

## Nursing Clinical Instructor Needs Assessment

Donna M. Glynn, PhD, ANP-BC<sup>\*</sup>; Kelsey W. ILL, MS; Margaret Taylor, MSN, FNP-BC; Athena Lynch, MSN, FNP-BC; and Jodi DeLibertis, BA.

Assistant Professor of Practice, Simmons College, School of Nursing and Health Sciences, USA.

<sup>\*</sup>Corresponding author : Donna M. Glynn, PhD, ANP-BC, Assistant Professor of Practice, Simmons College, School of Nursing and Health Sciences, Boston, MA USA, Tel: 617-521-2522; E-mail: [donna.glynn@simmons.edu](mailto:donna.glynn@simmons.edu)

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### Abstract

**Introduction:** To date there is limited research related to the perceived learning needs of adjunct clinical nursing instructors and the development of an effective clinical instructor certificate program. The purpose of this study is to identify the perceived learning needs of clinical instructors teaching in a variety of clinical settings.

**Methods:** A qualitative survey is designed and administered to 230 adjunct clinical instructors at a small urban college in the Northeast using an Internet-based survey. The central aim of the survey is to identify the level of support for a formal orientation program and the "Nurse of the Future Core Competencies" that are of most value.

**Results:** 80% of respondents reported that a structured orientation program would be of value. Legal and ethical issues, reflective practice and informatics were identified as priority topics to be incorporated into the program. The study also identified concerns related to aging clinical nursing faculty and the institutional support necessary to foster the development of clinical nursing instructors.

**Conclusion:** As critical stakeholders in the development of nursing students, this study supports the need for a structured orientation program in order to improve nursing clinical education and retain qualified nursing clinical faculty members. The information gained from this study could serve as a basis for a future structured orientation program that may result in a successful model of well-prepared clinical faculty.

**Keywords:** Nursing clinical instruction; Aging faculty; Theory-practice gap; Structured orientation; Instructor evaluation; Core competencies

### Introduction

The theory-practice gap in nursing education has been discussed, debated, and documented for several decades [1,2]. The nursing literature identified multiple issues that contribute to this theory-practice gap; including underutilization of core competencies, faculty shortages, limited clinical experiences and skills acquisition, emerging technology, and inconsistencies in the preparation of clinical faculty [3-6]. The Joint Commission on the Accreditation of Healthcare Organizations (2002) described a "continental divide" (p. 30) related to nursing education and practice, and recommended nursing educational reform to include competency-based education in an effort to merge theory and practice. With the development of the "Nurse of the Future Core Competencies" (2010), adjunct clinical instructors are faced with the challenge of incorporating consensus competencies to transition nurses into their practice settings.

Many of the identified core competencies do not lend themselves to instruction in the classroom. Rather, the acknowledged skills require the clinical experience for students to successfully transition to the nursing role [7]. Adjunct clinical instructors have reported the need and desire to participate in a formal preparation program or receive informal mentoring by educationally prepared peers or academic faculty [8]. The Oregon Consortium for Nursing Education found that an educational curriculum based on course competencies reduced the strain of clinical education and improved student transition to the professional role [9].

Adjunct clinical instructors play a critical role in the success of undergraduate nursing programs. Adjunct clinical instructors have the challenge of merging theory and practice to prepare the nurses of the future. The availability of qualified clinical instructors, training, and retention are major obstacles for nursing programs. Many programs rely on part-time clinical instructors to teach students at clinical sites [5,6]. Nursing programs report that shortages in the clinical areas were three times greater than in the classroom. In an effort to fill these clinical needs, preparing and mentoring staff nurses for the role of clinical nurse educators were inconsistent and limited [10]. Expert clinicians were enlisted without satisfactory orientation prior to clinical teaching assignments and they reported limited ongoing support from the academic institution. The need to provide adjunct clinical instructors a formal orientation program has been recognized in nursing literature for many years [11]. To date, however, there is limited research related to the perceived learning needs of adjunct clinical instructors and the development of an effective clinical instructor certificate program [10].

As documented in the "Project Leonardo" (2010), patient care can be improved with the development of a strong partnership between health professionals. Through the development and implementation of structured guidelines and collaboration, the study reported high satisfaction ratings from the health care team and a positive impact on patient health and patient care delivery [12].

The purpose of this Nursing Clinical Instructor Needs Assessment project was to identify the demographics of clinical instructors participating in a variety of clinical sites and the perceived learning needs and instructional support identified as success factors by adjunct clinical instructors. As critical stakeholders in the educational

development of nursing students, the results of this study serve as a starting point in the development of a formal orientation program for clinical instructors.

## Methods

A one-time survey of clinical adjunct nursing faculty was developed and administered at a small urban college in the Northeast. Eligible participants included the 230 clinical adjunct nursing instructors who taught within the past calendar year, which consisted of three semesters. The clinical instructors taught a variety of courses including medical surgical nursing, pediatrics, obstetrics, community health, and psychiatric nursing. The survey collected faculty demographics, such as years in the nursing profession, level of education, and teaching history. Guidance and support received from the course coordinators was assessed. Lastly, participants were asked if a faculty orientation program would be of value. Survey participants were asked to rank the "Nurse of the Future Competencies" from most to least important in terms of their value in being incorporated in a future faculty orientation program using a rating scale.

Survey design was qualitative, using Likert scales, rating scales, and participants were allowed to provide open-ended responses to several of the questions. Survey design was reviewed by a statistician.

IRB approval was obtained prior to survey administration. The participants were made aware of the purpose of the study and the expected duration of the survey. Participation was voluntary. Informed consent was obtained from all participants. The survey was administered via the Internet using *SurveyMonkey* and a direct link was presented to all 230 eligible participants by email. A reminder email was sent one week following the initial email. The window of time for responses was three weeks. Participants were able to skip questions and continue answering the survey as desired. Contact information of the survey designers was provided to participants in case of any questions regarding survey. No personal identifiers were collected. Anonymity and confidentiality were maintained.

Survey results were analyzed using SPSS statistical software. A biostatistician was also consulted in data analysis.

Limitations of the study include qualitative design, open-ended response questions, and lack of formal validity/reliability testing prior to administration.

## Results

A total of 61 adjunct clinical faculty members participated in the survey, a response rate of 27%. The majority of the respondents were female and masters prepared. The age of the participants was evaluated and 76.7% were over the age of 40, with 20% over the age of 61. Only 5% of the respondents reported an age of less than 30. A total of 70.5% reported more than 20 years of experience as a professional nurse with 39.3% stating more than 30 years of experience. A total of 85% reported teaching in the clinical setting for 1-3 schools of nursing over their career. The majority of the clinical faculty adjuncts participated in medical surgical nursing courses.

On the subject of perceived support from the academic institution, findings showed that 56.1% acknowledged full support in their efforts and 81% reported multiple contacts during the semester with course coordinators.

The lack of clinical instructor evaluations was noted by many respondents, with 79.2% of the participants reporting that they did not receive an evaluation of their performance at the completion of the clinical session. Respondents stated the importance of feedback from the course coordinators related to their clinical teaching and the need for constructive measures to improve the clinical experience for their students.

The participants overwhelmingly acknowledged the perceived benefits of a clinical faculty orientation program. Eighty percent of the respondents believed that a structured orientation program would be of value and improve the role of adjunct clinical nursing instructor. The respondents identified legal and ethical issues, reflective practice, and informatics as priority topics. Teaching and learning theory, core competencies, and grading assignments received the lowest rating for incorporation into a clinical faculty orientation program.

## Discussion

### Aging clinical instructors

The results of the study are consistent with the expected decline in the availability of qualified clinical instructors due to advancing age in the near future. In 2009, U.S. nursing programs turned away 54,991 qualified student applicants due to faculty shortages [10] and it has been reported that the faculty shortage is three times greater in the clinical areas than in the classroom [5,6]. Nationally, 60% of nurses are over age 50 (US Department of Health & Human Services HRSA); this was mirrored in the clinical faculty survey in which exactly 60% of respondents reported being 50 years of age or older. Respondents over aged 50 were almost twice as likely to have a master's degree or higher than those 49 years and younger. Given the educational requirements as well as the required years of clinical practice for clinical instructors, this age disparity may have a profound impact on the school's ability to hire qualified instructors.

Taking into account the average retirement age of nurse educators (62.5 years old) and the age of 60% of the survey respondents (aged 50 or older), the next decade will bring worsening faculty shortage unless action is taken to recruit and retain younger clinical nurse instructors. An orientation program, which provides new entrants into nursing clinical education the skills and knowledge for success, may be a competitive advantage in attracting younger instructors, retention rates, and merging theory and practice. Younger clinical instructors, particularly those without advanced degrees or a nursing education background, will need an orientation program focused on clinical instruction, which may contribute to student success related to the clinical expectations.

### Support of the clinical faculty

The ability to contact the course coordinator, help dealing with difficult students, peer support, and clear written instructions on how to conduct and manage a clinical group were key factors in perceived clinical instructor support.

Several respondents reported that the course coordinator did not visit the site during the semester, and perceived this as lack of support. Also, clinical instructors felt their questions were not answered by the course coordinator in a timely fashion. Respondents reported that improved contact with the course coordinator would help to bridge the classroom-clinical chasm. Many new clinical faculty members reported that the lack of a formal orientation course made the first clinical rotations more difficult. Eighty percent of respondents felt a

formal orientation course would be of benefit, which further supports the need for the development of a clinical faculty orientation program.

#### **Evaluation of clinical instructors**

The findings of this survey support the need for consistent formal evaluations of clinical instructors. There is a lack of a formal evaluation process in the clinical setting today. Timely, thoughtful feedback regarding clinical instructors' performance is critical in advancing the clinical faculty member's skills and knowledge. It is common for clinical nursing instructors to receive feedback from only the disgruntled students who may have struggled; however, the positive feedback is highly valuable as well. It is also imperative for the clinical instructors to receive feedback from both students and the course coordinator.

Recommendations for future research include designing a reliable tool to evaluate clinical faculty in a variety of clinical settings. The evaluation must incorporate both positive and constructive feedback from several sources, including students, the facility or agency, and course coordinators' site visits.

#### **Development of a clinical faculty orientation program**

The results of this study document the perceived benefits of a formal orientation program for adjunct clinical instructors. This result is consistent with the findings in "Project Leonardo" [12] which reported that structured support and guidelines create improved partnerships that will ultimately improve patient care. Adjunct clinical nursing instructors who participated in the survey reported the need for a program which incorporates legal and ethical issues, diversity, reflective practice, and informatics in order to reach the educational goals at the clinical sites. Core competencies, a leading initiative in nursing, ensure consistency in nursing education and will be an essential component of an orientation program for adjunct clinical instructors [13]. Providing clinical adjunct instructors with a structured orientation program based on the perceived needs and core competencies may lead to a successful model of well-prepared clinical faculty. Well-prepared clinical instructors may strengthen the student experience and increase clinical faculty job satisfaction and retention [14,15].

#### **Conclusion**

The renewed focus on theory-practice gap in nursing education and the recommendations to unite nursing education and practice are critical to the success of clinical education and the student's transition to professional practice. This project identified the concerns related to aging clinical nursing instructors, areas to improve professional partnerships, and the need for a formalized evaluation of clinical

instructors. The results support the development of a formal orientation program for clinical instructors to merge the academic preparation with the clinical experience and assimilate core competencies throughout the educational preparation of nursing students. Because clinical instructors are a critical piece in the educational development of nursing students, it is essential that the curriculum design includes and incorporates the learning needs and instructional support required for improved job satisfaction, improved clinical education, and retention of qualified clinical faculty members.

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