

Caring and Effective Teaching Behavior of Clinical Nursing Instructors in Clinical Area as Perceived by Their Students

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Abstract

Nursing is considered to be an applied science. Thus clinical teaching is central to nurse education. The quality of the student-teacher interaction in the clinical field can either facilitate or hinder the students' integration of theory to practice. It has been postulated that clinical instructors must possess caring behavior and effective clinical teacher characteristics if they want to facilitate students' entry and learning in a multifaceted world of clinical practice. So this study done to describe the clinical instructors' caring and effective clinical teaching behaviors in clinical area as perceived by their students. A convenience sample of 113 nursing students affiliated to faculty of nursing, King Khalid University, Saudi Arabia was included. Two tools for data collection were used; the first one was developed by the researcher and it was concerned with measuring the effective teaching characteristics of the clinical nursing instructors and the second one was the Nursing Student Perceptions of Instructor Caring behaviour (NSPIC) which was concerned with measuring clinical instructor's caring behaviors. The participant nursing students has common and unique perspectives on the importance of a clinical instructor demonstrating effective teaching characteristics. In addition, caring behaviors demonstrated by clinical instructors were identified and they perceived their clinical instructors demonstrated the highest number of caring behaviors from the subscales of respectful sharing and appreciation of life's meanings. Clinically, the results might be utilized to improve faculty awareness of students' views on their teaching performance. On the other hand, the clinical faculty can be educated and provided with useful educational tools to assist them in providing effective clinical instructions.

Keywords: effective clinical teaching characteristics, caring behavior, clinical teaching in nursing

1. Introduction

Clinical education, regardless of the profession or setting, is a process that has been studied from both the supervisor and student points of view to determine best practices (Lauber, Toth, Leary, et al, 2003; Laurent & Weidner, 2001). Laurent and Weidner (2001) point out that clinical education is used across many health care professions as a way to practice didactic information in a hands-on environment. Clinical training is considered as essential and very important part of professional nursing education. Since nursing is a discipline based on practice, it needs to be curriculum of education that offers students the opportunity to develop their clinical skills. It comprises about 50% of the nursing school curriculum. Recent years have seen international efforts both to support and monitor the clinical education of nursing student and derive more meaningful and sensitive clinical learning indices (Andrew and Roberts, 2003).

Clinical education plays a crucial role in undergraduate nursing program. Not only does it provide opportunities for students to apply the theory learned in the classroom to the real world of clinical nursing, it is also a socialization process through which students are inducted into the practices, expectations and real-life work environment of the nursing profession (Lewin, 2007). The aim of clinical education is to develop in the student the professional skills and knowledge needed in life-long learning and critical thinking, to create self-confidence as a nurse, and to ensure that the nurse is able to make her own decisions and be independent (Tiwari, Rose, and Chan, 2005). Clinical teaching is a dynamic process that occurs in a variety of socio-cultural contexts. The quality of the student-teacher interaction in the clinical field can either facilitate or hinder the students' integration of theory to practice. It has been postulated that clinical instructors must possess effective clinical teacher characteristics if they want to facilitate students' entry and learning in a multifaceted world of clinical practice (Papp, Markanken, and Von-Bonsdroff, 2003). Effective characteristic, in the nursing student-clinical instructor relationship, defined as a behavior demonstrated by a clinical instructor and perceived by a nursing student as contributing to a positive learning experience in the clinical setting. While effective teaching behaviors defined as those actions and activities transmitted through verbal and non-verbal interactions of the clinical instructor and facilitate student learning in the clinical setting. Nursing students spend the majority of their nursing education in the clinical setting with a clinical instructor. Research studies and standards for

nurse educators supported the importance of the relationship between clinical instructors and students (Gignac-Caille, & Oermann, 2001; National Council of State Boards of Nursing, 2005; National League for Nursing, 2002; and Wade, 2003).

Nursing students learn from the behaviors, knowledge, experience and skills of their clinical instructors. Successful development of nursing students into a professional role as caring nurses is increasingly believed to be dependent on the quality of the clinical learning environment (Hofler, 2008; Jenkins, 2006; Laitinen-Vaananen, Talvitie, & Luukka, 2007; McBrien, 2006; and Clark, 2006). Conversely, perceptions of unfair treatment by nursing faculty leads to student nurses voicing their concerns, leaving a program or conforming to the situation to avoid being failed (Thomas, 2003). According to Thomas (2003), some nurses still harbor negative feelings of unfair faculty treatment even after 10-20 years. In summary, effective teaching has been described as encompassing the traits of teaching ability, professional competence, evaluations of students, interpersonal relationship, and personality traits. Measurement of effective teaching has been accomplished through students and faculty evaluation. Evaluation of clinical demonstrators' behavior in the clinical settings plays an important role in the effective clinical teaching process for both students who is seeking knowledge and competent, and also for the demonstrator who is seeking competence and doing good job. So, evaluation and assessment of clinical demonstrators' behaviors in the clinical area by their students is an important issue in nursing education.

The National Council of State Boards of Nursing (2005) recommended that improvements were needed within nursing education and nursing student-clinical instructor relationships. Caring behaviors of clinical instructors have emerged as an important component of the nursing student-clinical instructor relationship (Wade, 2003; Waterman, 2007; Wilkes, 2006; Cook, & Cullen, 2003; and Griffiths, & Tagliareni, 2001). Caring behaviors, in the context of the nursing student-clinical instructor relationships was defined as those verbal and non-verbal caring actions based on caring theory, demonstrated by the clinical instructor and perceived by the student nurses to facilitate student learning of professional role development, a caring attitude, clinical confidence, clinical competence and interpersonal caring interactions (Laitinen-Vaananen, Talvitie, & Luukka, 2007; Thomas, 2003; Griffiths, & Tagliareni, 2001; McGregor, 2007; McManemy, 2002; and Sutherland, Hamilton, & Goodman, 2007).

Caring in nursing practice, as well as nursing education, is certainly not a new concept. Although inherent in nursing since the days of Florence Nightingale, for several decades, nurse scholars have begun to rigorously study and debate the notion of caring. Nurse scholars have considered such issues as how to define and measure caring, if caring is a science, and how to teach caring (Cook & Cullen, 2003). According to Beck (2001), the revolution —called for enhancing caring practices by means of faculty-student and faculty-faculty relationships. As a result, students would learn caring through faculty modeling of caring behaviors and experiencing caring among their interactions with faculty and other students. Early research conducted on caring behaviors of nursing faculty was qualitative in nature. Subsequent quantitative research conducted on caring behaviors of nursing faculty used instruments non specific to caring theory. Wade (2006) developed the NSPIC based on Dr. Jean Watson's descriptors of instructor caring behaviors reflecting the 10 carative factors embedded in Watson's theory of human caring.

Previous studies supported that idea "the presence of an effective caring clinical instructor may influence student nurses outcomes" (Laitinen-Vaananen, Talvitie, & Luukka, 2007; Thomas, 2003; Griffiths, & Tagliareni, 2001; McGregor, 2007; McManemy, 2002; and Sutherland, Hamilton, & Goodman, 2007). Wade (2006) found that when clinical instructors are perceived as caring, nursing students develop caring abilities. Duffy (2009) believes the development of caring nurses stems from nursing programs based on caring theory. Cook (2005) found the uncaring behaviors demonstrated by clinical faculty raised the levels of anxiety in student nurses. So the clinical instructors should be aware of anxiety among nursing students and the impact of high anxiety levels on learning and skill performance.

Significant of study

Finally from the previous review of literatures, there are two major areas of research on student-instructor relationships have emerged as important to the clinical education of nursing students. One area is related to nursing student and faculty perceptions of clinical instructor characteristics considered effective or ineffective. The second and more recent area is related to caring behaviors of clinical instructors. So this study was done to describe the caring and effective teaching behavior of clinical instructors in clinical area as perceived by their students.

2. Methodology

2.1 Aim of the study

Was to describe the caring and effective teaching behaviors of clinical instructors in clinical area as perceived by their student

2.2 Subjects

A convenience sample of 113 students affiliated to faculty of nursing, King Khalid University, Saudi Arabia, was included in the study. They were selected from four different levels, 26.54% from 4th level, and 26.54% from 5th level, 23.03% from 6th, and 23.89% from 7th level. Student's number in each level represents the majority of students enrolled in this level. Inclusion criteria include nursing student affiliated to faculty of nursing, King Khalid University, had hospital clinical training experience and willing to participate in the study. The study sample excluded the first three academic levels because they don't have hospital training experience to assess caring and effective clinical teaching behaviors of clinical instructors in clinical area.

2.3 Design

A descriptive quantitative research design was used to explore student nurses perceptions about clinical instruction

2.4 Tool of data collection

The data were collected by using two self-administered questionnaire sheet. **The first questionnaire** sheet was developed by the researcher, guided by literature review (Nahas, Nour, and Al-Nobani, 1999; Wolf, Bender, Beitz, Wieland, and Vito, 2004; Beitz, and Wieland, 2005; Whitehead, 1997; and Reeve, 1994.). It was concerned with measuring the effective teaching characteristics of the clinical nursing instructors and included 46 items. The 46 items were grouped into 5 categories, interpersonal relationship (10 items), personality traits (5 items), teaching practice (14 items), knowledge and experience (8 items), and evaluation procedure (9 items). The responses of participants were measured on a five point Likert scale that ranged from most important (5) to not important (1). Test retest reliability was estimated it was 87% where, $p < 0.05$ which means that questionnaire was a reliable one.

The second questionnaire was the Nursing Student Perceptions of Instructor Caring (NSPIC) which was concerned with measuring clinical instructor's caring behaviors. It developed by Wade, 2006 and consisted of 31 items. The 31 items were grouped into 5 categories. The instill confidence through caring (11 items), supportive learning climate (10 items), appreciation of life meanings (3 items), control versus flexibility (4 items), and respectful sharing (3 items). The responses of participants were measured on a five point Likert scale that ranged from strongly agree (5) to strongly disagree (1). The NSPIC had a Cronbach's alpha of 0.97 and acceptable internal consistency of the five subscales indicating that this instrument is a "valid and reliable measure of nursing students' perceptions of instructor caring" (Wade, 2006)

2.5 Methods of data collection

- An official approval was obtained from the Dean of the Faculty of Nursing at King Khalid University.
- Relevant literature reviewed and the first tool developed by the researcher.
- The both tools were translated into Arabic
- A pilot study was performed on 10 students to test the wording and clarity of the questions and to estimate the necessary time to fill the questionnaire. The necessary modifications were accordingly performed.
- The first tool was also tested for its reliability using test-retest. This done through administration of the tool to fifteen nursing students then the data was collected using the same tool from the same nursing students after one two weeks. Analysis of data to compute test retest reliability was done. It was 87% where, $p < 0.05$ which means that questionnaire was a reliable one.
- All nursing students from the participating academic levels were invited by the researcher to participate during the time of a scheduled class. Participation was voluntary and the nursing students were informed of this and their right to withdraw their participation at any time.
- Data were collected through interviewing the participants and explaining the purpose of research for them. Each participant took nearly 5-10 minutes to complete the questionnaires.
- The study questionnaires were distributed late by the end of the first semester of the academic year 2011-2012.

3. Data Analysis

Data was entered and analyzed using the statistical program of Statistical Package for the Social Sciences (SPSS) version 15. Demographic data and the responses to the tools item statements were analyzed using frequency and percentage, measures of mean and standard deviations.

4. Results

Table I: represents frequency and percentage of study participant students' academic levels. As shown the students were selected from four different levels, 26.54% from 4th level, and 26.54% from 5th level, 23.03% from 6th, and 23.89% from 7th level. Student numbers in each level represent the majority of students enrolled in this level.

Table 2 shows the descriptive statistics of effective clinical teaching behaviors of clinical nursing instructors as perceived by their students. It showed that the total mean of effective clinical teaching behaviors of clinical nursing instructors as perceived by their student was 169.51 representing 73.7 % of maximum score. The highest percentage was 75.8% for knowledge and experience of clinical instructors as perceived by their student and followed by interpersonal relationship and evaluation procedures subscales 73.4%. This means that student nurses identified all of the effective characteristic categories between important and most important. On the others hand personality traits are the lowest category (72.6%) inspit of it is still high.

Table 3: represent the top ten effective clinical teaching characteristics as perceived by participant nursing students. As shown the participant nursing students perceived the top ten most important effective characteristics from the category of knowledge and experience followed equally by evaluation procedures and teaching practices. They perceived the most important effective clinical teaching characteristics of their clinical instructors in the following ways: (a) 81.4%, always present in training area to work with students; 78.8%, ask questions relevant to clinical practice; (b) 77.9%, has experience in training in the hospital; (c) 76.1%, is well informed in area of clinical practice & demonstrate enthusiasm; (d) 75.2%, relate clinical assignments to course objectives, provides adequate orientation to hospital policies & routine time activities at beginning of the rotation, and makes continuous evaluation; and (e) 72.6%, communicate knowledge to students and provides students with opportunities to practice learning skills.

Table 4: shows the descriptive statistics of caring behaviors of clinical nursing instructors as perceived by their students. It showed that the total mean of caring behaviors of clinical nursing instructors as perceived by their student was 107.69 representing 75.1% of maximum score. The highest percentage was 81.5% for respectful sharing subscale, followed by appreciation of life meanings subscale 79.5% as perceived by nursing student. On the other hand, the least percentage was 64.3% for control versus flexibility subscale. This tends to indicate that nursing students perceived caring behaviors in the subscales of respectful sharing and appreciation of life meanings as most frequently demonstrated; and caring behaviors in the subscale of control versus flexibility as least frequently demonstrated by clinical instructors.

Table 5; represent the caring behaviors more frequently demonstrated by clinical instructors as perceived by nursing students (n=113). They perceived their clinical instructors more frequently demonstrated caring behaviors in the following ways: (a) 77%, shows genuine interest in patients and their care; (b) 74.3%, respects me as an individual; (c) 72.6%, cares about me as a person; (d) 66.4% acknowledges own limitations or mistakes; (e) 64.6% does not makes me feel like a failure; (f) 63.7% makes me feel that I can be successful; (g) 60.2% believe in me and inspires me to continue my knowledge and skill development; (h) 59.3% helps me envision myself as a professional nurse; and (i) 58.4%, instills in me a sense of hopefulness for the future. Student nurses responses ranged from 77% to 58.4%.

5. Discussion

The clinical training is the heart of the nursing's professional program and it remains the single most important resource in the development of competent, capable, caring nurses (Beitz, and Wieland, 2005 and Ousey, 2000). It prepares the students for their professional role, provides them with opportunity to apply knowledge, skills, and concepts that generally accepted as the arena in which synthesis of classroom, laboratory, and other learning experiences occurs (O'Connor, 2001). Kube (2010) identified clinical instructors, who demonstrated a higher frequency of effective characteristics, were perceived by both junior and senior baccalaureate nursing students as having the highest influence on their learning.

Nelson, (2011) stated that learning in the clinical setting required knowledgeable and experienced clinical

instructors with the ability to teach adult learners effectively. In the present study, the nursing students wanted the clinical instructors to be knowledgeable and competent in their own field and agree that knowledge and experience competence is the most important and essential component for effective teaching. This may be because of the nursing students wanted to spend their clinical training with specialized educators and more experienced instructors and this may make them feel more secure in the clinical environment. This was in agreement with the previous studies, which have shown that professional competence is set out as an important trait (Papp, Markanken, & Von-Bonsdroff, 2003 and Viverais-Desler, & Kutschke, 2001). In addition, study done on associated degree nursing students regarding their perception of the importance of demonstrators' professional competence to be a good trainer for students in the clinical settings. They have emphasized the behaviors of demonstrating clinical skills, taking responsibility for their own actions, serving as source of information, enabling trainees to care for patients, and demonstrating care for patients in a real situation (Marie, 2001)

As regarded to the relationship between the clinical instructors and their students in the clinical settings as an effective clinical teaching characteristic, the findings of present study stated that, students perceive this characteristic as an important one and ranked as the second most important effective teaching characteristic. This is in agreement with Clifford, (1999), who emphasized that the teacher can be excellence and effective when maintaining a good interpersonal relationship with the students. Also, Viverais- Dresler & Kutschke, (2001) have stated that student nurses have ranked relationships as the third most important category. " Being accessible" was rated as the most important factor. In addition, in research on effective characteristics of clinical instructors, interpersonal relationships were the category which accounted for the largest difference between effective and ineffective clinical instructors (Clawson Roe, 2009 and Tang, Chou, & Chiang, 2005).

Elcigil and Hatice (2006), pointed that, the clinical environment stops being an area of learning and after a short time becomes just a place where the student to graded. How the demonstrator evaluates the student in the clinical environment and how she gives feedback is an important aspect of clinical education. Also beginning level nursing students in clinical area experience fears as highest in the areas of making an error with the potential for patient harm, being evaluated by faculty, and fear of failing, which leads to impairment in their ability to focus and perform previously learned skills (Moscaritolo, 2009). This is in alignment with the finding of the present study in which student evaluation procedures as the second effective clinical teaching behavior from their point of view. Brookfield, (2006), stated that students take evaluations much more seriously than educators do.

Additionally, the effective teacher must have mastered the ability to teach. This ability includes the skills required to transmit knowledge, skills, and attitudes from the teacher to the student and also included the ability to develop an atmosphere that encourages student learning (Wolf, Bender, Beitz, Wieland, and Vito, 2004). The findings of the present study revealed that clinical teaching ability of clinical instructors is the third important effective clinical teaching characteristic as perceived by the nursing students. Also the present study revealed that the nursing students considered the personality traits as the fourth factors that affect on their behavior in the clinical settings. This is the same view of Clifford, (1999) who mentioned that effective teaching has been described as encompassing the traits of teaching ability, professional competence, evaluations of students, interpersonal relationship, and personality traits and also found a strong correlation between student perceptions of teaching effectiveness and specific personality traits of clinical instructors.

In relation to the top ten important effective clinical teaching characteristics as perceived by participant nursing students, the majority of participant emphasized on the importance of presence of clinical instructors in training area to work with students. This is in agreement with the Hayajneh, (2011), who found in her study that, the participants thought that the clinical instructor should be always available and accessible to offer help and guidance, make clinical work interesting, and encourage active and cooperative learning. The teacher was considered as a key resource person (Hayajneh, (2011). Also Viverais- Dresler & Kutschke, (2001) have stated that student nurses have ranked relationships as the third most important category. " Being accessible" was rated as the most important factor. The competent clinical teacher knows how to function in clinical practice and can guide students in developing clinical competencies. This requires the clinical instructor to be present with the student on the ward. On the others hand Rowan and Barber (2000) reported that students experience uncertainty in the clinical area because of the lack of opportunities to develop competence, and that uncertainty is related to the clinical instructor who is not available or is inaccessible because of time constraints.

Hayajneh, (2011), found in her study that, the participants nursing students thought that the clinical instructor should demonstrate clinical skills, actively participate in clinical practice as nurses rather than as teachers, and help students to identify and make use of practice opportunities. According to this study the second, third, and fourth top ten effective clinical teaching characteristics as perceived by participant nursing students

were the clinical instructors should ask questions relevant to clinical practice, have experience in training in the hospital, and is well informed in area of clinical practice. Clinical competence has been reported consistently in studies as an important characteristic of effective clinical teachers (Andrews and Roborets, 2003; Gignac-Caille and Oermann, 2001; Johnson et al., 2002; Viverais and Kutschke, 2001). Clinical instructors are expected to be competent, experienced, knowledgeable, flexible, patient and energetic (Lee et al., 2002). In other words, clinical instructors play an important role in assisting students to acquire the knowledge, affective attitudes and psychomotor skills necessary for professional practice of nursing (Gillespie and McFetridge, 2006).

Edwards et al., (2004) stated that, it is important that clinical teachers plan the orientation to the facility (placement), which includes providing information about the location and physical setup, the agency policy, daily schedules and routines, procedures for responding to emergencies, and documentation of patients' care. The present study ascertain that "providing adequate orientation to hospital policies & routine time activities at beginning of the clinical rotation" from the most important top ten effective clinical teaching characteristics as reported by participant nursing students. This is supported by Hayajneh, (2011), who stated in her study that participant nursing students stated that the clinical instructors should orient the student to the clinical setting and creates a relaxing atmosphere to facilitate clinical teaching. A clinical instructor should be able to communicate expectations to students in a clear way, be well prepared, check student understanding, ensure that basic familiarization is well organized, and demonstrate that the ward can be regarded as a good learning environment.

It has previously been emphasized that effective clinical instructors demonstrate specific teaching behaviors, including the ability to diagnose students' learning needs, to plan instructions based on student learning needs, and to effectively supervise students to maximize the clinical learning experience (Gignac-Caille and Oermann, 2001). An effective clinical instructor must have enough experience and be capable of applying highly complex didactic learning to diverse client situations – being able to recite information is not enough (Ramage, 2004). According to the findings of the present study, it is very important to clinical nursing instructor to be able to communicate knowledge to students and provides students with opportunities to practice learning skills. This is supported by the findings of Nelson, (2011) and Hayajneh, (2011), their participants thought that the ideal clinical instructor should be informative and resourceful, give valuable advice, provide support and encouragement to students, assist students in providing planned patient care, answer questions appropriately, and be supportive and helpful. He or she should also provide individual supervision.

The second and more recent area is related to caring behaviors of clinical instructors. Wade (2006) found that when clinical instructors are perceived as caring, nursing students develop caring abilities. Duffy (2009) believes the development of caring nurses stems from nursing programs based on caring theory. On the other hand, Thomas (2003) identified the presence of anger in nursing students related to critical and unfair nursing clinical faculty. Emotional responses to unfair treatment by nursing faculty led to negative consequences. According to Thomas, nursing students experienced the following: (a) interference with learning, (b) decreased role development, (c) dissatisfaction, and for some students (d) leaving the nursing program or nursing completely. Nursing students in a study by Clark (2008) responded to uncivil faculty behaviors by voicing their concerns, silently adapting to the perceived unfairness for fear of failure or left the nursing program. A toxic student-instructor environment can lead to the following: (a) loss of a worthy student to the nursing profession, (b) avoidance of the clinical instructor and therefore loss of learning opportunities, (c) inability of students to be their authentic self, and (d) the development of underlying frustration and anger suppressed for fear of retaliation (McGregor, 2007; Wilkes, 2006).

According to Brookfield (2006), some level of anxiety, is needed to support learning drive and critical thinking. However, excessive anxiety or stress in the clinical setting created by a clinical instructor may do the opposite and negatively influence nursing students abilities to focus, recall and problem solve (Beck, 2001 and Moscaritolo, 2009). In addition, clinical instructors should understand how their behavior influences the anxiety levels of student nurses and their performance of skills in addition to learning in the clinical setting. High levels of anxiety lead to interference with learning, and the ability of student nurses to perform safely and effectively with patients (Beck, 2001 and Moscaritolo, 2009). Conversely, student nurses anxiety levels decrease and learning increases in the presence of clinical instructors' demonstration of caring behaviors, (Waterman, 2007 and Kube, 2010). This is in agreement with the finding of the present study which strongly indicated that, nursing students perceive that clinical instructors should demonstrate caring behaviors to facilitate reduction of their anxiety in the clinical setting. Also data revealed that nursing students perceived their clinical instructors demonstrated the highest number of caring behaviors from the subscales of respectful sharing and appreciation of life's meanings. Conversely nursing students perceived some clinical instructors less frequently demonstrated caring behaviors within control versus flexibility subscale.

In relation to caring behaviors more frequently demonstrated. The findings of the present study demonstrated that participant nursing students perceived clinical instructors more frequently demonstrated caring behaviors highest in the following ways: (a) shows genuine interest in patients and their care; (b) respects me as an individual; (c) cares about me as a person; (d) acknowledges own limitations or mistakes; (e) does not makes me feel like a failure; (f) makes me feel that I can be successful; (g) believe in me and inspires me to continue my knowledge and skill development; (h) helps me envision myself as a professional nurse; and (i) instills in me a sense of hopefulness for the future. This is supported with Wang Leztkus (2005) who combined junior and senior student nurses responses and tabulated the mean for each caring behavior. Results of the top 10 caring behaviors demonstrated by clinical instructors, in descending order, were as follows: (a) (does not) inappropriately disclose personal information about me, (b) (does) believe in me, (c) (does not) make me feel like a failure, (d) shows genuine interest in patients and their care, (e) displays kindness to me and others, (f) attentive to me when we communicate, (g) makes student feel successful, (h) (does not) focus on patient care tasks rather than the patient's needs, (i) (does) trust my clinical judgment, and (k) helps student envision the future.

In addition, this finding is in congruence with the findings of the Nelson, (2011). She reported that their participants perceived nursing clinical instructors more frequently demonstrated caring behaviors highest in the following ways: (a) shows genuine interest in patients and their care; (b) is attentive when we communicate; (c) displays kindness to me and others; (d) helps me envision myself as a professional nurse; (e) makes me feel that I can be successful; (f) inspires me to continue my knowledge and skill development; (g) instills in me a sense of hopefulness for the future; (h) (does not) inappropriately disclose personal information about me to others; (i) respects me as an individual; and (j) clearly communicates his or her expectations. Hayajneh, (2011), in her qualitative study to investigate the clinical teaching behaviors of Jordanian role model clinical instructors that positively affect students' learning in the clinical setting, their participants thought that these behaviors include respects students' opinions, and tolerant of student disagreement; shows confidence in students' abilities (helps them to be independent); and shows genuine interest in patients. They stated that the ideal clinical instructor is a dynamic, energetic person who stimulates students' interest in patient care, and helps students' ability to relate therapeutically to patients; passionate about her work and presenting a caring, empathetic approach.

6. Conclusion

Study results revealed that nursing students has common and unique perspectives on the importance of a clinical instructor demonstrating effective characteristics. They identified all of the effective characteristic categories between important and most important. On the others hand personality traits are the lowest category (72.6%) while the knowledge and experience followed by interpersonal relationship and evaluation procedures are the most important effective characteristics from student point of view. In addition, caring behaviors demonstrated by clinical instructors were identified. Data revealed nursing students perceived their clinical instructors demonstrated the highest number of caring behaviors from the subscales of respectful sharing and appreciation of life's meanings. Conversely they perceived some clinical instructors less frequently demonstrated caring behaviors within control versus flexibility subscale. An implication is By providing students with an environment that could enrich their experience with all facets of nursing roles, the clinical instructor allowed students to gain self-confidence, to be self-directed, and to develop professional and clinical skills necessary to carry students into their future practice areas.

7. Recommendations

Based on the findings of the present study, the following can be recommended:-

- A. Clinical faculty can be educated and provided with useful educational tools to assist them in providing effective clinical instructions
- B. Establish an orientation program for preparation of newly appointed clinical instructors about the principles of adult learning, how to bridge gap between theory and practice, how to assess students' needs and evaluate students' performance.
- C. Provide an opportunity for clinical instructors to discuss their clinical work, and examine clinical issues with faculty members to create similarity clinical experience and foster the development of self-confidence.
- D. Clinically, the results might be utilized to improve faculty awareness of students' views on their teaching performance.

- E. Nursing programs should incorporate descriptors of clinical instructor caring and uncaring behaviors, and include their relationship to student anxiety and learning

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Table I; frequency and percentage of academic levels of students participated in the study N= 113

Student Level	Frequency	%
4th level	30	26.54
5th level	30	26.54
6th	26	23.03
7th level	27	23.89
Total	113	100.0

Table 2: descriptive statistics of nursing students' perceptions of effective teaching characteristics of clinical instructors by category n= 113

Effective Clinical Teaching Subscales	Min	Max	Mean & SD	%*
Interpersonal Relationships (10 items)	18	50	36.69±7.72	73.4
Personality Traits(5items)	9	25	18.17±4.04	72.6
Teaching Practices(14 items)	27	70	51.29±10.99	73.3
Knowledge and Experience(8 items)	19	40	30.31±5.31	75.8
Evaluation Procedures(9 items)	19	45	33.05±7.82	73.4
Total	101	230	169.51±34.28	73.7

* Percentages are calculated relative to maximum score

Table 3: Top ten effective clinical teaching characteristics as perceived by participant nursing students N=113

Effective clinical teaching characteristics	No	%
Always present in training area to work with students (I)	92	81.4
Ask questions relevant to clinical practice (E)	89	78.8
Has experience in training in the hospital (K)	88	77.9
Is well informed in area of clinical practice (K)	86	76.1
Demonstrate enthusiasm (P)	86	76.1
Relate clinical assignments to course objectives (T)	85	75.2
Provides adequate orientation to hospital policies & routine time activities at beginning of the rotation (K)	85	75.2
Makes continuous evaluation (E)	85	75.2
Communicate knowledge to students (K)	82	72.6
Provides students with opportunities to practice learning skills (T)	82	72.6

Note. Interpersonal Relationships (I), Evaluation Procedures (E), Knowledge and Experience (K), Personality Traits (P), Teaching Practices (T).

Table 4: Descriptive statistics of nursing students' perceptions of caring behaviors by subscale of clinical nursing instructors n= 113

Caring subscales	Min	Max	Mean & SD	%*
Instill Confidence through Caring (11 items)	19	55	40.12±8.13	73.9
Supportive Learning Climate (10 items)	19	50	33.81±7.43	77.6
Appreciation of Life Meanings(3 items)	4	15	10.48±2.60	79.5
Control versus Flexibility(4 items)	4	20	12.40±4.03	64.3
Respectful sharing(3 items)	7	15	10.78±2.08	81.5
Total	61	155	107.69±21.87	75.1

* Percentages are calculated relative to maximum score

Table 5: Top ten demonstrated caring behaviors as perceived by participant nursing students N=113

Caring behaviors	No	%
Shows genuine interest in patients and their care	87	77
Respects me as an individual	84	74.3
Cares about me as a person	82	72.6
Acknowledges own limitations or mistakes	75	66.4
Makes me feel like a failure (does not)	73	64.6
Makes me feel that I can be successful	72	63.7
Believe in me	68	60.2
Inspires me to continue my knowledge and skill development	68	60.2
Helps me to envision myself as a professional nurse	67	59.3
Instills in me a sense of hopefulness for the future	66	58.4