

***Teaching Skills and Work Behavior of Clinical Instructors of Nursing Schools In
Northern Samar***

Perlin Zellaine Tabale-Licas, University of Eastern Philippines,
Philippines

The IAFOR International Conference on Education - Dubai 2015
Official Conference Proceedings

Abstract

This study intended to determine the instructional and preceptorship skills and work behavior in the classroom and clinical settings of the clinical instructors from three nursing school in Northern Samar, as well as their profile in terms of the number of years in clinical practice, length of service in teaching, highest educational attainment, academic honors received, and type of nursing schools employed in. It is also sought to determine the significant relationship between their profile and their work behavior in the classrooms and clinical settings. The research design used was the descriptive-correlation design. The data gathered were treated with the use of frequency counts, percentages and mean. The multiple regression analysis was used to find out the relationship between the dependent and independent variables. The study-subjects were 13 clinical instructors from the three nursing schools. In terms of instructional and preceptorship skills, clinical instructors were evaluated. The evaluation was done by the study-subjects themselves and by their respective supervisors and students. Almost majority of the clinical instructors had less than five years of clinical practice. Majority had less than five years of teaching service, had master's degree units and had earned a master's degree. Also majorities had graduated from college without academic honors and were employed in a public nursing school. The type of nursing school where the study-subjects were employed was significantly related to their preceptorship skills and work behavior in the clinical setting, but not significantly related to their instructional skills and work behavior in the classroom setting.

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Introduction

Teaching has always been regarded as one of the most noble professions. Teachers are very important figures in the school system and in the community. Respect for them does not end in the classroom, but goes beyond space and time. Teachers are looked up to as paragons of intelligence and virtues. They are admired for what they are and what they do in molding young minds and preparing the youth to become productive. Hence, teaching is such a challenging profession. It is not technically difficult in that it requires technical expertise, but it is also demanding in a sense that the teachers must set up a good image and must invest extra time and effort to ensure effective teaching-learning process.

The clinical instructors like other teachers are expected to provide quality education and training to their students. They do not merely provide new knowledge and information, but more importantly, organize and manage the teaching-learning atmosphere in the classrooms vis-à-vis the clinical activities. They are the most important factor that brings out the best learning potential in their students. Hence, they should possess that ability to translate concept/theories into nursing practice. Likewise, they should also inspire the students to develop favorable behavior and disposition that will improve their personality by being models themselves. Their educational qualification and experience will not speak well of them as teachers, if they do not have the desirable teaching behavior and good teaching performance. It is their teaching behavior and teaching performance that will have the greatest impact on the teaching-learning process.

The structures and functions of clinical teaching and learning have undergone significant changes over the years. Nursing students demand quality teaching because of the stiff competition in the world of work, not mentioning the increasing expectations of hospitals and patients for better service from nursing care providers.

According to O'Connor¹⁶, the role of the clinical nursing instructor is multifaceted, requiring shifts in the nature of interaction with learners. She adds that the relationship of teacher to student parallels in many ways the relationship between nurse and patient. The instructor must recognize the uniqueness of his/her students as individuals and must strive to enable them to achieve their goals.

As a teacher, the clinical instructor should provide a great deal of structure and focus for students, deliberately guiding their activities. Therefore, s/he designs the learning experience to meet the identified learning needs of students within the context of the program goals, course objectives and the possibilities presented by the college laboratory and/or clinical settings.¹⁷ It goes without saying, therefore, that the manner by which the clinical nursing instructors manage the learning setting and their learning speak well of their worth as teachers. It is not their scholarly achievements and experiences that will matter in the area of teaching, but rather in the way they handle the class that will their effectiveness as a teacher.

Being a clinical instructor demands a variety of favorable traits and qualities. First and foremost, they must have love for their work and for their students. All other good traits and qualities will emanate from love. If they love their work and their students, they would likely be patient and impatient, sympathetic and not hard, cheerful and not grouchy, understanding and not intolerant, enthusiastic and not dispirited.

Even if teachers are fully knowledgeable of the subject they are teaching if their teaching approach is not the proper or appropriate one for the given situation, the teacher cannot be considered good or effective. As a whole, the teachers' teaching behavior matched with good teaching performance will determine how effective they are as teachers. After all, effective teaching is not gauged by the knowledge stored in the head of the teachers, but more importantly, by the manner they manage the teaching-learning setting, making it conducive to students' learning.

This researcher, being a clinical instructor herself, espouses the principle that good teaching performance and behavior would redound the quality learning. She is, therefore, interested to know how the clinical nursing instructors in her school and in other schools in the locality are faring in this aspect. She observes that the assessment of the teaching and work behavior of clinical nursing instructors done by their respective schools is not enough to objectively reveal what it purports to reveal. Sometimes, it is done for the sake of policy and does not serve the purpose for which it is intended. An independent assessment, such as this study will hopefully give the true picture of the teaching performance and behavior of clinical instructors in this part of the country and will either confirm or disprove the assessment results done by the schools. Hence, this study.

Objectives of the study

The study generally intended to determine the teaching skills and work behavior of the clinical instructors from three nursing school in Northern Samar.

Specifically, the study addressed the following objectives:

1. To draw the profile of the clinical instructors in terms in numbers in clinical practice, length of service in teaching, highest educational attainment, academic honors received, and type of nursing school employed in.
2. To ascertain the teaching skills of the clinical instructors in terms of instructional and preceptorship skills.
3. To determine the work behavior of the clinical instructors in the classroom and clinical settings.
4. To test the significant relationship between the profile of the clinical instructor and their teaching skills in terms of instructional and preceptorship skills.
5. To test the significant relationship between the profile of the clinical instructors and their work behavior in the classroom and clinical settings.
6. To determine the significant relationship between teaching skills of the clinical instructors in terms of instructional and preceptorship skills and their work behavior in the classroom and clinical settings.

Definition of Terms

The key terms in the study are herein defined conceptually and operationally for better and clearer understanding of terms.

Clinical instructors. Conceptually, this term is defined as one whose central activity of instruction is in the clinical setting which involves direct observation of the patients.¹⁸ Operationally, it refers to the instructors who are teaching nursing concepts and supervising Related Learning Experience (RLE) of nursing students.

Instructional skills. Conceptually, this refers to the ability of the teachers in teaching and furnishing information.¹⁹ In this study, it describes the proficiency level of clinical instructors in managing instructions in the classroom setting assessed by the respondents.

Preceptorship skills. Conceptually, this refers to the ability of the teacher in supervising and teaching students in clinical practice experiences.²⁰ As used in the study, it refers to the level of competence of clinical instructors' managing instruction in the clinical setting as assessed by the respondents.

Teaching skills. Conceptually, this term refers to the execution or action of duty in a teaching undertaking.²¹ Operationally, this refers to the instructional preceptorship skills of clinical instructors as assessed by themselves, their students and their supervisors.

Work behavior. Conceptually, this is defined as the manner in which one acts; the action or reactions of individuals under specific circumstances, i.e. at work.²² In this study, the term refers to the professional and personal traits, attitude and qualities a clinical instructor possesses in order to be effective in teaching both in the classroom and clinical settings as assessed by themselves, students and supervisors.

Methodology

Research Instrument

The study used two sets of structured questionnaire in gathering the data: Set A and Set B. Set A was administered to the clinical instructors and Set B to the student – and supervisor-respondents. Both sets of the questionnaire have two parts. Part I was used to evaluate the instructional skills and work behavior of the study subject in the classroom setting. It was adapted from the Faculty Performance Evaluation form used by the University of Eastern Philippines. To suit the study, some modifications were done and the following areas were excluded: (1) Evidence of Research Competence, (2) Evidence of Extension Competence, and (3) Evidence of Productivity. The rating of the UEP was not adapted, instead, it adopted the 5-point Likert Scale.

Part I of Set B questionnaire consisted of statements lifted from a standardized instrument to measure preceptorship skills. It adopted the rating scale used in Part I of Set A questionnaire. Part II which measured the work behavior of the study subject in the clinical setting adapted the areas considered in Set B questionnaire for work behavior only that the items were made applicable to the clinical setting. The rating scales for this part follows the rating scales used in Set A questionnaire.

Data Gathering Procedure

The researcher personally asked permission from the Deans or Directors of the colleges where nursing course is offered. A letter was presented for this purpose. The researcher herself administered the questionnaire with the help of some of her students to the selected respondents. The evaluation period covered the whole year 2007-2008 and 2008-2009. The data gathered were consolidated and tallied, ready for the statistical treatment and interpretation.

Statistical Treatment of Data

The data gathered were treated and interpreted using frequency counts, percentage and mean. The multiple regression analysis was adopted to find significant relationships between variables. The formula of the multiple regression analysis is as follows:

$$Y = b_0 + B_1X_1 + b_2X_2 \dots + b_nX_n^{23}$$

Where:

Y	=	The Dependent variable to be predicted
X ₁ X ₂X _n	=	The known independent variables that may influence y
b ₀ b ₁b _n	=	Numerical constants which must be determined from the observed data.

Summary of Findings

This study intended to determine the teaching and work behavior of the clinical instructors from the three nursing schools in Northern Samar. It sought to determine the profile of the clinical instructors in terms in the number of years in clinical practice, length of service, highest educational attainment, academic honors received and type of school employed in. It also tried to determine the teaching skills of the clinical instructors in terms of instructional and preceptorship skills. Likewise, their work behavior in classroom and clinical settings was also ascertained. This study also intended to find out the relationship between their profile and teaching skills in terms of instructional and preceptorship skills, as well as their profile and work behavior in the classroom and clinical settings.

The research design used in this study was the descriptive-correlational. The data gathered were treated with the use of frequency counts, percentages, and the mean.

The multiple regression analysis was used to find out the relationship between the dependent and independent variables.

Almost majority of 46.2 percent of the clinical instructors had less than 5 years of clinical practice, 77.2 percent had less than 8 years of clinical practice, 77 percent had master's degree, 69.3 percent graduated from college without academic honors, 69.3 percent were employed in a public school while 30.7 were employed in private schools.

In terms of instructional skills, the clinical instructor earned grand mean ratings of 4.20 or higher which are equivalent to "most skilled" for the following criteria: knowledge of subject matter, intellectual expansiveness, organizational of lessons, and effectiveness of teaching techniques. On the other hand, they earned grand mean of less than 4.20 but not less than 3.40 which were equivalent to "more skilled" for the following areas: classroom management, clarity of explanation, and language and communication.

In terms of preceptorship skills, the clinical instructors earned grand mean rating of 4.20 or greater which are equivalent to "most competent" for almost all of the criteria. They got mean ratings within the bracket of 3.40 to 4.19 in the rest of the criteria.

As far as the work behavior of the clinical instructors in the classroom setting is concerned, they were rated by the respondents as "most desirable" for personality, promptness, occupational attitude, and physical health. They were, however, rated as "more desirable" for creativity and initiative. As far as their work behavior in the clinical setting, the study subjects was rated as "most desirable" for all the criteria, except for creativity and initiative where they got a grand mean rating which is equivalent to "more desirable."

The test of relationship between the different sets of variables elicited the following results:

- a) The number of years that the clinical instructors have undergone clinical practice is significantly related to their instructional skills, preceptorship skills, and work behavior in the clinical setting, but not significantly related to their work behavior in the classroom setting.
- b) Length of service in teaching of the clinical instructors is not significantly related to their instructional and preceptorship skills, but significantly related to their work behavior in the classroom and clinical settings.
- c) Highest educational attainment earned by the clinical instructor is significantly related to their instructional and preceptorship skills, but not to their work behavior in the classroom and clinical settings.
- d) The academic honors received by the study subjects when they graduated from college significantly influenced their preceptorship skills but not their instructional skills. On the other hand, their having earned academic honors had great impact on their work behavior both in the classroom and clinical settings.
- e) The type of school where the study-subjects were employed is significantly related to their preceptorship skills, and their work behavior in the clinical setting, but not significantly related to their instructional skills and work behavior in the classroom settings.

Conclusions and Implications

On the basis of the findings of the study, the following conclusions and implications are drawn.

Almost majority of the clinical instructors in Northern Samar have less than 5 years of clinical practice, but all of them have at least 2 years of clinical practice. Majority have less than 8 years of teaching service, have either earned a master's degree or taken master's units, have graduated without academic honors, and are employed in a public school.

The findings on the profile of the clinical instructors in Northern Samar imply that majority of them have met the minimum requirement of having at least one year of clinical practice ; hence are qualified to be clinical instructor. Considering that most of them have been in the teaching service for less than 8 years, it is presumed that they are relatively young and are on the way to the highest peak of their career. They are motivated to upgrade their educational qualification by completing a master's degree or earning a unit towards a master's degree, not to mention that fact that they also have attended seminars and workshop related to their present work as clinical instructors. It is likewise implied in the findings that the government school is more adequately staffed with clinical instructors since most of them are employed in a government school.

The clinical instructors in Northern Samar are generally "most skilled" in classroom teaching and "most competent" in preceptorship activities. Generally, they also have "most desirable" work behavior in the classroom and clinical settings. This probably explains why the nursing schools in Northern Samar are turning out graduates who are potential passers of nursing licensure examination. This finding also implies that the schools in the province have hired clinical instructors who have been trained and can be trained for classroom instructions and preceptorship activities.

The number of years in clinical practice is significantly related to instructional skills, preceptorship skills, and work behavior in the clinical setting, but not significantly related to work behavior in the classroom setting. It can be deduced in the findings that there is really need to impose the minimum requirement of clinical practice for the clinical instructor to be skilled in classroom instruction and preceptorship task. Likewise to have desirable work behavior in the clinical setting.

Length of service of teaching is not significantly related to their instructional and preceptorship skills, but significantly related to work behavior in the classroom and clinical settings. The findings that a clinical instructor does not need to have a long experience in teaching for him or her to become skilled instructor and competent preceptor. However, teaching experience definitely improves one's work behavior in the classroom and clinical area.

Highest educational attainment is significantly related to instructional and preceptorship skills. This findings support the mandate of CHED in requiring college instructors to earn master's degree to qualify them for the position. Indeed, having earned a related master's degree is the key towards gaining expertise in one's field. A competent, but definitely more skillful and competent in what he or she is doing.

Ironically, educational attainment is not related to work behavior in classroom and clinical setting. This probably means that the behavior of one person is innate or is influenced by other contributing circumstances.

Having earned academic honors significantly influence preceptorship skills and work behavior in the classroom and clinical settings, but not instructional skills. The finding points out that one does not need to have graduated with honors to become a skilled instructor. This implies that instructional skills can be better developed by training and experience. This, however, does not well apply to competency in preceptorship and work behavior since this can be influenced by academic honors earned.

Type of school is significantly related to preceptorship skills and work behavior, but not significantly related to instructional skills and work behavior in the classroom settings. A close scrutiny of the data gathered shows that clinical instructors from the private schools are skilled instructors and have desirable work behavior in the classroom setting just like those coming from public school. But there appears to be a significant difference in the preceptorship skills and work behavior in the clinical setting of clinical instructors from the private school and those from government school.

Recommendations

Based on the findings and conclusions of the study, the following recommendations are offered to the:

Clinical Instructors:

1. They should endeavor to earn a master's degree related to their field of specialization to upgrade themselves professionally and to comply with the legal mandate requiring all college instructors to be at least master's degree holder.
2. They should examine their strong and weak points as instructors and preceptors and endeavor to continuously enhance their strong points and strengthen their weak points.
3. They should look at feedback from their students and superiors regarding their performance, whether positive or negative, as a way of improving themselves further.

Deans of the College of Nursing:

1. They should conduct a periodic evaluation of the performance of their clinical instructors as instructors and preceptors so they will know that intervention they may include in their supervision plan that will further improve the performance of the clinical instructors.
2. They should always discuss the results of the performance evaluation with the concerned clinical instructor and work out together how to further improve the performance of the clinical instructor.
3. They should advise the clinical instructors to finish their master's degree, and better still to recommend them for a scholarship program of the school.
4. They should come up with periodic in-service training for their clinical instructors for the further enhancement of their performance.

5. They should periodically come up with a realistic faculty development plan that would further improve the instructional and preceptorship skills of the clinical instructors.

School Administration

1. The performance evaluation should always be one of the criteria for the ranking and promotion of their faculty members.
2. They should continuously expose the clinical instructors to trainings and workshop to further improve their teaching and preceptorship skills. A budget should be provided for this purpose.
3. The instrument used in performance evaluation of their faculty should be periodically reviewed and examined to determine its effectiveness as a tool and revise it, if necessary.

Commission on Higher Education (CHED)

1. It should strictly enforce the compliance of the legal mandate on the minimum educational attainment of clinical instructors among nursing schools in the country. It should periodically monitor all nursing schools for their compliance.

Nursing Educational and Training Service for Affiliating Hospitals

1. It should periodically review the policies on the qualification of preceptor and the kind of trainings to be given before the clinical instructors are exposed to different areas of nursing care with the end of in view of enhancing their preceptorship skills.

Association of Deans of Philippines College of Nursing (ADPCN)

1. It should periodically develop and review the BSN curriculum with the end in view of making it more responsive to the present demands and needs of nursing profession.

Philippine Nurses Association (PNA)

1. It should conduct continuing education that would further improve the knowledge and skills of clinical instructors.

Future Researchers

1. A similar study maybe conducted utilizing different factors that may affect teaching and preceptorship skills of clinical instructors.
2. A study that would compare the performance evaluation done by the students with the evaluation done by the clinical instructors themselves and the supervisors may be undertaken.

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Contact email: perlin_zellaine@yahoo.com

