The Lived Experience of Novice Clinical Instructors  
“Something New, Somewhere New, Someone New”  

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Date Submitted: August 23, 2015  
Date Revised: December 23, 2015  
Originality: 90%  
Plagiarism Detection: Passed

ABSTRACT

Nursing education in the Philippines has had its own share of fluctuations in the production of fresh graduates. A small portion of these fresh board passers has taken solace in the nursing academe who had expressed their need for clinical instructors. The rationale of the study was to understand the meaning of the novice clinical instructors’ lived experiences as they handle nursing students in their respective clinical assignment and learn the consequences of this phenomenon in the course of themes that would thoroughly described their experiences.

This research utilized phenomenology to describe their experiences and meaning of the lived experiences being novice clinical instructors and this helps in reducing individual experiences to a description of the universal essence. Purposive sampling was employed in this study. The participants in the study were registered nurses with no clinical experiences when hired, and those with less than three years employment in the academe. Their responses during the interviews were recorded and transcribed.

Four major themes emerged; these were Inspirational Drives, with subthemes of Thoughts Becoming a CI, The Prestige in the Profession, and the Motivation in Positive feedbacks, Intrinsic Features, with subthemes of Possessing Effective Good Character, and Knowledge as Power. Intimidating Circumstances, with subthemes of Uncertainties and Apprehensions with Respect to their New Role, Realisms of Being a CI, Coping with Pressure, and Self Confidence and Improved Relations, with subthemes of Respect, Relationship Building, and Self Development.

Many novice clinical instructors perceived their role as prestigious however when confronted with challenges some were doubtful, apprehensive, and others felt inadequate not only with their intellectual/professional capability but also with their interpersonal relationships. The positive feedbacks that they received from their students motivate them to become effective mentors. Furthermore, being a novice signifies an entry into the unknown that tests not only their confidence but also their individual capabilities to impart knowledge to their students.

Keywords: Novice, Clinical Instructor, Lived experience, Novice clinical instructor
INTRODUCTION

Nursing education in the Philippines has had its own share of fluctuations in the production of fresh graduates who, unluckily, get enlisted in the roster of jobless Filipinos. In spite of the fact that these new nurses can easily prove their efficiency through qualifying Nurse Licensure Examinations that only entails minimum competence to perform basic nursing skills and utilize basic clinical judgment.

A small portion of these fresh board passers has taken solace in the fact that nursing colleges and similar educational institutions have continuously expressed their need for clinical instructors who can guide nursing students—some of whom may be merely a year older than their students. Furthermore, clinical experience is still an essential component to nursing education. A temporary solution to this unemployment is nursing preceptorship. Preceptors share their theoretical knowledge in order to bridge the gap between the classroom and the clinical area where students are guided to perform their various clinical skills needed in the actual setting (Mingpun, 2015). This has been an alternative for many fresh graduates who find employment in the academe.

To highlight, these young clinical instructors eventually wind up with their students in the clinical areas, equipped only with their own experiences as former nursing students themselves. Banking on such constitutes a dilemma in the part of these individuals as they have to maintain an impression of authority and knowledge in front of their students.

The study explores the various experiences of novice clinical instructors in handling nursing students in their respective clinical assignments. The proponents also wish to construct themes that will thoroughly describe such experiences.

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Review of Related Literature

Benner published in 1984 her revolutionary work *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. She describes in the Dreyfus and Dreyfus model the skill acquisition and its implications to nursing practice. This model is used to address the novice clinical instructors’ needs at various stages of professional growth. This would help nurses understand how expertise develops in the nursing academe with students who look up to them for their related learning experience.

The five stages of skill acquisition (Benner, 2004) are characterized by the following: The Novice who learn on their experience when they were a student. They are beginners with less experience with handling the students, and limited skills to foresee what might happen in a given clinical scenario. The Advanced Beginner are nurses who have had enough clinical experience. They have “knowledge, skills and know-how but do not have many in-depth encounters with similar patient scenarios. Meanwhile, the Competent nurses quickly organize principles to access specific rules that are relevant to particular task of teaching and training nursing students. Furthermore, Proficient nurses develop intuition to guide their actions and devise their own rules to formulate plans. They can plan, and
synthesize students learning experiences among patients in various case scenarios.

Lastly, An Expert clinical instructor is a highly skilled, with in depth knowledge and experience to appropriately train nursing students in specialized clinical setting.

The novice clinical instructors need to feel confident and knowledgeable when they supervise the students in the clinical area. However, there are factors that limit the instructor in developing their confidence and knowledge necessary to assist the students in improving their clinical skills. Novice instructors could build their confidence and increase their knowledge for teaching in order to improve quality of clinical education.

Previous studies had been conducted with similar focus. Won and Wong cited interesting points in their article regarding this: Clinical instruction in baccalaureate nursing programmes becomes the primary responsibility of either the inexperienced or part-time, contractual instructors in 2006. In addition, the study being done by Babenka-Mould et. al who’s study on Novice clinical instructors: Leadership in Nursing Education which focuses on the concerns, priorities, and self-efficacy. The proponents’ approach entailed three phases; First, it explained that clinical instructors’ expressed concerns and priorities formed the basis of online modules was develop. Second, the completion of online self-efficacy instrument pre and post module. Third, the content analysis of transcribed interviews. Themes which emanated from participants’ discussions were clinical instructors’ roles and responsibilities, clinical teaching, and clinical evaluation.

In a study by Toelke (2012), a critical review of the literature regarding best practices in orienting newly hired clinical instructors was performed. The overall goal of this is to improve understanding of the current orientation process which will lead to the development of more caring, more effective, personalized orientation for newly hired clinical faculty. A desirable outcome was a more personalized orientation for new clinical faculty inorder to increase employee satisfaction and decrease turnover within the first few years of their clinical teaching. In addition, a caring environment was needed in order for novice faculty to acquire the tools that are necessary to become a successful educator (Snelson, 2002).

Clinical education has, for the most, remained unchanged for the past 40 years. Therefore, it needs to be changed and these should center on best practices in teaching and learning using the knowledge obtained in theory in the classroom and the practical application of these knowledge in the clinical setting (Benner et al, 2010). In addition, a newly hired clinical faculty must also realize that everything is new for them as novice faculty. According to Boyd and Lawley (2009), novice faculty are newcomers in many aspects of their role and the expert clinical nurse must move effectively into the role of nurse educator to assist the novice.

Another study conducted, revealed the need for stronger school support during orientation programs for new teachers. First-year teachers should be supervised for a longer period of time to understand their difficulties in coping with experienced teachers (Warsame, 2011). The study of Poldervaart revealed that nursing clinical instructors’ experience contribute to their confidence, competence, and intent to remain in the profession. Currently, educational reform is needed in the health care in anticipation of continuing nursing shortage. The program design that prepares students for their role
in the nursing profession immediately after graduation lays in the hands of our nursing education curriculum leaders.

Further studies, indicated the vital importance of welcoming the novice inquisitive nature and providing a supportive environment where good staff relationships flourished. The wise preceptor and staff should know that supportive behaviours and constructive feedback are the approach to take to develop the new nurse inexperienc. The novice benefits from positive reinforcement, recognition of daily accomplishments, and opportunities to be included as part of the staff rather than showing them self-judging qualities (Chandler 2012).

The gaps in relation to the decision making among novice nurses tend to be based on their limited knowledge and experience in the profession and clinical judgment was focused on single tasks or problems. The limited knowledge of the new graduates, novice nurses, or nurses with limited experience in the care settings in which they work, tend to view decision-making as responding to clients complaints, following documented care plans and protocols (Chase, 1995; Itano, 1989; Radwin, 1998). The decision of the novice focus toward doing, rather than on thinking and reflecting (Benner, Tanner, & Chesla, 1992).

Nurses with limited experience often do not recognize or appreciate the relevance of deviations from the textbook picture of clinical scenarios (Benner, Tanner, & Chesla, 1996; Haffner & Raingruber, 1998; Tabak, Bar-Tal, & Cohen-Mansfield, 1996). Novice nurses when confronted with complex or unfamiliar clinical situations, frequently respond by drawing on theoretical knowledge rather than enacting decision-making that addresses the complexity of the scenarios. In addition, when the novice nurse lacks confidence in the clinical setting, they may rely on experienced nurses and avoid situations that require them to make decisions. Thus, they experience role dissatisfaction and some of these novice nurses will leave the profession (Messmer, Gracia Jones, & Taylor, 2005).

Nurses with limited experience will carry greater than ever responsibility for clinical decision-making about the care of increasingly complex patient scenarios. Nurses with sufficient experience in the clinical setting become expert in their practice. They have move from reliance on abstract principles to the application of concrete clinical situations (Benner et al., 1996; Decker, 2006). Currently, nurses function with few supports and mentors which pose a challenge for them to develop sufficient experiential knowledge to ensure that their decisions will be accurate and safe.

METHODOLOGY

Research Design
This is a qualitative research where the primary method of collecting qualitative data is through self-reports- an in depth interviews of the study participants. The total number of participants within the inclusion criteria consisted of five novice clinical instructors who had no clinical experience at the time they were employed as clinical instructors and had been in the academy three years or less. Focus group discussion (FGD) was utilized in validating the research guide questions formulated. They were asked about their perceptions, opinions, beliefs, attitudes, issues and concerns based on the guide questions drawn up by the researcher/facilitator.
The researchers utilized phenomenology to look for experiential descriptions of the phenomenon being studied. A phenomenological study describes their experiences and meaning of their lived experiences being novice clinical instructors. The researcher focused on describing what all novice participants have in common. The purpose of this is to condense individual experiences to a collective description of real meaning.

Research Environment
The study was conducted in Cebu City, specifically in educational institutions that provide nursing education and the agreed venues for individual interview.

Research Participants
The participants of this study are novice clinical instructors or nurse educators with no teaching/clinical experience in nursing academe when they were hired; and with less than three years employment in the academe.

Research Sampling
The researchers selected participants by non-random methods (nonprobability sampling); beginning with a convenience sample (volunteer informants) supplemented with new participants through snowballing then eventually evolved to purposive sampling strategy.

In purposive sampling, the researchers handpicked the cases that appropriately give adequate information to the needs of the study. This involves studying of cases that meet a predetermined criterion. A registered nurse with no clinical experience when hired and those with less than 3 years employed in the academe.

Research Instruments
Interviewers’ question guide was utilized in this study where it was divided into two parts: the demographic data and the discussion guide. The demographic data are essential information about the respondents which includes the names (initials), age and highest educational attainment. The guide questions were categorized to warm up, transition, main, wrap up questions. The questions were draft carefully to monitor the wording of each question for clarity and sensitivity to participants and sequenced in meaningful order. The draft instrument was critically reviewed by colleagues.

The researcher did the pilot study on the formulated guide questions and utilized audio recordings (cell phone) in recording the discussions. The group data from the notes of moderator and note taker were encoded in transcript in order to formulate its meaning and categorized this into themes.

Data Gathering Methods
In gathering the data, self-report specifically FGD and semi structured focused interviews was utilized. FGD was used to test the formulated test questions to describe and explore their feelings as a novice clinical instructor. The participant’s responses to questions posed by the researcher were evaluated before it was given to the research participants for validation. The guide questions were asked in an interactive manner in a group setting in four to six participants where they were free to talk about their opinions and experiences simultaneously. The moderator guided the discussions according to the set of questions formulated. The observer recorded the detailed notes of the discussions.

During the discussions, the moderator led the discussions, listened intently and kept the conversation flowing and took a few notes to remember
comments that she may wanted to use later to improve the formulated guide questions.

Once the questions were validated, a semi structured focused interviews were conducted. The researchers asked permission from the nursing academe for phenomenological study of their novice clinical instructors. The researchers introduced themselves to the participant stating the purpose of their study and asked permission for the use of the recorder during the interview. A written discussion guide was used to ensure that all question areas are covered and participants were encouraged to talk freely. Before the end of the interview, the researcher asked the participants if there if they had anything to add then thanked the respondent for participating. Notes were initially handwritten then entered into the computer expanded into more comprehensive narratives.

During the data analysis phase, narrative data transcript were listened and read over and over in search of meaningful segments. The data were then classified into Verbatim, English translation, Significant Statements, Formulated Meanings, and Themes. These data were converted to smaller, more manageable units that can be retrieved and reviewed. The segments were closely examined in order to determine the phenomena and its formulated meaning. Concepts were identified and given label that formed the basis for the themes. The related concepts were grouped together and coded data were bracketed according to the most salient themes.

After analysis of the responses, the significant statements of the participant’s experiences were identified and given corresponding 145 formulated meanings. Attached in the appendix page is a selected example of significant statements and corresponding formulated meanings. The formulated meanings created were then clustered around four themes.

RESULTS AND DISCUSSIONS

Thematic Discussion

After significant statements were extracted from the transcripts of responses and the analysis of formulated meanings, four themes emerged. The four themes were: **Inspirational Drive**, with three subthemes, Role Modelling, Prestige More than the Profession, and The Motivation of Positive Feedbacks; **Intrinsic Features**, with two subthemes, Rigorous Training and Lifelong Learning; **Intimidating Circumstances**, with four subthemes, Uncertainties and Apprehensions with Respect to their New Role, Realisms of Being a Clinical Instructor, Coping with Pressure, Self Confidence; and **Improved Relations**, with two subthemes, Respect, Relationship Building, and Self Development. Each of the emergent themes would be discussed and defined with excerpts from the transcripts of responses used to support and highlight each theme.

**Theme 1. Inspirational Drive**

The emergent theme “Inspirational Drive” are those factors that motivates the novice clinical instructors. It has three subthemes: Role Modelling, Prestige in the profession, and The Motivation of Positive feedbacks.

**Role Modelling**

They entered into the college of nursing with the thought of being successful in the future. As they attended their classes, they met several clinical instructors whom they admired. They gained the needed knowledge from them that equipped them in their chosen vocation. Their previous instructors taught them the techniques and strategies which assisted them in their clinical supervision with the students. Some were encouraged and inspired to follow their footsteps.
Their former efficient and effective clinical instructors became their guiding star and they hope to be like them. They were inspired by them in the way they were being taught. Some participants doubted their abilities to handle the students but were encouraged by people including their former clinical instructors to continue by remembering how they were supervised in their clinical experience when they were students.

**Prestige in the Profession**

Many of the novice clinical instructors perceived that being a clinical instructor was a prestigious profession. The remuneration was bigger compared to those in the hospital. The compensation was good, and the benefits were many compared to the nursing service. One participant conveyed that she was proud as a clinical instructor. It gave her the feeling of satisfaction being looked up by the students as they performed their clinical skills. This increases her self-esteem especially if one is working in a prestigious school.

**The Motivation in Positive Feedbacks**

The remarks from the students that they have learned much from the instructors and that the concepts that were taught would remain in them even if they are already licensed and practicing the profession was overwhelming feelings of self fulfillment.

Majority of the participants gained remarkable positive feedbacks from their students. Regardless if they were novice clinical instructors or not, they received expressions of gratitude from their students which gave them a sense of energy to continue in their chosen career.

**Theme 2. Intrinsic Features**

A novice clinical instructor, despite of age and experience, but who knows how to handle her profession will become an effective educator in the future. It is inherent in every individual to have a sense of autonomy to choose one’s own path. Whatever the situation is, when being guided properly a novice will find his way through. It has two sub themes; Rigorous Training and Lifelong Learning.

**Rigorous Training**

The firmness of their former clinical instructors develops hatred in them. However, they realized that façade is but for their own welfare. Some participants were grateful for their former clinical instructors for their being strict and firm. They were able to realize the value of rigid training, discipline and consistency to the rules and policies since it was needed for them to become effective clinical instructors.

**Lifelong Learning**

When one becomes a nurse educator, he/she expected to know much so that he/she can impart the needed knowledge for the students. Being a clinical instructor entails responsibility and accountability to impart lifelong learning to the students. Having extensive knowledge and being able to impart it to the students were essential since students had high regard on their clinical instructors. Learning is a lifelong process and as long as one lives, the process of learning never stops.

**Theme 3. Intimidating Circumstances**

Being novice in the workforce is a challenge. They made clinical decisions for the students in given case scenarios. Because of much ambiguity and unfamiliarity of such cases, at times some participants doubted themselves in supervising nursing students performing clinical skills. There were four subthemes: Uncertainties and Apprehensions With Respect to their New Role, Realisms of Being a Clinical Instructor, Coping with Pressure, Self Confidence.
Uncertainties and Apprehensions with Respect to their New Role
First day will always leave an imprint to someone, and this will serve as a make or break moment for one in the workplace. Naturally, a certain amount of anxiety was felt for the novice who is new to an endeavour. Changes in the student’s attitude pose additional challenge to her profession. Teaching student nurses how to take care of patients made him nervous and apprehensive because of fear that he might give wrong instructions that may possibly thrust the patient’s life.

Realisms of being a Clinical Instructor
Having been able to earn the license to practice nursing is a very rewarding experience, as one is able to enhance his skills in performing the necessary nursing procedures. However, the practice of nursing in the academe was another scenario. It entails enhancing your knowledge attitude and skill in teaching nursing students to become effective nurses in the future. Being a clinical instructor is a two – fold responsibility as a nurse and at the same time a clinical instructor.

Furthermore, many considered it as noble and prestigious profession though at times they felt tired in checking all their requirements and supervising them. However, the novice clinical instructors stated that it’s a rewarding profession because you are able impart knowledge that they value and also able to know the students and their patients. As you advance in this profession, you realize your strengths and weaknesses and learn that you also learned from your students. Realization came that indeed nursing is a noble service.

But sometimes the demands of the work entail an extension of time outside the boundaries of the regular working hours that we became exhausted. Oftentimes, one goes beyond the parameters of the teaching profession, we became their parents in times of need.

Coping with Pressure
Novice clinical instructors felt the pressure when they realized that so many eyes are looking into the way they handle the students in the clinical area, the need to establish rapport with the personnel in the ward, and meet the expectations of everybody.

Some of the novice clinical instructor at times felt irritated and intimidated with senior nurses having more clinical experience. They felt discouraged when they do not come up with what they are expected to do. Nevertheless, they managed the situation by respecting them, thinking positively, smiling and consoling themselves that its part of the job.

Self Confidence
One should have self confidence in supervising the students. Their belief in their abilities and a sense of enthusiasm as they go to work despite the challenges gave them an air of confidence. They should have the right knowledge and equipped with the right skills to do the tasks that they are employed to do and most importantly, the right attitude in all situations that you are being put into. This means that despite their inexperience they should make an effort to add up their knowledge and equip their skills.

Some novice participants were passionate and dedicated with their nursing profession. The love for teaching transcends to all their students. Despite their inexperience, the novice clinical instructor maintains that sense of confidence so that they can effectively guide the students in the clinical area. Eventually, the feelings of anxiety subside.
with the constant exposure in the clinical areas and familiarization with the different procedures.

**Theme 4. Improved Relations**

The novice clinical instructors were hesitant with their status in the academe considering they were newly employed. The sense of respect both to your co-workers and students is essential. A workplace is an avenue for them to enhance learning, and build effective relationship among co-workers. The novice is not able to appreciate the value of what is being learned unless it will be evident in the practice of nursing. There were two subthemes: Respect, Relationship Building and Self Development.

**Respect, Relationship Building**

Respect is a very important component that elicits a harmonious relationship among the people in the workplace. The participants believed that respecting co-workers and students in turn will beget respect to the novice clinical instructor.

**Self-Development**

Learning is best facilitated in concrete experience. The novice clinical instructors need to continue developing new skills to reach their full potential. Nursing skills exceeds the bounds of formal theory.

The participants realized the difficulty in applying the learned concept of nursing in the clinical setting. As teachers, they need to have adequate extensive preparation to be able to impart the knowledge and skills to the students. Furthermore, the participant added that a teacher should project an image of a teacher with full knowledge of the subject matter.

The knowledge and experience they got can lead to discovering new things which they can impart to the students in the various clinical setting. The lived experiences of novice clinical instructors is according to the four I’s: **Inspirational** (wherein the thought of becoming a clinical instructor is highly influenced by their respective clinical instructors); **Intrinsic** (it is inherent in every clinical instructor, be it a novice or an expert to have set of values and good characteristics that their mode to become an effective educator); **Intimidating** (wherein the initial phase of being a clinical instructor is going through the process of so many adjustments to almost everything along the way); and, **Innovative** (strategies of learning should be made suitable to the various learning styles of the students).

**Summary of Findings**

This study provides exhaustive descriptions of the lived experienced of novice clinical instructors new role, in a new setting with a new identity. The significant statements were categorized to four formulated themes. These were: **Inspirational Drive**, with three subthemes, Role Modelling, Prestige More than the Profession, and The Motivation of Positive Feedbacks; **Intrinsic Features**, with two subthemes, Rigorous Training and Lifelong Learning; **Intimidating Circumstances**, with four subthemes, Uncertainties and Apprehensions with Respect to their New Role, Realisms of Being a Clinical Instructor, Coping with Pressure, Self Confidence; and **Improved Relations**, with two subthemes, Respect, Relationship Building, and Self Development.

The themes explained the role of the novice clinical instructor and the value of nursing professions, positive feedbacks, rigid training and lifelong learning. However, uncertainties and apprehensions
with their new role made the novice realize the reality of being a clinical instructor. The various challenges they met and the ways to overcome them were also discussed. The novice understood the need to be confident in the clinical area and the importance of respects, relationships building and to strive for self-development.

CONCLUSIONS

Many novice clinical instructors perceived their role as prestigious however when confronted with challenges some were doubtful, apprehensive, and others felt inadequate not only with their intellectual/professional capability but also with their interpersonal relationships. The positive feedbacks that they received from their students motivate them to become effective mentors. Furthermore, being a novice signifies an entry into the unknown that tests not only their confidence but also their individual capabilities to impart knowledge to their students. Thus, they need considerate guidance and learning resources in the areas of orientation, mentorship, and peer support.

RECOMMENDATIONS

Based on the findings, the researchers would like to recommend the following:

1. Senior clinical instructors should develop a sense of duty to mentor the novice clinical instructor, so that they will have a grasp of the extent of their work in the classroom as well as clinical area. The administration and the members of the faculty should be supportive to them and create an atmosphere of growth and development to flourish in the college.

2. Nursing is a noble profession which entails dedication and passion. Personal responsibility and accountability should be developed. Thus, continuing education through seminars, training and the likes is recommended to update their knowledge, attitude and skills.

3. Opportunities will be given to the novice clinical instructor to enhance their capabilities to be effective mentors to their students. They should not be criticized of the incapacities, but, instead be helped to perform what is expected of them so that they become confident, efficient and at the same time effective role models for their students.

4. A novice clinical instructor should also make every effort to be knowledgeable, confident, firm and consistent with the rules and policies for the benefit of the students. They should be well motivated in teaching, respectful and employ innovations in teaching the students in order to impart lifelong learning.

5. Novice clinical instructors are confronted uncertainties and apprehensions with various challenges in the workplace. Thus, the administration should initiate an orientation/ training program that will enhance their skills in handling classes and students in the clinical area.

6. For the novice clinical instructor, feedback from the administration and students is important to them thus it is suggested that a written feedback will be given to them at the end of semester. Furthermore, it is recommended that administration, senior faculty, and students together with the novice will establish rapport to guide them in areas that they need to improve.

7. A nurse should be included in the panel of the interviewers in order to assess the novice applicants if they have the attributes of being a good clinical instructor. Regardless of age and experience, it is important that the
interviewer will be able to identify the applicant’s dedication and commitment in the profession.

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