



## Clinical Instructor Teaching Behavior: Its Effect on Student Nurse Self-Efficacy

Heba Ibrahim Mohamed<sup>1</sup>, Nagwa Gouda Ahmed Abd-Elmoghith<sup>2</sup>

<sup>1</sup> Lecturer of pediatric nursing, Faculty of nursing, Kafrelsheikh University

<sup>2</sup> Assistant professor of nursing administration, Faculty of nursing, Kafrelsheikh University

\*Corresponding author: Nagwa Gouda Ahmed Abd-Elmoghith

### ABSTRACT

**Background:** Clinical instructors play a significant role in the education and training of professional nurses. Students observe the behavior of their instructor and adopt this behavior in their work. Clinical nursing instructor's behaviors affect the learning of students. If the clinical instructor is good with students in the workplace, the learning outcome will be positive. **Aim:** To assess the effect of clinical instructor teaching behavior on student nurses' self-efficacy. **Research design:** A descriptive quantitative correlational research design was used to conduct this study. **Setting:** Data were collected from students in the third and fourth levels of the Faculty of Nursing, Kafrelsheikh University. **Subjects:** This study included one group of student nurses attending nursing courses in the third and fourth levels of the Faculty of Nursing, Kafrelsheikh University (n = 422). **Tools:** Data were collected using two tools and send electronically by the researcher to disseminated through electronic Google Forms: Tool (I), The Revised Survey on Clinical Instructor Behavior; Tool (II), Self-Efficacy Formative Questionnaire. **Results:** The clinical instructor teaching behavior total score was significantly correlated with the Belief in Personal Ability domain score and the Belief That Ability Grows with Effort domain score ( $r = 0.571$  and  $r = 0.683$ , respectively;  $p < 0.001$ ). Moreover, the clinical instructor behavior total score was significantly correlated with the self-efficacy total score ( $r = 0.712$ ,  $p < 0.001$ ). **Conclusion:** The student participants rated clinical instructor behavior as "helped very much," indicating that it is more effective in improving student nurse self-efficacy. **Recommendations:** The faculty administrator must ensure that clinical instructors are aware of crucial clinical behavior features, and instructional tactics and attitudes can be reinforced, adjusted, or developed to help students see clinical learning as a beneficial experience.

**Key words:** Clinical Instructor, Teaching Behavior, Student Nurse, And Self-Efficacy

### Introduction

Nursing is an exceptionally noble career in the healthcare system, playing an important role in the growth of the healthcare sector and providing sick individuals with sufficient hospital care and service to the community in the best possible way. A nurse studies at a college, university, or hospital where students practice skills and demonstrate some essential procedures that are the fundamentals of nursing<sup>(1,2)</sup>. Moreover, nursing education has always placed a strong emphasis on clinical practice. Nursing students'

clinical abilities should be developed as much as possible. It also improves students' critical thinking and problem-solving abilities, as well as their confidence in decision-making<sup>(3)</sup>.

The importance of clinical instructors has been emphasized since their effectiveness is assumed to be based on their capacity to form effective relationships with nursing students. The tight bond between clinical instructor and student nurse may have an impact on nursing education quality and student self-efficacy. In clinical training, a good clinical instructor is critical in

ensuring that students have the best learning experience possible in clinical settings. As a result, instructors should have a major influence on student behavior, which is shown in instructors' caring behavior. The clinical instructor should provide high-quality and safe healthcare to all categories of society, thereby influencing the self-efficacy of students <sup>(4)</sup>.

Self-efficacy is a personal belief in one's ability to complete tasks and activities and is critical for healthcare students. Clinical self-efficacy is an important component for students to operate autonomously in the nursing profession and might indicate the educational status of nursing faculties. Students with a high level of self-efficacy feel more competent, which is important for clinical success. Instructors' caring behavior is one way to boost students' self-efficacy <sup>(5)</sup>. The clinical experience of student nurses is an important component of learning. The acquisition of clinical skills is a vital facet of the nursing profession and primarily occurs within the healthcare setting. As student nurses are faced with opportunities to link learning with practice, it is important for student learning to occur in the clinical setting. The clinical instructor's leadership and instruction are one of the main elements of an enriching clinical experience for nursing students. It is the duty of the clinical instructor to promote trust among students by providing a positive learning environment <sup>(6)</sup>.

Clinical instructors should be learning facilitators and have experience on how to translate theories into practice in the clinical setting for nursing students. The instructor should be expected to teach the student rather than allow the student to shadow a nurse and simply observe the practice of the nursing patient care. Therefore, to promote learning in the clinical environment, nursing instructors should be oriented toward their profession as nurse educators <sup>(7)</sup>. One way

of improving the creative identity might be to inspire self-reliance on creative output, which was itself enhanced by reviews on creative output <sup>(8)</sup>.

Self-efficacy beliefs are the beliefs a person holds about the skills and competencies they need in fulfilling a specific task; these principles influence how the cognitive processes and emotions affect the motivation of a person. Individuals who believe they will succeed are more likely to persist in the face of challenges and make a tremendous attempt to accomplish important goals, while individuals who doubt their talents and abilities are more likely to see those attempts as futile and will not succeed <sup>(8)</sup>. Students should be exposed to active learning in the clinical setting, which extends beyond direct bedside patient care to promote critical thinking. These learning practices include but are not limited to role-playing, simulation, gaming, and the use of devices in the clinical setting. Such training is used to develop students' learning experiences in the clinical setting <sup>(3)</sup>.

It is very evident that knowledgeable and competent nursing instructors are the requirement of student learning in the clinical environment and nursing instructors should have effective characteristics to teach the learner <sup>(9)</sup>. A positive relationship and supportive environment can enhance students' learning. A positive and supportive relationship between the clinical instructor and the student has a long-lasting effect on clinical learning, the professional development of the student, and the development of positive self-efficacy <sup>(10)</sup>.

### **Aim of the study**

This study aimed to assess the effect of clinical instructor teaching behavior on student nurses' self-efficacy.

## Research hypothesis

1. There was a significant relationship between clinical instructor teaching behaviors and student nurses' self-efficacy.

## Subject and methods

The subject and methods of this study were classified under the following four main designs:

### Research design

#### I. Technical design

##### Research design:

A descriptive quantitative correlational research design was used to conduct this study.

##### Study setting:

Data were collected from students in the third and fourth levels from the Faculty of Nursing, Kafrelsheikh University, Egypt.

##### Study subjects:

This study included one group of student nurses of the nursing third and fourth levels from the Faculty of Nursing, Kafrelsheikh University because those students have experience to clinical setting with clinical instructor before COVID 19 and able to deal with clinical situations (n = 442).

Using simple random sampling based on data from the literature (Allari et al., 2020)<sup>(11)</sup>, considering the level of significance of 5%, and power of study of 80%.

Sample size of nursing students was calculated using the following formula:

$$\text{Sample size} = [(Z_{1-\alpha/2})^2 \cdot SD^2] / d^2,$$

Where  $Z_{1-\alpha/2}$  is the standard normal variate at 5% type 1 error ( $p < 0.05$ ), which is 1.96, SD is the standard deviation of variable, and d is the absolute error or precision. Thus,

$$\text{Sample size} = [(1.96)^2 \cdot (1.04)^2] / (0.097)^2 = 441.6.$$

Based on the above-mentioned formula, the sample size required for the study is 442 nursing students.

##### Inclusion criteria:

- Age  $\geq 18$
- Have experience of clinical setting before covid 19

##### Tools of data collection:

Data were collected using two tools and send electronically by the researcher to disseminated through electronic Google Forms.

- (1) **The Revised Survey on Clinical Instructor Behavior** aims to assess the clinical instructor's behavior from the literature on effective clinical teaching. It was classified into two sections: the first section consisted of personal data, such as age, sex, and academic level, and the second section contained 21 specific clinical instructor behaviors that was developed by Flagler et al. (1988) and adapted from Veltkamp<sup>(12,13)</sup>. The student responded to the Likert scale as follows: hindered very much = 1, hindered a little = 2, help rarely = 3, helped a little = 4, and helped very much = 5. The total score of the 21-item clinical instructor behavior questionnaire ranges from 21 to 105. The total score of each questionnaire is categorized into five quintiles as follows: hindered very much (scores from 0% to <20%), hindered a little (scores from 20% to <40%), helped rarely (scores from 40% to <60%), helped a little (scores from 60% to <80%), and helped very much (scores >80%).
- (2) **The Self-Efficacy Formative Questionnaire** is designed to measure a student's perceived level of proficiency in the two essential components of self-efficacy: (1) belief that ability can grow with effort and (2) belief in the ability to meet specific goals

and/or expectations. Students complete the questionnaire by a 5-point, Likert-type scale. This scale ranges from 1 (not very like me) to 5 (very like me). This questionnaire was adopted from Gaumer Erickson and Noonan <sup>(14)</sup>. The total score of the 13-item student nurses' self-efficacy ranges from 13 to 65. The total score of each questionnaire is categorized into five quintiles as follows: not very like me (scores from 0% to <20%), little like me (scores from 20% to <40%), sometimes like me (scores from 40% to <60%), like me (scores from 60% to <80%), and very like me (scores >80%).

### **Content validity and reliability**

#### **Validity**

The tools sheet was evaluated by "three" expert professors and assistant professors from the Nursing Administration Department and the Pediatric Department for clarity, relevance, applicability, understanding, and simplicity of execution.

#### **Reliability**

The internal consistency technique was used to assess the two tools' reliability. Cronbach's alpha was calculated using this study's data and found to be 0.892, indicating a high degree of internal consistency, while the Cronbach's Alpha test for the reliability of the Self-Efficacy Formative Questionnaire was found to be highly reliable (13 items: = 0.910).

#### **Pilot study**

To verify the content of the questionnaires and estimate the time needed for data collection, a pilot study was conducted on 10% of the sample size (46 students). There were no changes that were required. Participants in the pilot study were not included in the main study sample.

#### **Fieldwork**

The fieldwork of this study was accomplished through two phases as follows:

- First phase: It was concerned with the preparation of the data collection tools that was conducted for two months, from November 2020 to the end of December 2020. The questionnaire was attached with a cover letter that explained the purpose of the study to the participants.
- Second phase: The researchers sent the electronic google form of tool to measure the effect of instructor behaviors on student nurse self-efficacy. Each participant fills the required tool through electronic Google Forms, and the average time of filling in the questionnaire was between 25 and 35 min. An explanation of the aim and tools of the study were provided in electronic form.

#### **Study Limitation**

It would have been preferable to retake the assessment with a bigger group and face to face rather than using an electronic form.

#### **Administrative design**

Written approval was obtained from the Faculty Dean of Nursing at Kafrelsheikh University to collect data from students of different levels in the faculty.

#### **Ethical considerations**

In the research, all ethical criteria were observed. The goal of the study was explained to the students, and their verbal informed consent was obtained. They were told of their rights to refuse participation or to use Google Forms to complete the electronic tool. They were told that any information received would be treated with strict confidentiality and would only be used for research purposes. They were also informed that the study procedures would have no negative consequences for the participants.

#### **Statistical design**

All statistical analyses were performed using SPSS for Windows version 20.0 (SPSS, Chicago, IL). Data were tested for normality of distribution prior to

any calculations. All variables with continuous data showed normal distribution and were expressed in mean  $\pm$  standard deviation (SD). Categorical data were expressed in number and percentage. The comparisons were determined using Student's t-test for variables with continuous data. The correlation between two variables with continuous data was assessed using the correlation coefficient test. The reliability (internal consistency) of the clinical instructor behavior and the student nurses' self-efficacy questionnaires was calculated. Statistical significance was set at a P-value of  $<0.05$ .

### Results:

The present study results include the following parts: 1- Number and distribution of personal data of student nurses; 2- Frequency and distribution of the clinical instructor behavior; 3- Frequency of student nurse self-efficacy; 4- Association between personal data of nursing students and clinical instructor behavior total score and self-efficacy total score; 5- Frequency and distribution of the total instructor behavior; 6- Frequency and distribution of the total nurse student's self-efficacy; and 7- Correlation between the clinical instructor behavior total score and self-efficacy total score.

**Table 1** presents the personal data of the student nurses. Most student nurses who participated in this study belonged to the age group of 21 to 24 years (95.5%), while only 4.5% of students belonged to the age group of 18 to 20 years. Regarding sex, most students were female (female, 79%; male, 21%). Concerning students' academic years, nearly half of students were in the third grade (48.4%), while 51.6% were in the fourth grade.

**Table 2** shows the frequency and percent distribution of the clinical instructor teaching behavior. The behavior that scored highest on hindered very much and hindered a little was "holds students responsible for when to seek help" (13.6% and 35.3%, respectively). The teaching behavior that scored highest on helped rarely was "criticizes students in the presence

of others" (43.2%). Conversely, the behavior that scored highest on **helped a little** was "appears distressed about students' lack of knowledge or performance" (42.5%). Moreover, the behavior that scored highest on **helped very much** was "instructor is readily available to students on the clinical unit" (69.7%).

**Table 3** shows the frequency of student nurses' self-efficacy. The student nurses' self-efficacy behavior that scored highest on not very like me was "when I'm struggling to accomplish something difficult, I focus on my progress instead of feeling discouraged" (6.3%). The student nurses' self-efficacy behavior that scored highest on little like me was "I think that no matter who you are, you can significantly change your level of talent (10.9%)." Conversely, the student nurses' self-efficacy behavior that scored highest on sometimes like me was "I will succeed in whatever college major I choose." Moreover, the student nurses' self-efficacy behavior that scored highest on like me was "I believe that the brain can be developed like a muscle" (62%). Finally, the student nurses' self-efficacy behavior that scored highest on very like me was "I believe hard work pays off" (53.8%).

**Table 4** indicates the association between the personal data of nursing students and the clinical instructor's teaching behavior total score and student nurses' self-efficacy total score. Students in the age group of 21–24 years had significantly higher clinical instructor teaching behavior total scores than those in the age group of 18–20 years ( $79.7 \pm 10.2$  vs.  $91.7 \pm 18.9$ ,  $p = 0.004$ ). Moreover, students in the age group of 21–24 years had significantly higher self-efficacy total scores than those in the age group of 18–20 years ( $51.9 \pm 4.6$  vs.  $56.7 \pm 9.2$ ,  $p = 0.021$ ). The clinical instructor teaching behavior total scores of the male and female students were  $81.3 \pm 18.6$  and  $86.7 \pm 19.3$ , respectively. There was a statistically significant difference ( $p = 0.014$ ). Moreover, male students had higher self-efficacy scores than their female counterparts ( $50.7 \pm$

8.8 vs.  $53.1 \pm 10.6$ ,  $p = 0.026$ ). Regarding the academic year, the clinical instructor teaching behavior total scores of students in the third and fourth academic years were  $81.6 \pm 18.4$  and  $87.1 \pm 18.9$ , respectively ( $p = 0.002$ ), which was statistically significantly different.

**Figure 1** shows the distribution of the total instructor teaching behavior. The most common behavior perceived by students was helped very much (44.8%), followed by helped a little (26.0%). Conversely, the behavior helped rarely was perceived by 17.2% of students; then, hindered a little by 7.5% of students. Finally, 4.5% of students perceived the behavior hindered very much.

**Figure 2** shows the distribution of the total nurse student's self-efficacy. The most common self-efficacy behavior perceived by students was like me (38.2%), followed by very like me (37.3%). Then, sometimes like me was perceived by 14.5% of students, while little like me was perceived by 6.3% of students. Finally, 3.6% of students perceived not very like me behavior.

**Figure 3**, the clinical instructor's teaching behavior total score was significantly correlated with the Belief in Personal Ability domain score and the Belief That Ability Grows with Effort domain score ( $r = 0.571$  and  $r = 0.683$ , respectively;  $p < 0.001$ ). Moreover, the clinical instructor's behavior total score was significantly correlated with the self-efficacy total score ( $r = 0.712$ ,  $p < 0.001$ ).

**Table 1. Number and distribution of personal data of student nurses (n = 442)**

	n	%
Age (years)		
18–20	20	4.5
21–24	422	95.5
Mean $\pm$ SD	$23.3 \pm 7.3$	
Sex		
Female	349	79.0
Male	93	21.0
Academic year		
Third	214	48.4
Fourth	228	51.6

**Table 2. Frequency and distribution of the clinical instructor behavior**

Clinical instructor behavior	Hindered very	
	n	%
1. Creates a climate in which less than perfect behavior on new skills and application of knowledge is acceptable	33	7.5
2. Holds students responsible for when to seek help	60	13.6
3. Provides opportunities for student's independent actions	50	11.3
4. Gives positive feedback	20	4.5
5. Gives mostly negative feedback	35	7.9
6. Accepts student's questions	24	5.4
7. Encourages students to ask questions	22	5.0
8. Encourages discussion of patient care	11	2.5
9. Expects report of patient care at a specified time each day	9	2.0
10. Asks questions regarding patients and patient care at random times	4	0.9
11. Is readily available to students on the clinical unit	14	3.2
12. Unannounced, observes students providing patient care	15	3.4
13. Clarifies purpose of their presence in observing students providing patient care	6	1.4
14. Is present for support while observing students providing care	17	3.8
15. Is present for evaluation while observing student providing care	11	2.5
16. Assists students in answering their own questions	13	2.9
17. Shows confidence and trust in students	18	4.1
18. Gives no feedback	15	3.4
19. Makes a distinction between teaching time and evaluation time	7	1.6
20. Criticizes students in the presence of others	18	4.1
21. Appears distressed about students' lack of knowledge or performance	10	2.3

Table 3. Frequency of student nurse self-efficacy (n = 442)

Student nurse self-efficacy	Not very like me		Little like me		Sometimes like me		Like me		Very like me		Mean ±SD
	n	%	N	%	n	%	N	%	n	%	
<b>Belief in personal ability</b>											
1. I can learn what is being taught in class this year.	19	4.3	25	5.7	61	13.8	185	41.9	152	34.4	4.0 ± 1.0
2. I can figure out anything if I try hard enough.	16	3.6	20	4.5	56	12.7	188	42.5	162	36.7	4.0 ± 1.0
3. If I practiced daily, I could develop just about any skill.	17	3.8	18	4.1	37	8.4	158	35.7	212	48.0	4.2 ± 1.0
4. Once I have decided to accomplish something that is important to me, I keep trying to accomplish it, even if it is harder than I thought.	14	3.2	25	5.7	59	13.3	182	41.2	162	36.7	4.0 ± 1.0
5. I am confident that I will achieve the goals that I set for myself.	18	4.1	31	7.0	86	19.5	160	36.2	147	33.3	3.9 ± 1.1
6. When I'm struggling to accomplish something difficult, I focus on my progress instead of feeling discouraged.	28	6.3	27	6.1	86	19.5	147	33.3	154	34.8	3.8 ± 1.2
7. I will succeed in whatever career path I choose.	11	2.5	28	6.3	89	20.1	178	40.3	136	30.8	3.9 ± 1.0
8. I will succeed in whatever college major I choose.	11	2.5	27	6.1	96	21.7	171	38.7	137	31.0	3.9 ± 1.0
9. Belief that ability grows with effort											
10. I believe hard work pays off.	20	4.5	29	6.6	48	10.9	107	24.2	238	53.8	4.2 ± 1.1
11. My ability grows with effort.	19	4.3	30	6.8	41	9.3	143	32.4	209	47.3	4.1 ± 1.1
12. I believe that the brain can be developed like a muscle.	19	4.3	39	8.8	80	18.1	274	62.0	30	6.8	3.6 ± 0.9
13. I think that no matter who you are, you can significantly change your level of talent.	18	4.1	48	10.9	44	10.0	136	30.8	196	44.3	4.0 ± 1.2
14. I can change my basic level of ability considerably.	0	0.0	12	2.7	47	10.6	171	38.7	212	48.0	4.3 ± 0.8

Table 4. Association between personal data of nursing students and clinical instructor behavior total score and self-efficacy total score

	Instructor behavior total score		Self-efficacy total score	
	Mean ± SD	t [p]	Mean ± SD	t [p]
Age (years):				
18–20	79.7 ± 10.2		51.9 ± 4.6	
21–24	91.7 ± 18.9	2.888 [0.004]	56.7 ± 9.2	2.318 [0.021]
Sex:				
Female	81.3 ± 18.6		50.7 ± 8.8	
Male	86.7 ± 19.3	2.468 [0.014]	53.1 ± 10.6	2.234 [0.026]
Academic year:				
Third	81.6 ± 18.4		51.0 ± 9.1	
Fourth	87.1 ± 18.9	3.097 [0.002]	52.9 ± 9.5	2.145 [0.033]

Figure 1. Frequency and distribution of the total instructor behavior

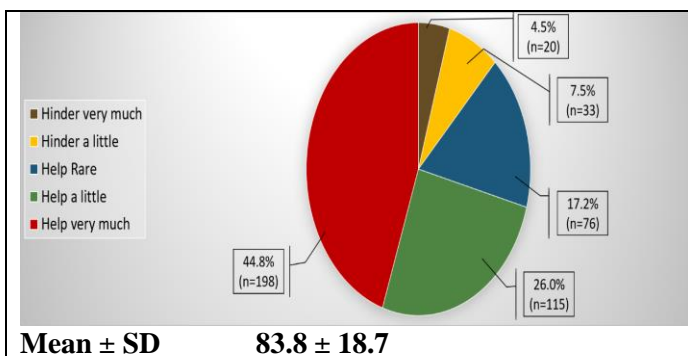
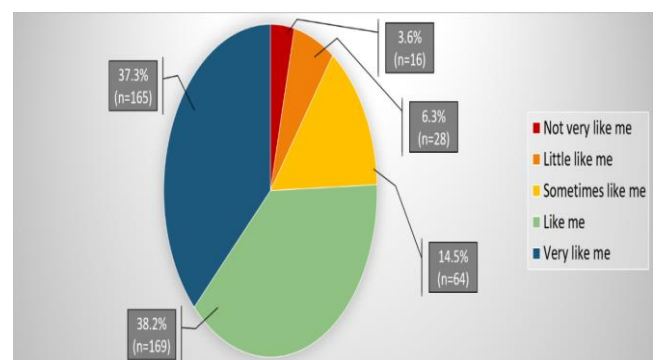
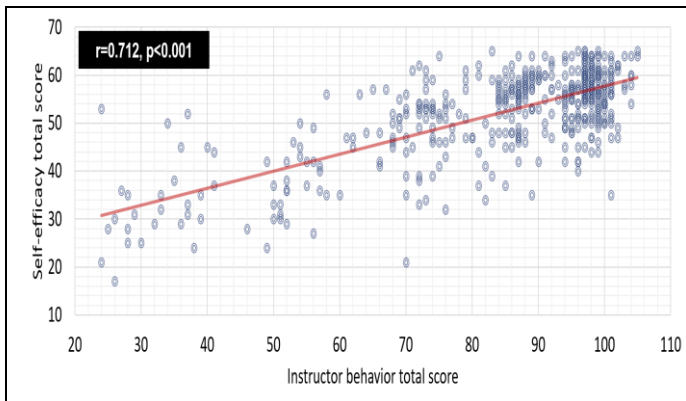


Figure 2. Frequency and distribution of the total nurse student's self-efficacy



**Figure 3: Correlation between the clinical instructor behavior total score and self-efficacy total score**



## Discussion

The current study was carried out to assess the effect of clinical instructor teaching behavior on student nurses' self-efficacy who are students in the third and fourth levels from the Faculty of Nursing, Kafrelsheikh University. Clinical nursing instructors play an important role in improving nursing student learning and organizing their clinical experience. Conversely, they have different nursing experiences and capabilities and beliefs, attitudes, and teaching abilities. The differences that a clinical nursing instructor brings in the clinical setting may support or hinder nursing student's self-efficacy, which has an impact on a student's learning capacity and experience <sup>(15)</sup>.

The results of the current study showed that most students participating in this study belonged to the age group of 21–24 years, while only 4.5% of the students belonged to the age group of 18–20 years. Regarding sex, most students were female (female, 79%; male, 21%). This is because there are more women in the faculty than men. Girija's study <sup>(16)</sup>, which was conducted on Omani undergraduate nursing students at Sultan Qaboos University's College of Nursing to investigate undergraduate nursing students' perceptions of successful clinical instructors, found that 70% of samples were female. The sex distribution in this

college is consistent with the overall sex distribution of nursing students.

The present study revealed that the clinical instructor teaching behavior with the highest score for helped very much was "is readily available to students on the clinical unit," which might be due to the faculty regulations stipulating the presence of a clinical instructor on a continuous basis with students during the clinical time. Levy's study reported that the most effective way to facilitate the learning process is to provide the clinical instructor the responsibilities for managing, teaching, and guiding the student during the clinical time <sup>(17)</sup>.

The study found that the teaching behavior of the clinical instructor who scored highest on helped rarely was "criticizes students in the presence of others," and the behavior that scored highest on helped a little was "appears distressed about students' lack of knowledge or performance," which may be because the clinical instructor believes the behavior creates a spirit of competition and gives space for discussion among students. In contrast, according to Al-Hamdan's study, 59% of the survey participants believed that demonstrating clinical skill, instilling confidence in students, and having good communication skills are all critical for clinical teaching faculty and have a direct impact on student performance <sup>(18)</sup>.

The student nurses' self-efficacy behaviors that scored highest on very like me was "I believe hard work pays off," which may be due to the amount of learning, both theoretical and clinical skills, that needs to be accomplished in nursing. Moreover, students are often dependent on themselves to accomplish tasks required, and due to frequent assessment, observation, evaluation, and provision of feedback from the instructors, students feel competent to master any given clinical skill. Rowbotham and Owen <sup>(15)</sup> stated that a



clinical setting is conducive to student learning. Considered as the strongest source of self-efficacy, mastery involves overcoming obstacles by investing the effort. To attain mastery, the student needs to meet the demanding but not overstraining task. Furthermore, Corkett et al. <sup>(19)</sup> stated that verbal persuasion and feedback about completing a task can increase or decrease self-efficacy.

The student nurses' self-efficacy behavior that scored highest on not very like me was "when I'm struggling to accomplish something difficult, I focus on my progress instead of feeling discouraged." This could be because clinical experience allows students to master interaction with patients and their families, the interdisciplinary team, and other healthcare providers through the provision of care and communication techniques. This type of interaction, as well as feelings of inadequacy and lack of knowledge, can cause feelings of intimidation, anxiety, and stress in varying degrees. Congruent with this study, Wallace et al. <sup>(20)</sup> stated that stress anxiety and emotions of intimidation might limit a student's learning capacity, resulting in a decrease in self-efficacy.

The findings of this study showed a statistically significant difference in clinical instructor teaching behavior and nursing student personal data and their self-efficacy behavior, which may be because a final year nursing student becomes more experienced during the clinical period and appreciates the clinical instructor teaching behavior regardless of sex. This is in contrast with the study results of Girija <sup>(16)</sup>, who mentioned that there were no statistically significant differences in the behavior of students at all academic levels and their sex.

Concerning the distribution of the total instructor behavior, the most common behavior perceived by students was helped very much (44.8%). Regarding

frequency and distribution of the total nurse students' self-efficacy, the most common behavior stated by students was like me (38.2%). This might be due to the clinical area where the instructor remains accessible and provides continuous support and immediate feedback on student performance and motivates students to accomplish tasks required. These findings are consistent with the results of Ramos <sup>(21)</sup>, who revealed that close relationship and supportive behavior with students encourage their motivation and their work in clinical practice, increases criticism acceptance and better adaptation to stress, and gives attention to the educational content obtainable by the clinical instructor. Moreover, Livsery <sup>(22)</sup> showed that instructors modeling their caring behavior with students will impact the clinical experience and increase the student's self-efficacy. These findings are in line with Parsh <sup>(23)</sup>, who stated that offering positive comments might motivate students to study more, collaborate with their peers, and build critical thinking skills. The educator must be forthright and active when responding to questions from students.

The findings showed that the clinical instructor's teaching behavior total score was significantly and positively correlated with the self-efficacy total score ( $r = 0.712$ ,  $p < 0.001$ ). This could be because the natural studies of nursing faculties are practical rather than theoretical, giving nurse students the opportunity to improve their communication skills with patients, families, and other healthcare provider teams. Although students look forward to these experiences, aspects of the clinical setting, such as relationships and socialization with staff and the type of interaction with the clinical instructor, increase student's level of self-efficacy. Congruent with this study, Lovric et al. <sup>(24)</sup> reported that the clinical instructors' varied

backgrounds and practices can either help or hinder student learning and self-efficacy.

### Conclusion

Clinical instructors must model professional behavior to help students learn more effectively. To improve clinical learning, clinical instructors must have successful teaching features. Clinical instructors' professional competence is seen as the most essential trait by nursing students. Summing up the results, it can be concluded that there was a significant relationship between clinical instructor teaching behaviors and student nurses' self-efficacy, and the participant students rated clinical instructor behavior as "helped very much" is more effective with improving student self-efficacy. Researchers also found instructors who belittled, did not provide constructive feedback, or criticized students in front of others were not perceived as effective.

### Recommendations

- The faculty administrator must ensure that clinical instructors are aware of crucial clinical behavior features, and instructional tactics and attitudes can be reinforced, adjusted, or developed to help students see clinical learning as a beneficial experience.
- An orientation program for training novice instructors about the fundamentals of adult learning, how to assess students' needs, and evaluate student success should be established.
- There is a need for further research on student nurse self-efficacy and the role of the clinical instructor teaching behavior.

### Acknowledgments

The researchers would like to extend their thanks to the Faculty of Nursing, Kafrelsheikh University, and their students for their participation in the current study.

### References

1. Ludin, S., Fathullah, N. (2016). Undergraduate nursing students' perceptions of the effectiveness of clinical teaching behaviours in Malaysia: A cross-sectional, correlational survey. *Nurse Education Today*, 44, 79-85. <https://pubmed.ncbi.nlm.nih.gov/27429333/>
2. Jackson, B. (2015). Nursing students' and novice clinical instructors' experiences with clinical instruction and assessment (Doctoral dissertation, Walden University). <https://scholarworks.waldenu.edu/dissertations/1264/>
3. Ioanna, V. (2011) Critical thinking: The development of an essential skill for nursing students. *Acta Informatica Medica*, 22(4), 283-286.
4. Ghiyasvandian, S. (2015). Humanistic approach to nursing education: Lived experiences of Iranian. *Global Journal of Health Science*, 7(2), 87-93.
5. Abdal, M., Alavi, N. M., Adib-Hajbaghery, M.(2015). Clinical self-efficacy in senior nursing students: A mixed-methods study. *Nursing and Midwifery Studies*, 4(3), e29143.
6. Lundberg, K. M. (2008). Promoting self-confidence in clinical nursing students. *Nurse Educator*, 33(2), 86-89
7. Brammer, J. (2008). RN as gatekeeper: Gatekeeping as monitoring and supervision. *Journal of Clinical Nursing*, 17(14), 1868-1876.
8. Beghetto, R., Dilley A. (2016). Creative aspirations or pipe dreams? Toward understanding creative mortification in children and adolescents. In B. Barbot (ed.), *Perspectives on creativity development*. New directions for

- child and adolescent development (pp. 79-89). (vol. 151). San Francisco: Wiley Periodicals, Inc.
9. Heydari, A., Yaghoubinia, F., Roudsari, R. (2013). Supportive relationship: Experiences of Iranian students and teachers concerning student teacher relationship in clinical nursing education. *Iranian Journal of Nursing and Midwifery Research*, 18(6), 467.
  10. Rafiee, G., et al. (2014). Problems and challenges of nursing students' clinical evaluation: A qualitative study. *Iranian Journal of Nursing and Midwifery Research*, 19(1), 41.
  11. Allari, R., Atout, M., Hasan, A. (2020). The value of caring behavior and its impact on students' self-efficacy: Perceptions of undergraduate nursing students. *Nursing Forum*, 55(2), 259-266.
  12. Veltkamp, D. (1997). Nursing students' perceptions of clinical instructor behaviors that affect the development of self-confidence (Doctoral dissertation, Grand Valley State University, pp. 26).
  13. Flagler, S., Loper-Powers, S., Spitzer, A. (1988). Clinical teaching is more than evaluation alone! *Journal of Nursing Education*, 27, 342-348.
  14. Gaumer Erickson, A., et al. (2018). Self-efficacy formative questionnaire technical report. Retrieved from: <http://www.researchcollaboration.org/uploads/SELF-EfficacyQuestionnaireInfo>.
  15. Rowbotham, M., Owen, R. (2015). The effect of clinical nursing instructors on student self-efficacy. *Nurse Education in Practice*, 15(6), 561-566.
  16. Girija, K., et al. (2013). Undergraduate nursing students' perception of effective clinical instructor: Oman. *International Journal of Nursing Science*, 3(2), 38-44.
  17. Levy, L., et al. (2009). Clinical instructor characteristics, behaviors and skills in allied healthcare settings: A literature review. *Athletic Training Educational Journal*, 4, 8-13.
  18. Al-Hamdan, Z., (2014). Student nurses' perceptions of a good mentor: A questionnaire survey of student nurses in the UK, USA and Jordan. *International Journal of Humanities and Social Science*, 4(3), 248-256.
  19. Corkett, J., Hatt, B., Benevides, T. (2011). Student and teacher self-efficacy and the connection to reading and writing. *Canadian Journal of Education*, 34(1), 65-98.
  20. Wallace, L., et al. (2015). Perceptions of clinical stress in baccalaureate nursing students. *Journal of Nursing Education Scholarship*, 12(1), 1-8.
  21. Ramos, F., et al. (2013). Ethics constructed through the process of nurse training: Conceptions, spaces and strategies. *Revista Latino-Americana de Enfermagem*, 21, 113-121.
  22. Livsery, K. (2009). Clinical faculty influences on student caring self-efficacy. *International Journal for Human Caring*, 13(2), 53e59.
  23. Parsh, B., (2010). Characteristics of effective simulated clinical experience instructors: Interviews with undergraduate nursing students. *Journal of Nursing Education*, 49(10), 569e572.
  24. Lovric, R., et al. (2014). Specificities and differences in nursing students' perceptions of nursing clinical faculties' competencies. *Journal of Professional Nursing*, 30(5), 406-417.