

## Perception of Nurses about Their Role in Clinical Teaching at Different Hospitals

Sahar A. Abood <sup>(1)</sup> & Karima H. Abdel-Hafz <sup>(2)</sup>

<sup>(1)</sup>Lecturer of Nursing Administration, Faculty of Nursing- Minia University

<sup>(2)</sup>Lecturer of Nursing Administration, Faculty of Nursing- Assiut University

### Abstract:

**Background:** Shortage of clinical teachers in nursing and absence of hospital nursing staff role in clinical teaching may lead to incompetent graduates and poor quality patient care. **Aim of study:** To assess the perception of nurses about their role in clinical teaching at different three hospitals in Assiut City. **Subjects and methods:** A descriptive study design was carried out in the present study. Data collection was started in 1st March and ended in May 2009. **Setting:** This study was carried out at Assiut University Hospital, El-Mabarrah Hospital, and EL-Shamallah Hospital. **The study sample** included (300) nurses staff currently assigned to work in the selected hospitals. Assiut University Hospital (n=175), El-Mabarrah Hospital (n=75) and EL-Shamallah Hospital (n=50). **Tool:** Tool used for data collection consisted of four parts: **1<sup>st</sup> part** related to socio-demographic characteristics of the study sample (age, gender, marital status, level of education, job position, years of experience, and years working with nursing students). **2<sup>nd</sup> part** consisted of fifteen variables related to Nurses' clinical teaching roles scale, Nurses perception scale developed by (Birol 1997). **3<sup>rd</sup> part** related to, nurses reasons for their performance in clinical care roles, **4<sup>th</sup> part** related to Nurses recommendation for improved clinical teaching performance. **Results:** more than three quarters of nurses working at Assiut University Hospital provided the patient care materials and equipment which students requested, helped students to adjust to a clinical environment and regarded them as team members (82.9%, 88.0% respectively). While, all nurses never did research work with students, and never hold teaching role. **Conclusion:** The majority of nurses who participated in the study from the three hospitals reported that lack of training to hold a clinical teaching behind their poor in performance students' training. While, the majority of them attributed the level of their clinical teaching performance to being overloaded with work, slowness in the students' work, and increase in the students' number. **Recommendations:** Provision of training courses for nurses on clinical teaching role, co-operation between nursing educational institutions and hospitals, nursing education emphasizes more clinical teaching, provide the nurses the chance to participate in the evaluation of students' performance, allow the nurses to conduct a case study seminar with students, encourage the students to plan for educating patients with nurses.

**Key words:** Perception, Nurses, Clinical teaching role, Hospitals

### Introduction

Nurses' perceptions of their role are influenced by societal attitudes, government policies and trends in professional issues (Brookes, et al., 2004). The clinical preceptor is of critical importance in the education and socialization process of the advanced nursing student. It is within the context of the student's preceptorship experience and practicum that the

student learns to apply an expanded knowledge base and to function in the advanced practice nursing roles of clinician, consultant, educator, leader, and researcher (Ball State University School of Nursing, 2001).

Nursing students benefit from clinical preceptors who exemplify the application of theoretical knowledge in actual clinical settings. Today's clinical preceptors need to be more carefully

selected, oriented, and evaluated to ensure quality education of nursing students. Benefits can be realized not only in nursing education, but also in nursing practice, patient care, and nursing administration (**Altmann, 2006**). The role of preceptor is described as being stimulating but time consuming and demanding, (**Luhanga, Yonge & Myrich, 2008b**). Much of the burden of creating effective and successful preceptoring relationships falls on students, who need to portray themselves as suitable, competent, confident and assertive. Preceptors call for students who are well prepared theoretically and who possess a good approach to studies (**Webb & Shakespeare, 2008**). Unprepared nursing students, poorly suited for certain clinical areas, will affect preceptors' daily work, and the evaluation process (**Hautala, Saylor & Leary-Kelly, 2007**).

The goals of clinical instruction is to prepare students for entry into practice upon graduation, provide opportunities for students to learn in multiple patient care settings, provide appropriate guidance and instruction, and foster the development of clinical competence, and professionalism (**Larson, 2004**).

Clinical placements provide opportunities for student nurses to learn experientially. To create a constructive learning environment staff need to be friendly, approachable, available and willing to teach. There must be adequate opportunities for students to develop confidence and competence in clinical skills with a focus on student learning needs rather than service needs of facilities (**Croxon & Maginnis, 2009**). Pivotal to many studies of nursing in the clinical arena is the concept of the ward-learning environment. The clinical placements provide student nurses with the opportunity to combine

cognitive, psychomotor and affective and problem-solving skills developing competencies in the application of knowledge, skills, attitudes and values in clinical situations (**Midgley, 2006**). The capacity of new graduates to adjust to the clinical role is chiefly dependent on the quality of clinical experiences they have had in their undergraduate program. This means that the role of the nurse responsible for supervision of the students in a clinical setting is paramount (**Reid-Searl & Dwyer, 2005**).

A popular model for clinical teaching of nursing students is the preceptor model, which involves a student working under the supervision of a Registered Nurse (RN) who is part of the staff in a nursing area (**Mills, Francis & Bonner, 2005 & Baltimore, 2004**).

The role of the RN in the clinical setting can be viewed as creating space for learning (**Ohrling & Hallberg, 2000**). This is supported by (**Morgan, 2002**) who claims this RN must be interested in ensuring students feel they are part of the nursing team and act as a role model for the student. This view is reinforced by (**Chapman & Orb, 2000**) who state that students developing a professional self-image from role models. These could be the clinical facilitator, preceptor and staff. To define the role of the RN who supervises the clinical practice of a student nurse. For the purpose of this study the terms are defined as follows. The term preceptor is assigned to ward staff who supervise student learning in the clinical setting (**Lambert, 2005**).

Nursing students undertaking university programs are expected to acquire the skills and knowledge required for graduate practice. Clinical experience, an essential ingredient of such programs is the only time when students, academics and clinicians work together in the achievement of

learning outcomes necessary for graduate practice. In Egypt there are nursing schools providing diploma degree in nursing science, technical nursing institutes providing associate degree and faculties of nursing providing baccalaureate degree. The curricula of these schools involve theoretical knowledge and clinical practice. The role of nurses in both the professional progress and individual development of students cannot be ignored (Ahmed, 2003).

### **Significance of the study:**

The role and support offered to students by the clinical facilitator/preceptor was the most significant aspect of the students' comments. The literature identifies the importance of various personnel in providing a supportive clinical learning environment (Lambert, 2005). Nursing education is provided at universities with inefficient teaching staff, equipment and opportunities for clinical practice and the ratio of students to lecturers is high. Therefore, it was necessary to assess the roles of these nurses in the student clinical teaching in hospital.

### **Aim of the Study:**

To assess the perception of nurses about their role in clinical teaching at different three hospitals in Assiut City.

### **Research Question:**

How do nurses perceive themselves as clinical teachers in different hospitals?

### **Subjects and Method**

#### ***Study design:***

It is a cross-sectional descriptive study.

#### ***Settings:***

The research was conducted at three hospitals in Assiut city, [Assiut University Hospital, El-Mabarrah Hospital, and El-Shamllah Hospital].

#### ***Subjects:***

The study sample consists of all head nurses and the staff nurses who are working at the departments of the hospital during time of study. Their total number was 300, including Assiut University Hospital 175 (25 head nurses, and 150 staff nurses), El-Mabarrah Hospital 75 (10 head nurses, and 65 staff nurses), and El-Shamllah hospitals 50 (10 head nurses, and 40 staff nurses)]. Questionnaires were distributed to all 300 nurses working at the time.

#### ***Tool of data collection:***

Tool of data collection was classified into four parts as following:

#### **1. Socio-demographic characteristics:**

This was designed for collection of demographic study variables, age, gender, marital status, job position, level of education, working experience, years working with nursing students.

#### **2. Nurses' clinical teaching roles scale opinionire:**

This scale investigated nurses' perceptions about their clinical teaching role. Scale consisted of fifteen variables divided as follows. (Care role 6 variables, management role 4 variables, research role 2 variables, and teaching role 3 variables) .Nurses perception scale developed by (Birol 1997).

#### ***Scoring for nurses clinical teaching roles scale***

A scoring system was developed for each response. The total score of nurse's perception was 45 points, based on grading from the four

grades given to each question. The response to each item was on a four-point Likert scale (ranging from never to always) was used to indicate participants' perception. The scoring system was Never (0), rarely (1), Sometimes, (2) and Always (3).

3. **Nurses' reasons for their performance about patient care role:** It was developed by the investigators based on the review of relevant literature and generated by open ended questions. The participants' responses were analyzed, categorized, and summed up.
4. **Nurses' recommendation for improved clinical teaching performance:** The participants were asked to make recommendations about how to improve their role. The questions about the patient care role were based on the nursing process.

#### ***Tool validity:***

The tool was revised by 3 experts in the fields of nursing education, nursing administration, and medical surgical nursing to test content validity and few modifications was carried out according to the panel judgment on clarity of sentences and appropriateness of content.

#### ***Pilot study:***

A pilot study was carried out on 10% of total sample to check clarity of items and determine the feasibility of study. The pilot study also included pilot implementation of the study with the aim of estimating the exact time needed for data collection and detecting any problems related to its application.

#### ***Field work:***

After making the necessary modifications to ensure the clarity of

the study tools, the actual data collection from studied nurses at hospitals which accept to have nursing students of the faculty of nursing for clinical training [Assiut University Hospital, Health Insurance Hospital, and Assiut General Hospital]. The research subjects composed of the head nurses and the staff nurses (n 300) who are working at the departments which the students have their clinical training. Questionnaires were distributed to all nurses working at the time. Data was collected from 1<sup>st</sup> March to 31<sup>st</sup> May 2009. Researchers collected data three days per week. After the nurses had been fully informed and consented for participation in the study researchers asked questions in Arabic and recorded the answers. Interview consumed about 20 minutes for each nurse.

#### ***Ethical and administrative considerations:***

Official permissions were obtained from pertinent authorities to proceed with the study. Prior to embarking on the study, ethical approval was obtained from the Scientific Research Ethics Committee of Faculty of Nursing, Assiut University, Official permission was obtained from the manager of the hospital and the head of departments before data collection. In addition, informed consent was secured from each participant .nurses sharing in the study were reassured about the anonymity and confidentiality of any information gathered.

#### ***Statistical design:***

The collected data were thoroughly cleaned and then, tabulated, analyzed, and interpreted by using frequency distribution percentages and chi-square test and Z-test whenever, applicable. All data were analyzed by using the Statistical Package for Social Sciences (SPSS 16) software and P

<0.05 was used as the definition of statistical significance.

**Result:**

**Table (1)** shows that the majority of the nurses were females, married, age more than 20 years old, working as staff nurses, graduated from a diploma degree program, and had  $\leq 10$  years experience and worked with nursing students for 5-10 years.

**Table (2.a)** illustrated that more than three quarters of nurses working at Assiut University Hospital provided the patient care materials and equipment which students requested, helped students to adjust to a clinical environment and regarded them as team members (82.9%, 88.0% respectively). While, all nurses never did research work with students, and never hold teaching role. The overwhelming majority of the nurses provided at did not provide assistance to the students in; making nursing diagnosis, providing planned patient care, evaluating the care provided, and evaluating student performance (82.9%, 81.1%, 86.9%, and 85.7% respectively).

**Table (2.b.)** declared that more than half of the nurses working at El-Mabarrah Hospital helped the students to adapt to a clinical environment (60.0%). In contrast, all nurses never did research work with students, never hold teaching role, and never participated in evaluating students' performance (0.0%). Moreover, three quarters of the nurses never provided at least some assistance to the students in; making nursing diagnosis, providing planned patient care, and implementing planned patient care (84.0%, 80.0%, and 90.7% respectively).

**Table (2.c.)** shows that nearly half of the nurses working at El-Shamllah Hospital helped the students to obtain data, provided the patient

care materials and equipment which students requested, and helped students

to adjust to a clinical environment (56.0%, 48.0%, 52.0% respectively). While, none of them; conduct research work with students, hold teaching role, helped the students in making nursing diagnosis, and they never participated in evaluating students' performance (0.0%). Moreover, the overwhelming majority of them never provided at least some assistance to the students in; providing planned patient care, implementing planned patient care, and evaluating the patient care provided (96.0%, 86.0%, 98.0% respectively).

**Table (3)** it is clear from the table that when comparing between the three hospitals there are statistical significant related to care roles and management roles.

**Table (4)** revealed that the majority of nurses who participated in the study from the three hospitals reported that lack of training to hold a clinical teaching role, and they were insufficiently qualified to perform clinical teaching well are the reasons behind their poor performance students' training. While, the majority of nurses working at Assiut University Hospital attributed the level of their clinical teaching performance to being overloaded with work, slowness in the students' work, and increase in the students' number. Moreover, the majority of nurses working at El-Mabarrah and El-Shamllah hospitals adhered to the view that teaching is not a nursing role and is the responsibility of lecturers, attributed their clinical teaching performance to the lack of cooperation with nursing lecturers. Almost three quarters of the nurses working in El-Shamllah Hospital reported that they did not gain any extra-bonuses regarding their clinical teaching performance.

**Table (5)** shows that nearly all the nurses in three selected hospitals wanted the provision of training courses on clinical teaching, to emphasize clinical teaching more in nursing education. While, the overwhelming majority of nurses working at Assiut University Hospital wanted the students to work other shifts other than morning shifts (as afternoon shift), hoped to give the nurses the opportunity to participate in the evaluation of students' performance as the nurses in El-Mabarrah hoped also, and they also suggest to allow the nurses to conduct a case study seminar with students. Moreover, the nurses working at El-Mabarrah and El-Shamllah hospitals wanted to enhance and improve the co-operation between nursing educational institutions and hospitals, and to be given extraordinary bonuses regarding their participation in student clinical teaching.

#### **Discussion:**

Nurses' clinical teaching performance can be analyzed using data about the four main nursing roles (patient care, management, research and teaching). Materials and equipment are held in cupboards which are only accessible to nurses and students cannot obtain these items without assistance (table 2a, 2b, 2c). The proportion of nurses who helped students in the various stages of the nursing process (collecting patient data, detecting patient health problems, planning nursing care, implementing the planned care and evaluating the outcome of the care given) was not high. This may be a consequence of the fact that in every clinic there was a nursing lecturer responsible for training and students made nursing plans with the help of this lecturer (that is, students preferred their own instructor as a guide). A study of first

year nursing students by (**Addis, 2003**) reported similar findings where 91.6% of students asked help from their own instructors.

The nurses in the hospital do not provide the students with adequate guidance when the teaching staff is absent. According to the nurses there is inadequate guidance for students, the students do not possess sufficient clinical knowledge and experience, and work too slowly thereby wasting nurses' time (table 3). These reasons for inadequate student guidance are consistent with those cited in (**Packer, 1994 & Addis, 2003**). Packer states that despite improvements in medical technology and nursing science, there has been little change in the practice of clinical education and this could be attributable to nurses being overloaded with work, the clinical environment, student anxiety, and the education and assessment system.

The management role of nurses is important. Nurses were reasonably effective at helping students to adapt to a clinical environment and in regarding them as team members (table 2a, 2c). It is beneficial for students to become accustomed to working in the clinic and to adjust to the clinical environment. A study by (**Dunn & Hanford, 1997**) reported constant results in that 77% of nurses regarded students as health team members. A comparison of these findings suggests that the perception of students as team members could be improved. There was a low level of nurse evaluation of student performance (table 2b, 2c). This failure to evaluate students may be explained by the fact that half the nurses adhered to the view that teaching is not a nursing role and a lack of close co-ordination between nurses and nursing lecturers (table 3).

In Assiut University Hospital nursing lecturers work with students

during the day shift and evaluate their performance without involving nurses. If there is no lecturer present between four and six students will be allocated to a ward manager who will evaluate their performance by using a form that has been prepared by the teaching staff. Head Nurse might not be objective in their evaluation of students because they have not received any training in this area. Lecturers may mistrust managers' judgments and may be reluctant to seek their opinions because managers tend to award students higher grades than lecturers. However, it is possible that this difference in grading is a result of the fact that students feel more anxious about working with lecturers than managers (**Gross, Aysse & Tracey, 1993 & Addis, 2003**).

Approximately less than a quarter of nurses always encouraged students to participate in the activities of the nurses' professional bodies. A study by (**Ekizler et al., 1997**) found that only 10.9% of nurses participated in professional activities because there was a dearth of awareness about them and membership of the Turkish Nurses Association was not widespread.

Nursing research is vital for improving professional standards. In the current study, none of nurses performed collaborative research with students. In Assiut city, nurses usually do not undertake research because of their workload, their limited knowledge of research methods, and their belief that there is no benefit to be derived from doing research. For example, (**Ekizler et al., 1997**) reported that only 5.26% of nurses performed research.

Patient education by nurses increases the quality of patient care. All nurses never undertook patient education. Case study in the ward provides students with an opportunity

to apply their knowledge but all the nurses never did this with them. The reasons for this lack of discussion are that nurses may not be familiar with the case study method of education, may be insufficiently qualified to teach (via the case study method), and may be responsible for too many students. If nurses worked with students individually they regarded themselves as members of the teaching team and valued this feeling of inclusion (**Gross et al. 1993 & Addis, 2003**). Perceived teaching team membership should improve nurses' motivation to provide good clinical teaching. What this suggests is that it would be desirable if a part of their teaching time was devoted to individual work with students.

There may be an insufficient amount of equipment and materials to allow all the students to perform a given clinical procedure (table 5). Some nurses think that students are reluctant to work and it is probable that this view reduces their motivation to perform well in clinical teaching.

The recommendations that the nurses made for improving their clinical teaching practice (table5) suggest that they are keen to perform better. These recommendations are consistent with the findings of (**Dunn & Hansford, 1997**), that nearly all the nurses in three selected hospitals wanted the Provision of training courses on clinical teaching, to emphasize clinical teaching more in nursing education. While, the overwhelming majority of nurses working at Assiut University Hospital wanted the students to work other shifts other than morning shifts (as afternoon shift). The opportunity to participate in the evaluation of students' performance as the nurses in El-Mabarrah hoped also, and they also suggest allowing the nurses to conduct

a case study seminar with students. Moreover, the nurses working at El-Mabarrah and El-Shamllah hospitals wanted to enhance and improve the co-operation between nursing educational institutions and hospitals, and to given extra-ordinary bonuses regarding their participation in student clinical teaching. In order to improve clinical education the recommendations made by the nurses in the present study should be implemented and clinical teaching models should be further developed.

### Conclusions

The nurses who participated in students' clinical teaching performance provided the patient care materials and equipment which they requested, helped students to adjust to a clinical environment and regarded them as team members, and provided at least some assistance to the students in making nursing diagnosis, providing planned patient care, and implementing planned patient care. While, they never did research work with students, hold teaching role, or participated in evaluating students' performance and evaluating the patient care provided.

The majority of nurses who participated in the study from the three hospitals reported that lack of training to hold a clinical teaching role behind their poor performance in students' training. While, the majority of them attributed the level of their clinical teaching performance to being overloaded with work, slowness in the students' work, and increase in the students' number.

### Recommendations:

Based on the main study findings, the following recommendations are suggested:

1. Provide the nurses the chance to participate in the evaluation of students' performance

2. Provision of training courses on clinical teaching
3. Co-operation between nursing educational institutions and hospitals
4. Nursing education emphasize more clinical teaching setting
5. Improved work environment to motivate better clinical teaching

**Table (1): Socio-demographic characteristics of participant Nurses (n=300)**

General characteristics	Assiut University Hospital (n=175)		El-Mabarrah Hospital (n=75)		El-Shamllah Hospital (n=50)	
	No.	%	No.	%	No.	%
<b>Age (years):</b>						
<20	26	14.0	5	6.7	4	8.0
20-	140	80.0	10	13.3	40	80.0
40+	9	5.1	60	80.0	6	12.0
<b>Gender:</b>						
Female	155	88.5	68	90.7	46	92.0
Male	20	11.4	7	9.3	4	8.0
<b>Marital status:</b>						
Single	50	28.6	12	16.0	5	10.0
Married	125	71.4	63	84.0	45	90.0
<b>Job position</b>						
Head nurse	25	14.3	10	13.3	10	20.0
Staff nurse	150	85.7	65	86.7	40	80.0
<b>Level of education</b>						
B.Sc. graduate	25	14.3	7	9.3	4	8.0
Associate degree program graduates	20	11.4	0	0.00	0	0.00
Diploma degree graduate	130	74.3	68	90.7	46	92.0
<b>Working experience</b>						
≤1-5	18	10.3	5	6.7	2	4.0
5-10	90	51.4	9	12.0	9	18.0
10 ≤	67	38.3	61	81.3	39	78.0
<b>Years working with nursing students</b>						
≤1-5	40	22.9	5	6.7	2	4.0
5-10	100	57.1	13	17.3	30	60.0

**Table (2.a.): The Clinical Teaching Performance of Nurses at Assiut University Hospital (n=175)**

Clinical Education Roles	Always		Sometimes		Rarely		Never	
	No.	%	No.	%	No.	%	No.	%
<b>Care Role</b>								
1. Assist students to obtain data	27	15.4	106	60.6	20	11.4	22	12.6
2. Assist students with making a nursing diagnosis	4	2.2	8	4.6	145	82.9	18	10.3
3. Assist students in providing planned patient care	5	2.8	13	7.4	142	81.1	15	8.6
4. Provide equipment which students request	169	96.0	6	3.4	1	0.6	0	0.0
5. Assist students in implementing planned patient care	13	7.4	132	75.5	17	9.7	13	7.4
6. Assist students to evaluate the care provided	0	0.0	7	4.0	152	86.9	16	9.1
<b>Management role</b>								
7. Assist students to adapt to a clinical environment	168	96.0	5	2.9	2	1.1	0	0.0
8. Evaluate student performance	0	0.0	3	1.7	22	12.8	150	85.7
9. Regard students as health team members	169	96.6	6	3.4	0	0.0	0	0.0
10. Encourage students to take part in professional activities	21	12.0	53	30.3	28	16.0	73	41.7
<b>Research role</b>								
11. Encourage students to do research	0	0.0	0	0.0	0	0.0	175	100.0
12. Perform joint research with students	0	0.0	0	0.0	0	0.0	175	100.0
<b>Teaching role</b>								
13. Plan patient education with students	0	0.0	0	0.0	0	0.0	175	100.0
14. Implement patient education with students	0	0.0	0	0.0	0	0.0	175	100.0
15. Case study work with students	0	0.0	0	0.0	0	0.0	175	100.0

**Table (2.b.): The Clinical Teaching Performance of Nurses at El-Mabarrah Hospital (n=75)**

Clinical Education Roles	Always		Sometimes		Rarely		Never	
	No.	%	No.	%	No.	%	No.	%
<b>Care Role</b>								
1. Assist students to obtain data	40	53.3	35	46.7	0	0.0	0	0.0
2. Assist students with making a nursing diagnosis	0	0.0	5	6.7	7	9.3	63	84.0
3. Assist students in providing planned patient care	0	0.0	3	4.0	12	16.0	60	80.0
4. Provide equipment which students request	51	68.0	24	32.0	0	0.0	0	0.0
5. Assist students in implementing planned patient care	31	41.3	23	30.7	15	20.0	6	18.00
6. Assist students to evaluate the care provided	0	0.0	0	0.0	7	9.3	68	90.7
<b>Management role</b>								
7. Assist students to adapt to a clinical environment	62	82.7	12	16.0	1	1.3	0	0.0
8. Evaluate student performance	0	0.0	0	0.0	0	0.0	75	100.0
9. Regard students as health team members	40	53.3	32	42.7	2	2.7	1	1.3
10. Encourage students to take part in professional activities	32	42.7	35	46.7	4	5.3	4	5.3
<b>Research role</b>								
11. Encourage students to do research	0	0.0	0	0.0	0	0.0	75	100.0
12. Perform joint research with students	0	0.0	0	0.0	0	0.0	75	100.0
<b>Teaching role</b>								
13. Plan patient education with students	0	0.0	0	0.0	0	0.0	75	100.0
14. Implement patient education with students	0	0.0	0	0.0	0	0.0	75	100.0
15. Case study work with students	0	0.0	0	0.0	0	0.0	75	100.0

**Table (2.c.): The Clinical Teaching Performance of Nurses at El-Shamllah Hospital (n= 50)**

Clinical Education Roles	Always		Sometimes		Rarely		Never	
	No.	%	No.	%	No.	%	No.	%
<b>Care Role</b>								
1. Assist students to obtain data	38	76.0	6	12.0	2	4.0	4	8.0
2. Assist students with making a nursing diagnosis	0	0.0	0	0.0	0	0.0	50	100.0
3. Assist students in providing planned patient care	0	0.0	0	0.0	2	4.0	48	96.0
4. Provide equipment which students request	28	56.0	12	24.0	8	16.0	2	4.0
5. Assist students in implementing planned patient care	2	4.0	5	10.0	0	0.0	43	86.0
6. Assist students to evaluate the care provided	0	0.0	0	0.0	1	2.0	49	98.0
<b>Management role</b>								
7. Assist students to adapt to a clinical environment	37	74.0	7	14.0	2	4.0	4	8.0
8. Evaluate student performance	0	0.0	0	0.0	0	0.0	50	100.0
9. Regard students as health team members	2	4.0	33	66.0	13	26.0	2	4.0
10. Encourage students to take part in professional activities	32	64.0	10	20.0	6	12.0	2	4.0
<b>Research role</b>								
11. Encourage students to do research	0	0.0	0	0.0	0	0.0	50	100.0
12. Perform joint research with students	0	0.0	0	0.0	0	0.0	50	100.0
<b>Teaching role</b>								
13. Plan patient education with students	0	0.0	0	0.0	0	0.0	50	100.0
14. Implement patient education with students	0	0.0	0	0.0	0	0.0	50	100.0
15. Case study work with students	0	0.0	0	0.0	0	0.0	50	100.0

**Table 3: Clinical education role among participant Nurses (n=300)**

Clinical Education Roles	Always		Sometimes		Rarely		Never		P-value
	No.	%	No.	%	No.	%	No.	%	
<b>Care Role</b>									
• Assuit university hospital	0.0	0.0	144	82.3	31	17.7	0.0	0.0	0.0001
• El-Mabarrah Hospital	0.0	0.0	20	33.3	50	66.7	0.0	0.0	
• El-Shamllah Hospital	0.0	0.0	1	2	47	94	2	4	
<b>Management role</b>									
• Assuit university hospital	3	1.7	164	93.7	8	4.6	0.0	0.0	0.0001
• El-Mabarrah Hospital	0.0	0.0	69	92	6	8	0.0	0.0	
• El-Shamllah Hospital	0.0	0.0	37	74	13	26	0.0	0.0	

**References:**

1. **Addis G. (2003):** An evaluation of nurses' clinical teaching role in Turkey. *Nurse Educ Today*. Jan; 23(1): 27-33
2. **Ahmed S. (2003):** The effect of different educational levels of nursing on the quality of nursing care in assiut university hospital. Doctorate degree.p.1.
3. **Altmann K. (2006):** "Preceptor Selection, Orientation, and Evaluation in Baccalaureate Nursing Education," *International Journal of Nursing Education Scholarship*: Vol.3:Iss.1, Article1. Staff nurses' experiences as preceptors and mentors: an integrative review.
4. **Ball State University School of Nursing (2001):** Clinical Preceptor Information. Retrieved March 5, 2003 from [http://www.bsue.edu/web/nursing/forms/18\\_clinical\\_preceptor\\_information.pdf](http://www.bsue.edu/web/nursing/forms/18_clinical_preceptor_information.pdf)
5. **Baltimore J. (2004):** The hospital clinical preceptor: essential preparation for success. *Journal of Continuing Education in Nursing*, 35 3, pp. 133-140.
6. **Birol L. (1997):** Hemsirelik Sureci (3. baski). Etki matbaacilik ve yayincilik Ltd. Sirketi, İzmir, p 26-28
7. **Brookes K., Davidson P., Daly J. & Hancock K. (2004):** Community Health Nursing in Australia: A Critical Literature review and implications for professional development, *Contemporary Nurse* 16 (3) 195-207
8. **Chapman, R. & Orb, A. (2000 ):** The nursing students' lived experience of clinical practice. *The Australian Electronic Journal of Nursing Education* 5 (2), online. Viewed 6/12/2004. [http://www.sciencedirect.com/science?2%252Fchapmanrvol5\\_2.html](http://www.sciencedirect.com/science?2%252Fchapmanrvol5_2.html)
9. **Croxon, L. & Maginnis, C. (2009):** Evaluation of clinical teaching models for nursing practice. *Nurse Education Today* Volume 9, Issue 4, July, Pages 236-243
10. **Dunn S., & Hansford B. (1997):** Undergraduate nursing students' perceptions of their clinical learning environment. *Journal of Advanced Nursing* 25: 1299-1306
11. **Ekizler H., Tekin N., Cingi M., & Engin F. (1997):** Klinisyen hemsirelerin bilimsel etkiliklere katilimleri ve yayinlari izleme durumlarinin degerlendirilmesi.

- Hacettepe Universities Hemsirelik Yuksek Okulu Dergisi 4 (1): 9-15
12. **Gross J., Aysse P. & Tracey P. (1993):** A creative clinical education model: three views. *Nursing Outlook* 41: 156-159
  13. **Hautala K., Saylor C. & Leary-Kelley C. (2007):** Nurses perceptions of stress and support in the preceptor role. *Journal for Nurses in Staff Development*, 23 2, pp. 64–70. [SD-008].
  14. **Lambert V. (2005):** Clinical education facilitators: a literature review. *Journal of Clinical Nursing*, 14 6 (2005), pp. 664–673.
  15. **Larson D. (2004):** Factor that enhance learning for nursing students' in clinical setting. Master thesis, Faculty of nursing, Royal Roads university.
  16. **Luhanga F., Yonge O. & Myrick, F. (2008):** Failure to assign failing grades: issues with grading the unsafe student. *International Journal of Nursing Education Scholarship*, 5 (1), pp. 1–14. [SD-008].
  17. **Midgley, K., (2006):** Pre-registration student nurses perception of the hospital-learning environment during clinical placements. *Today Volume*, May 2006, p.p. 338-345
  18. **Mills J.E., Francis K.L. & Bonner A., (2005):** Mentoring, clinical supervision and preceptoring: clarifying the conceptual definitions for Australian rural nurses. A review of the literature. *The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy* 5 (online) 410.
  19. **Morgan R. (2002):** Giving students the confidence to take part. *Nursing Times*, 98(35), pp. 36–37.
  20. **Ohrling K. & Hallberg I. (2000):** Student nurses' lived experience of preceptorship. Part 1- in relation to learning. *International Journal of Nursing Studies*, 37, pp. 13–23.
  21. **Packer L. (1994):** Education for clinical practice: an alternative approach. *Journal of Nursing Education* 33 (9): 411-415
  22. **Reid-Searl K. & Dwyer T. (2005):** Clinical placements for undergraduate nursing students: an educators' guide. *Australian Nursing Journal*, 12 (9), pp. 1–3.
  23. **Webb C. & Shakespeare P. (2008):** Judgments about mentoring relationships in nurse education. *Nurse Education Today*, 28 (5), pp. 563–671. [SD-008]