<td>Total dimension of teaching style</td>
<td>220</td>
<td>149.56 ± 10.149</td>
<td>67.98</td>
</tr>
<tr>
<td>Students’ learning satisfaction</td>
<td>60</td>
<td>39.17 ± 4.224</td>
<td>65.28</td>
</tr>
</tbody>
</table>

* Percentages are calculated relative to maximum score.

Table (3): Relationship of clinical nurse educators teaching style with students self-assessment for clinical learning and satisfaction(n = 196)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Students’ Practice r</th>
<th>Self-assessment p</th>
<th>Clinical Satisfaction r</th>
<th>Student Clinical Training Experience p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learner-Centered Activities</td>
<td>.231**</td>
<td>.001</td>
<td>.136.057</td>
<td></td>
</tr>
<tr>
<td>Personalizing Instruction</td>
<td>.046.520</td>
<td></td>
<td>.164*.022</td>
<td></td>
</tr>
<tr>
<td>Relating to Experience</td>
<td>.154*.031</td>
<td></td>
<td>.221**.002</td>
<td></td>
</tr>
<tr>
<td>Assessing Student Needs</td>
<td>.010.885</td>
<td></td>
<td>.022.764</td>
<td></td>
</tr>
<tr>
<td>Climate Building</td>
<td>.172*.016</td>
<td></td>
<td>.137*.016</td>
<td></td>
</tr>
<tr>
<td>Participation Learning</td>
<td>.161*.024</td>
<td></td>
<td>.025.727</td>
<td></td>
</tr>
<tr>
<td>Flexibility for Personal Development</td>
<td>-.072.119</td>
<td></td>
<td>-.011.883</td>
<td></td>
</tr>
<tr>
<td>Total teaching style</td>
<td>.214**</td>
<td>.003</td>
<td>.223**.002</td>
<td></td>
</tr>
</tbody>
</table>

**Correlation is significant at the 0.01 level (2-tailed).
*Correlation is significant at the 0.05 level (2-tailed).

Table (4) Students’ qualitative negative comments regarding clinical nurse educators in clinical training.

<table>
<thead>
<tr>
<th>Clinical nurse educator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>unconfident in involving patient in clinical teaching</td>
</tr>
<tr>
<td>gives feedback in form of patient this make us anxiety and stress</td>
</tr>
<tr>
<td>not provide opportunities to me for demonstrating clinical skills learnt &amp; carrying out basic nursing tasks</td>
</tr>
<tr>
<td>not illustrate student’s duties in the hospital wards</td>
</tr>
<tr>
<td>unconfident to improve communication between nursing staff and faculty members</td>
</tr>
<tr>
<td>not clarify student responsibilities in the patient’s bedside</td>
</tr>
<tr>
<td>inconsistency between the theoretical and practical training</td>
</tr>
<tr>
<td>not concern to strength students in training and acquired clinical teaching skills</td>
</tr>
<tr>
<td>not support of students</td>
</tr>
<tr>
<td>not demonstrate clinical procedure &amp;technique well</td>
</tr>
<tr>
<td>not encourage dialogue &amp; enable to solve questions in clinical setting</td>
</tr>
<tr>
<td>not use log books accurately and useful during the teaching</td>
</tr>
<tr>
<td>not strive for using students’ knowledge and expertise in clinical environments</td>
</tr>
<tr>
<td>not guide students' development of clinical skills</td>
</tr>
<tr>
<td>inaccessible to students</td>
</tr>
<tr>
<td>not help me to reduce the theory-practice gap</td>
</tr>
<tr>
<td>incapable to integrate theoretical knowledge and the everyday practice of nursing</td>
</tr>
<tr>
<td>incapable of operationalizing the learning goals of this clinical placement</td>
</tr>
<tr>
<td>not help students to develop clinical reasoning skills</td>
</tr>
</tbody>
</table>
DISCUSSION

Bachelor nursing program aims to develop competent graduate nurses who capable of delivering high-quality nursing care and to equip future nursing professionals with the skills and competencies required to meet professional standards of practice\(^{(21,22)}\). Clinical nursing education provides baccalaureate nursing students an opportunity to combine cognitive, psychomotor, and affective skills through a supportive clinical learning environment which is vital to maximize the learning outcomes of nursing students. Clinical nurse educators can incorporate student’s engagement strategies in the clinical courses, implement and evaluate them for their effectiveness\(^{(1)}\).

Clinical nurse educators promote competency and independence in students by guiding, monitoring and accompanying the students in skill implementation, and expecting students to perform independently by using appropriate teaching styles\(^{(23)}\). Finding of the present study revealed total mean of clinical nurse educator teaching style is 149.566 mean score which indicate they used learner-centered approach in clinical learning environment. This is the same line of Stanley & Dougherty\(^{(24)}\) who applied new ideologies that focus more strongly on student-centered learning in student teaching. Based on the learner-centered approach, as educators of adult learners need to consider the learners’ experience when planning appropriate and effective learning activities. This is consistent with Lee-Hsiet al.\(^{(25)}\) who found student-centered teaching is essential for facilitating students’ learning.

Nurse educators are challenged to use teaching techniques that maintain students’ motivation to learn. Recognizing and providing innovative teaching strategies to address students’ generational diversity is important for maximizing student retention and progress\(^{(25)}\). In the present study the student reported satisfaction percentage was 65.28% about learning. This is agreed with Moattari & Ramezani\(^{(26)}\) who considered student satisfaction as one of the major components of the clinical education atmosphere. As well as D’Souza et al.\(^{(7)}\) found students informed their nurse teachers to provide a higher level of support and supervisory relationship as a source of their satisfaction of learning.

Clinical nurse educators are important in establishing cooperation between their between students and nursing staff. Therefore, they should help the students to adapt to the clinical setting in a supportive manner, and endeavor to produce a student friendly clinical setting with nursing staff Al-Zayyat & Al-Gamal\(^{(27)}\). In the present study the student reported that clinical nurse educators uncorncern to improve communication between nursing staff and faculty members. This mean that the nursing students felt that support from the clinical staff and faculty had an impact on their learning. This is agreed with Sercekus & Baskale\(^{(28)}\) who found supportive behaviors of nurses to the students are important for sense of belonging, motivation and self-confidence. The support given to students by the nursing staff in the clinical setting also plays an important role in the achievement of their learning objectives\(^{(19)}\).

Furthermore, students in the present study noted that they are generally excluded by nurses, they do not receive adequate support, and nurses do not consider them as their colleagues. This is supported by Lawalet al.\(^{(19)}\) who emphasized the relationship between staff and the nursing students is one of the most influential factors for students learning in the clinical area. Support from nursing staff in the clinical area can be a source of motivation to nursing students as they feel welcome and a part of the team, thereby helping them with learning. Similarly, Ha\(^{(29)}\) discovered that communication with hospital staff and their support are important to students. As an Australian study conducted by Luanalgh\(^{(30)}\) which found students need to be supported and accepted by nurses because of students learn patient care, nurse patient communication and nursing skills by observing clinical nurses.

Effective clinical nurse educators were well prepared with good nursing and teaching knowledge and experience through integrating a complex mix of knowledge and experience into their teaching Matthew-Maichtel al.\(^{(31)}\). In the present study the student reported clinical nurse educators not help students to reduce the theory-practice gap and incapable to integrate theoretical knowledge and the everyday practice of nursing. This means there is a theory-practice gap in the clinical setting, and this hindered students’ clinical learning. This is agreed with Jahanpour et al.\(^{(32)}\) who found that competence of clinical nurse educators and the theory-practice gap were among the most important factors affecting students' learning in clinical settings. Moreover Al Mutair\(^{(33)}\) considered growth in applying the theoretical knowledge and skills in the clinical setting is a major task for clinical nurse teacher.

In the present study the student reported clinical nurse educators not guide for developing clinical skills and not encourage students’ dialogue & enable them to answer
questions in clinical setting. This may be contributed to nurse students spend a limited time in each ward and because ward rotation interact with different instructors, it seems that they expect a better interaction with their educators and lack of attention into individual differences is one of the weaknesses of clinical education environments. This is supported by Zeighami(33) indicated that 76% of students’ dissatisfaction were due to inability to make decisions for proper planning of clinical care of patients.

Clinical nurse educators not only show and guide clinical skills in clinical environment, but also evaluate students’ performance Sercekus & Baskale(38). In the present study the student reported clinical nurse educators gives feedback by asking too many questions in front of patient and that they felt bad when they could not answer the questions. They also reported they cannot always communicate easily with their clinical educators and pointed out that they find their clinical instructors inaccessible. This might cause students to feel that they are always being followed, and their performance is evaluated on the basis of a mark, which is distressing for the students. Similarly, Yaghoobinia et al.(34) found Iranian students were discomfort about being asked questions by instructors in front of others, especially the patient in the clinical environment. Therefore Madhavanpraphakaran et al. (35)emphasized poor relationship and absence of mutual respect prevent learning.

In the present study the student reported clinical nurse educators incompetency for operationalizing the learning goals of this clinical placement and not help students to develop clinical reasoning skills. This is supported by Prabhaet al.[15] who found teacher’s inadequate knowledge of educational aims, goals and objectives can hinder their vision of expected learning outcomes and decisions. This is agreed with Cheraghi et al.(36) also found that instructors’ incompetency, nursing technical ability, and non-conduciveness of the learning environments as the main factors affecting nursing students’ clinical learning.

Clinical educators often struggle with knowing how to effectively support nursing students in developing their clinical decision making capacity. In the present study the student reported that clinical nurse educators unconcern for involving patient in clinical teaching and also reported that some clinical skills learned in the skills laboratory were not practiced quite in the same way in the hospital. Students are confronted with real cases during clinical practices prepared them for their new role as a nurse. This agreed with Killam & Heerschap(37) recommended clinical educators need to identify creative ways to meaningfully streamline promote effective learning strategies. If the clinical education does not provide the student with the support needed for the planning and fulfillment of the student’s tasks, the clinical learning, and this period may be ineffective(38).

In the present study the student reported they were not satisfied with their work-readiness and applying clinical skills in clinical environment and were afraid of confronting with a patient and they feel they lack expertise. This is agreed with Mirzaie et al.(39) found student’s in their study unpreparedness for learning at clinical settings, almost none of them directly address the manner of students’ preparation for learning at clinical practice. And Pourghane’s(40) study found the constant fear of harming the patient was one of the experiences of the students in the clinical environment. In Killam & Heerschap’s(37) study’s the students remarked that the lack of sufficient time for practicing the skills before entering the clinical environment is one of the challenges of clinical learning.

Clinical teachers teach and transfer experiences to the students by empowering them to carrying out tasks, fulfilling professional roles, caring to patient and involving the students in all ward duties including patient care and patient education Hosseinat al.(41). In the present study the student reported clinical nurse educators must involve doing tasks in real environments & conditions and assign patients to students, and then they guide, help and carry out samples to facilitate students’ learning. Similarly, Valiee et al.(41) found that nursing students viewed ‘treating students, clients, and colleagues with respect, being eager to guide students, manage their problems, and establish effective communication with students’ as effective behaviors of clinical teachers that influence learning.

The use of effective clinical nurse educators teaching behaviors would facilitate learning. They strive to create positive learning experiences for their students and to provide them with ongoing feedback on their clinical accomplishments and progress(38). Similarly Awad(42) founded that the students perceived their instructors as having effective clinical instructors’ characteristics as creating environment with mutual respect, giving immediate feedback, motivating the students, being accessible all times for answering carefully and precisely questions raised by students, giving good instructions according to level of readiness, create a constructive learning environment, application of theoretical knowledge to clinical practice and demonstrate excellent role model.

Again, clinical nurse educators must design strategies for more effective clinical teaching. The results of this study should be considered by nursing education and nursing practice professionals. Faculty of Nursing need to plan nursing curriculum in a way that nursing students be involved actively in their education(43). They accomplished by sharing knowledge and experience, by demonstrating optimism and caring, and creating a learning environment with students of mutual respect and trust(31).

CONCLUSION AND RECOMMENDATIONS

Based on the study findings of the current study, it could be concluded that clinical nurse educators plays an important role in facilitating nursing student learning and shaping student experience in the clinical setting. Overall of the present study revealed that there was relationship of clinical nurse educators teaching style with students self-assessment for clinical learning and satisfaction. The present study has established a clear link between clinical nurse educators teaching style and nursing students’ learning. This mean that an important function of the nurse educator during clinical practice is to give support to the nursing students. The nursing educator’s role necessitates the maintenance of a climate of mutual trust and respect to support student learning and growth. It was concluded that considering the
important role of clinical nurse educators teaching style in facilitating students’ learning, training and requiring instructors to follow sound student-centered teaching strategies is essential. Based on the findings study, the following recommendations were detected:

1. It is essential for developing a strong relationships between nursing college and health care institutions can also be helpful to derive the intended learning outcomes and increase the confidence of students in their clinical practice.
2. Learning in the clinical setting required knowledgeable and experienced clinical nurse educators with the ability to teach adult learners effectively.
3. Clinical learning is to be effective, the nursing students must be involved in ward activities, and the staff has to be engaged in the students’ learning needs.
4. Clinical nurse educators must facilitate students’ learning through providing them with up-to-date information and strong support as well as empowering students and facilitating their learning.
5. Further research into clinical teaching style is necessary to develop teaching styles, standards and strategies to improve quality in clinical nursing education.

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