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Nursing Students' and Clinical Nursing Instructors' Perceptions about the Characteristics of an Effective Clinical Instructor and Clinical Training Policies in Gaza Strip

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Dedication

This thesis is dedicated to my dear parents who gave precious for the sake of my education…

To my brothers and sister…

To my loyal friends…

To my good teachers…

Your love, unwavering support and absolute belief in the completion of this thesis made this educational journey possible. Thank you from the bottom of my heart for your caring, encouragement and all the sacrifices you each made along the way!

Mahmoud Sami Elkhateeb

Declaration

I certify that this thesis submitted for the degree of Master, is the result of my own research, except where otherwise acknowledged, and this study (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signature:

Mahmoud Sami Elkhateeb

Date: /   /

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Firstly, I want to thank Allah Almighty for the strength, courage, and wisdom to conduct this study.

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My family and my colleagues for their love and support.

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Date: /   /

Abstract

Clinical instructors play a key role in the success of nursing students' clinical learning, as well as their ability to link theory and practice. Many studies conducted in different parts of the world have demonstrated considerable weaknesses in clinical teaching, most of which have been associated with nursing instructors and clinical training policies. The aim of the study was to assess the nursing students' and nursing clinical instructors' perceptions about the characteristics of an effective clinical instructor and clinical training policies that may contribute to improving the quality of clinical nursing education at the colleges that run bachelor of nursing programs in Gaza Strip. A descriptive cross-sectional analytical design was used. The study population was comprised of clinical instructors and third and fourth level students at five universities/colleges. Self-administered questionnaires were distributed. The validity of the questionnaires was tested by five experts. The reliability of both questionnaires was checked through the pilot study. Cronbach's alpha was calculated for the two questionnaires by more than 0.7. Data were analyzed by using Statistical Package for Social Sciences (SPSS) version 23. The study found there were statistically significant differences between perceptions of nursing students and perceptions of clinical instructors regarding the characteristics of an effective clinical instructor and effective clinical training policies. The most effective characteristics of an effective instructor as perceived by nursing students were professional competence, communication and training skills. While the most important characteristics of an effective instructor from the viewpoint of the clinical instructor were professional competence, communication, and support of the professional growth of students. The most effective clinical training policies as perceived by nursing students were the appropriate selection of training site, objective evaluation, adequate clinical hours for clinical courses to achieve the objectives, appropriate and clear assignments to students in clinical courses and obvious role of training department in monitoring students' clinical training. While the most effective clinical training policies as perceived by the clinical instructors were the role of training department in monitoring of instructors' performance with students must be clear, objective evaluation, appropriate selection of training site, clear directions about the objectivity in evaluating students from the clinical department and clarity in the role of training department about monitoring students' clinical training. The study concluded that clinical nursing teaching is in need to improve its quality for both, the clinical instructors and policies.

List of Contents

List of Tables

List of Figures

List of Annexes

List of Abbreviations

ANOVA	Analysis of Variance
CI	Clinical Instructor
CEGEP	Collège d'Enseignement Général Et Professionnel
CLE	Clinical Learning Environment
HE	Higher education
HEI	Higher Education Institutions
IUG	Islamic University of Gaza
LSD	Least Significant Difference
NCTEI	Nursing Clinical Teacher Effectiveness Inventory
NGOs	Non-Governmental Organizations
NT	Nurse Teacher
MCI	Mobile Cooperation Intervention
MoH	Ministry of Health
PCBS	Palestinian Central Bureau of Statistics
PCN	Palestine College of Nursing
PNA	Palestinian National Authority
PN	Practical Nurse
RN	Registered Nurse
SoP	State of Palestine
SPSS	Statistical Package for Social Sciences
UCAS	University College of Applied Sciences
UNRWA	United Nations Relief and Works Agency
WHO	World Health Organization

Chapter One

Introduction

1.1 Background

Clinical experience is an indispensable component of nursing curricula as it provides real-life experiences involving actual patients. Clinical learning is considered as the heart of professional practice bridging the theory-practice divide. The integration of theoretical knowledge with clinical practice is of vital importance for the development of efficient professional nurses. Both quality classroom teaching and ability in demonstrating clinical competence greatly influence the success of graduates of a nursing program (Dasila, et al., 2016).

Experienced faculty available for clinical teaching is diminishing and many clinical instructors are employed casually. Poor clinical teacher preparation is therefore seen as a common problem to effective clinical teaching. These among others have resulted in the gap existing in nursing theory and practice (Okoronkwo, 2013).

In a study on clinical learning challenges of nursing students, Baraz, et al. (2015) stated that clinical teaching and learning experiences can be challenging, stressful and unpredictable, time and energy-wasting, and compromises the quality of teaching and learning. Furthermore, Ironside, et al. (2014) stated that current clinical practice is time and resource-intensive, and that little is known of whether or not it really contributes to the achievement of the learning goals of students. Their study findings suggested that the focus of clinical instructors and students is on the completion of tasks, which overshadows the more important and complex parts of nursing practice, and which can possibly lead to graduating low skilled staff who will not be able to practice safely and competently.

Effective characteristics in the nursing student-clinical instructor relationship, defined as a behavior or attribute demonstrated by a clinical instructor and perceived by a nursing student as contributing to a positive learning experience in the clinical setting. A successful development of nursing students into a professional role as caring nurses is increasingly believed to be dependent on the quality of the clinical learning environment. Conversely, perceptions of unfair treatment by nursing faculty lead to student nurses voicing their concerns, leaving a program or conforming to the situation to avoid being failed. Some nurses still harbor negative feelings of unfair faculty treatment even after 10-20 years (Nelson, 2011).

In fact, by having educational and practical skills and a sense of responsibility, instructors play a key role in the success of nursing students' clinical learning, as well as their ability to link theory and practice. Many studies conducted in different parts of the world have demonstrated considerable weaknesses in clinical teaching, most of which have been associated with nursing instructors. The issues identified include unspecified clinical teaching goals, lack of clarity regarding the roles of instructors, the limited number of experienced instructors in clinical teaching environments, a lack of teaching and learning supports, a weak relationship between the theoretical and practical courses, weak interpersonal communications and unrealistic evaluations. These issues are also associated with the inaccessibility of instructors to meet students' teaching needs, a lack of time for learning and a lack of necessary encouragement for students (Parvan, 2016).

The clinical instructor works supportively by offering his/her experiences and suitable corrective feedback to the students and by active presence as a source of confidence, courage, restoring order and discipline. The clinical instructor is also a factor for setting effective communication between student and patient, student and physician, causing taking responsibility and effective learning of academic and clinical skills of trainees, as

well as the reduction of fear and anxiety. As the nursing schools are always trying to improve their educational plans, and these plans are based on this assumption that courses and teaching atmosphere, train competency and efficiency in different aspects of theory and practice, and as the students as consumers of educational services have direct and straightforward connection with this process grow, they are the best source for detection of clinical education problems (EL Banan & Elsharkawy, 2017).

1.2 Problem statement

Effective clinical teaching is critical for students' learning in the clinical setting. This is because clinical teaching helps to prepare students for the work they will have to do as professional nurses after graduation. Furthermore, clinical experience allows student nurses to participate actively in the healthcare team, seek solutions to real-life problems and learn by doing while caring for patients thereby becoming competent practitioners. A poorly trained nurse might hamper the team's effectiveness leading to ineffective nursing care. Effective clinical teaching is critical for producing knowledgeable and skillful nurses who can deliver safe quality nursing services to individuals, families, and communities. Also, appropriate clinical training policies are crucial to making the clinical environment conducive to learning (Okoronkwo, 2013). From the researcher experience as a clinical instructor, there is variability regarding the quality of effective clinical instructor and training policy characteristics as perceived by either clinical instructors or nursing students. This study aims to scientifically investigate the perception of both clinical instructors and nursing students regarding their perception to effective characteristics of effective clinical instructor and training policy that may contribute to improving the quality of clinical nursing education in Gaza Strip.

1.3 Justification of the study

Clinical instructors have a critical role in the education and development of nursing students. They are responsible for ensuring student learning while acquiring clinical training experience to practice techniques. At the same time, clinical instructors are responsible for ensuring that patients receive high quality and safe nursing care. Investigation of the characteristics of an effective clinical instructor provides insight into the improvement of educational programs for developing nurses. For these reasons, it is pressing that clinical instructors have the skills and strategies to make clinical experiences conducive to learning and patient safety and it is useful to identify the characteristics that lead to highly effective skills and techniques. Through reviewing literature, it was observed that most of the studies focused on the characteristics of the clinical instructor from the perspectives of nursing students, with few studies examining clinical instructors' opinions. Also, there were few studies exploring clinical instructors' and students' perceptions about clinical training policies (EL Banan & Elsharkawy, 2017). So, this study was done to assess the undergraduate nursing students' and clinical instructors' perceptions of the characteristics of an effective clinical instructor and their perceptions about clinical training policies.

1.4 Purpose of the study

- The aim of the study was to assess the nursing students' and nursing clinical instructors' perceptions about the characteristics of an effective clinical instructor and clinical training policies that may contribute to improving the quality of clinical nursing education at the colleges that run bachelor of nursing programs in Gaza Strip.

1.5 Objectives

- To identify the nursing students' perceptions of the characteristics of an effective clinical instructor and clinical training policies.

- To identify the clinical instructors' perceptions of the characteristics of an effective clinical instructor and clinical training policies.

- To determine the differences in the perceptions of students and clinical instructors regarding the characteristics of effective clinical instructors and training policies.

- To explore the relationships between nursing students' perceptions of characteristics of an effective clinical instructor and clinical training policies with their demographic variables.

- To explore the relationships between clinical instructors' perception to the characteristics of an effective clinical instructor and training policies with their demographic variables.

- To suggest recommendations that may contribute to improving the quality of clinical instructors' performance and clinical training policies.

1.6 Questions

- What are the nursing students' perceptions of the characteristics of an effective clinical instructor and clinical training policies?

- What are the clinical instructors' perceptions about the characteristics of an effective clinical instructor and clinical training policies?

- Are there mean differences in the perceptions of students and clinical instructors regarding the characteristics of effective clinical instructors and clinical training policies?

- Are there significant relationships between nursing students' perceptions of characteristics of an effective clinical instructor and clinical training policies with their demographic variables?

- Are there significant relationships between clinical instructors' perception to the characteristics of an effective clinical instructor and training policies with their demographic variables?

- What are recommendations that may contribute to improving the quality of clinical instructors' performance and clinical training policies?

1.7 Context of the study

1.7.1 Geography and demography of the State of Palestine

The areas claimed by the State of Palestine lie in the Levant. The Gaza Strip borders the Mediterranean Sea to the west, Egypt to the south, and the Zionist entity to the north and east. The West Bank is bordered by Jordan to the east, and the Zionist entity to the north, south, and west. Thus, the two enclaves constituting the area claimed by the State of Palestine have no geographical border with one another, being separated by the Zionist entity (New World Encyclopedia, 2019).

In 2017, according to the Palestinian Central Bureau of Statistics (PCBS) census, the population of Palestine was 4,705,601, of whom 2.4 million were males compared to 2.3 million females, while West Bank had 2.8 million inhabitants, 60.1 % compared to 1.38 million females, while the population of Gaza Strip was 1.87 million, 39.9 % of the total population of Palestine. Within an area of 6,220 square kilometers (2,400 square miles), there is a population density of 731 people per square kilometer (PCBS, 2017) (see annex 1).

1.7.2 Colleges and universities understudy

Palestine College of Nursing is a governmental university college affiliated to the Palestinian Ministry of Health. It was established in 1976 in the name of Al-Hakimat School. In 1997, the school developed into a university college with a bachelor in nursing and was accredited by the Ministry of Education and Higher Education. The college has 5 accredited programs as follows: bachelor of nursing, bachelor of midwifery, associate degree in nursing, associate degree in midwifery, postgraduate professional diploma in midwifery for nurses. The clinical training department has 18 full-time clinical instructors for the general nursing program. The number of students enrolled in the bachelor of the nursing program is 397 students in the four levels in 2019. Sixty-seven students in level three and eighty-two in level four. Sometimes, there are no specific criteria in the selection of clinical instructors, depending on what the ministry of health provides for the college and other times based on an announcement and selection of instructors by interview. Also, there is no specific clinical instructor to students' ratio depending on several factors, including the number of students and the number of instructors available. On the other hand, there is a clear policy in choosing the places of clinical training and there are specific hours for each subject (Palestine College of Nursing, 2019).

The Islamic University of Gaza (IUG) is an independent academic institution supervised by the Ministry of Higher Education. It was established in 1978. In the academic year 1992/1993, the administration of the Islamic University decided to open the nursing sciences department under the umbrella of the Faculty of Science temporarily to avoid the decision of the Israeli authorities to prevent the establishment of an independent nursing college. After the departure of the Israeli occupation, the faculty of nursing separated from the faculty of science and became independent faculty at the beginning of the year

1994/1995. The College of Nursing opened the bachelor degree program in midwifery in the first semester of the academic year 2008-2009. Two master's programs in nursing were opened (community-mental health nursing in 2014 and critical care and emergency nursing in 2019). The clinical training department has 130 part-time clinical instructors for the general nursing program. The number of students enrolled in the bachelor degree of nursing program is 290 students in level three and 290 students in level four in 2019. Sometimes, there are no specific criteria in the selection of clinical instructors. Often the clinical instructor's to students' ratio is 1:8 or higher. There is a clear policy in choosing the places of clinical training and there are specific hours for each subject (Islamic University of Gaza, 2019).

The University College of Applied Sciences is one of the largest technical colleges in Palestine that offers its academic services to 8000 students in the undergraduate, intermediate and vocational diplomas, to meet the urgent needs and desires of the labor market established by the Ministry of Higher Education in 1998 under the name of Community College of Applied Sciences and Technology. Now it has two accredited nursing programs are diploma and baccalaureate. The clinical training department has 150 part-time clinical instructors for the baccalaureate and diploma programs. The number of students enrolled in the bachelor's degree of nursing program is 130 students at the 3rd level and 145 in the 4th level in 2019. Sometimes, there are no specific criteria in the selection of clinical instructors. Often the clinical instructor's to students' ratio is 1:9 or higher. There is a clear policy in choosing the places of clinical training and there are specific hours for each subject (University College of Applied Sciences, 2019).

The University of Israa is a Palestinian academic institution established by the efforts of a group of academics and businessmen. The university was granted approval by virtue of the decision of the Council of Ministers in 2014 and obtained a license from the Ministry of

Education and Higher Education in accordance with the law. The College of Health Professions opened from the academic year 2015-2016 after obtaining accreditation. The Faculty's specializations are nursing Science, laboratory medical science and clinical psychology science. The clinical training department has 24 part-time clinical instructors for the nursing science program. The number of students enrolled in the bachelor's degree of nursing program is 80 students at the 3rd level and the same number at the 4th level in 2019. Sometimes, there are no specific criteria in the selection of clinical instructors. Often the clinical instructor's to students' ratio is 1:7 or higher. There is a clear policy in choosing the places of clinical training and there are specific hours for each subject (Israa University, 2019).

The Faculty of Applied Medical Sciences at Al-Azhar University was established in 1991 to be a link within the system of health colleges in Palestine. The first nursing program in the Faculty of Applied Medical Sciences was launched in 2014 in addition to the other three academic disciplines: The Department of Laboratory Medicine, the Department of Medical Imaging and the Department of Physical Therapy. The clinical training department of the nursing program has 24 part-time clinical instructors for the nursing science program. The number of students enrolled in the bachelor's degree of nursing program is 85 students at the 3rd level and 73 at the 4th level in 2019. Sometimes, there are no specific criteria in the selection of clinical instructors. Often the clinical instructor to students' ratio is 1:8 or higher. There is a clear policy in choosing the places of clinical training and there are specific hours for each subject (Al-Azhar University, 2019).

1.8 Operational definitions

1.8.1 Perception about an effective nursing clinical instructor:

It will mean nursing students' and clinical instructors' impressions about the characteristics of an effective clinical instructor regarding their knowledge, skills, and attitude that will be measured using the Likert Scale questionnaire.

1.8.2 Perception about an effective clinical training policy:

Clinical training policies are defined as guidelines and standards under which nursing college or clinical nursing department operates and governs its clinical training of students. Its effectiveness will be measured through assessing nursing students' and clinical instructors' impressions about the policies that include adequate clinical training hours, selection of training site and appropriate clinical instructor's to students' ratio…etc. Likert Scale questionnaire will be used for its measurement.

Chapter Two

Literature Review

2.1 Conceptual framework

Instructor's demography & student's demography

Perceptions about clinical training policies

Perceptions about characteristics of effective clinical instructor
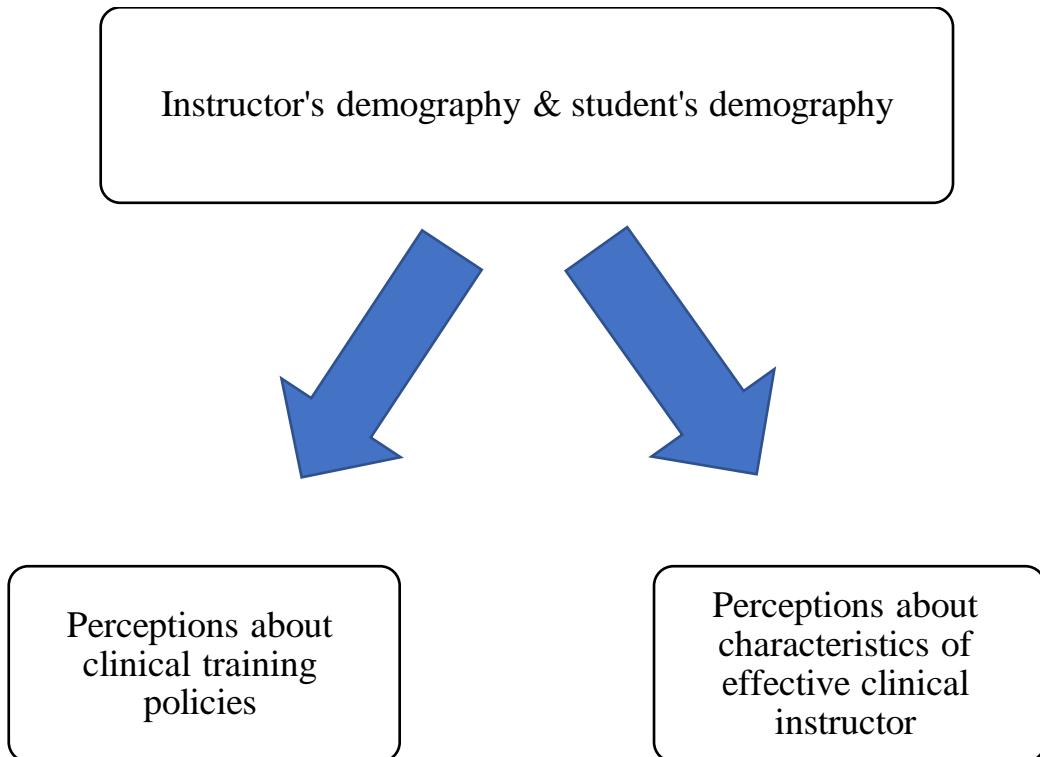
Figure (2.1): Diagram of the conceptual framework (Self-developed)

The conceptual framework shows the relationship between the demographic factors of clinical nursing instructors and nursing students as independent variables with their perceptions about the characteristics of effective clinical instructors and training policies as dependent variables.

2.2 Nursing education in Palestine

The development of higher education (HE) in the State of Palestine (SoP) is of relatively recent date. Two-year institutions have existed since the 1950s. These institutions, which focus on teacher training technical education or liberal arts, were either organized by the government or by the United Nations Relief and Works Agency (UNRWA). It is only

11

since the 1970s that universities came into existence. Created under the Israeli occupation, these institutions were part of a Palestinian collective effort to preserve their identity as well as to provide young Palestinians with the opportunity to pursue HE after it became increasingly difficult for them to go abroad for such studies. However, the sector has expanded only since the transfer of education from Israel to the Palestinian National Authority (PNA) after the Oslo Accords of 1994. Higher education was regulated through the Law on Higher Education No 11 of 1998. This law gives every citizen the possibility to access higher education, gives legal status to HE institutions and provides the legal framework for their organization and management. The law recognizes three different types of institutions in HE. These are governmental, public (established by non-governmental organizations NGOs), and private institutions. Most universities in SoP are public. The Ministry of Education and Higher Education is responsible for drafting and enacting the rules that all higher education institutions must adopt. The Ministry also provides partial support and funding to non-governmental HEls. The HEls are mostly independent but they have to follow the abovementioned law, regulations of the ministry (The Higher Education system in Palestine National Report, 2016).

Nursing in Palestine has developed as any other health-related activity from the Turkish role till now. Nursing education in Gaza Strip, which started in the 1950s, was limited to the 18-month Practical Nurse (PN) program and the 3-year diploma program Registered Nurse (RN) level until the early 1990s (Altell, 2015).

2.3 Characteristics of effective clinical instructors

2.3.1 Students' and clinical instructors' perceptions about effective clinical instructors' characteristics:

Ramzan, et al. (2017) assessed the relationship of the teaching behaviors of nursing faculty in clinical site with students learning. The results of this study indicated that clinical instructors increased the use of effective clinical teaching behaviors, it is extremely helpful for study learning. If the clinical instructor never used these effective behaviors, student learning will be affected. So, the relationship between clinical faculty teaching behaviors and its influence on students learning is very significant.

Soriano and Aquino (2017) identified the perceptions of the nursing students and clinical instructors of the characteristics of a good clinical instructor that are most beneficial in facilitating an effective teaching-learning process and whether differences and commonalities exist between these two groups. Results showed that teaching ability and nursing competence were the clinical instructor characteristics that have the highest ratings by the clinical instructors. Students, on the other hand, found the faculty member's personality to be the most important followed by a relationship with students. Both groups found evaluation to be least important. The study identified a significant difference in the characteristics of a good clinical instructor based on the perception of the students and clinical instructors.

EL Banan and Elsharkawy (2017) explored the undergraduate nursing students' and clinical instructors' perceptions of the characteristics of an effective clinical instructor at the Faculty of Nursing- Cairo University. A descriptive cross-sectional design was utilized in the study. Results indicated that the categories of teaching ability and interpersonal relationships were the most valued characteristics rated by both undergraduate nursing

students and clinical instructors. While, the least valued characteristics rated by both undergraduate nursing students and clinical instructors were the categories of nursing competence, personality traits, and evaluation.

Another study carried out by Ismail, et al. (2015) it was revealed from his study that the learning process of students is highly influenced by the clinical teacher's behavior category which is "Teaching ability". Evaluation ranked on second number, nursing competence on the third number, personality on the fourth number and interpersonal relationships on the fifth number ranked by nursing students. So, Teaching Ability is the most important factor that affects student learning as reported by nursing students.

Reising, et al. (2018) explored students' perceptions of clinical instructor characteristics that affect their clinical experiences. A multisite prospective, descriptive exploratory design was used. Students ranked instructor knowledge and support as the highest desirable characteristics, followed by patience, creating challenges, enthusiasm, and organization. Emerging themes from the content analysis revealed that the ability of the instructor to convey knowledge, demonstrate professionalism, and exhibit enthusiasm and caring were key characteristics that influence the clinical experience.

Koy (2015) identified perceptions of nursing students on effective clinical preceptors in Phnom Penh National Hospitals, Cambodia. A cross-sectional design survey was used. Interpersonal relationship, formative evaluation, giving suggestions and correcting mistakes without belittling was perceived to be an important characteristic. Also, it is necessary to integrate clinical teaching skills to clinical preceptors.

Meyer, et al. (2016) described the perceptions of junior student nurses and senior student nurses regarding clinical instructor caring. A descriptive, comparative, cross-sectional and correlational quantitative research design with convenience sampling was conducted.

Student nurses perceived most strongly that a caring clinical instructor made them feel confident, specifically when he/she showed genuine interest in the patients and their care, and when he/she made them feel that they could be successful. Student nurses experience high levels of stress, due to rigorous academic and emotional demands when they begin to take responsibility for patient care. That stress decreases student nurses' ability to think critically and impacts on their experiences while involved in a nursing program. It may also later impact on their lives and journeys as registered nurses. Poor relationships between student nurses and clinical instructors are a source of stress and could result in them losing interest in learning. Creating and establishing a clinical instructor-initiated caring transaction, linked to taught self-care interventions, has the potential to reduce their anxiety while enhancing learning outcomes and critical thinking.

Froneman, et al. (2016) explored and described nursing students' view on the basic elements required for an effective clinical instructor-student relationship to strengthen their resilience and the clinical instructor-student relationship. This study followed an explorative, descriptive and contextual qualitative design in a private nursing education institution in the North West Province. The results of this study showed that students need a caring and supportive environment; interaction that is constructive, acknowledges human rights and makes use of appropriate non-verbal communication. The clinical instructor must display qualities such as love and care, respect, responsibility, morality, patience, being open to new ideas, motivation, willingness to 'go the extra mile' and punctuality.

The rapid growth of nursing education has raised concerns about declining quality due to a shortage of instructors and clinical training venues brought about by the increasing number of nursing enrollees in different nursing schools. In the clinical area, the teacher of nursing is in a different position than teachers in other disciplines. The clinical teacher stands as the focal point in the student-teacher-patient relationship and must be able to instruct the

student while maintaining a safe environment for the patient, and facilitating the relationship and interactions between the student, patient, and staff. Clinical instruction environments require the application of classroom theory to concrete clinical situations which represents real risks for students, the patients they care for and the instructors who work with them. For these reasons, it is imperative that clinical instructors possess the skills and strategies to create clinical experiences conducive to learning and patient safety (Soriano & Aquino, 2017).

Various studies have been conducted in this area. Some have introduced the quality of student-clinical instructor relationship as the most important factor for effective training and some have acknowledged the importance of knowledge and information, along with communication skills. However, there is still no consensus regarding the characteristics of a competent clinical instructor (Nazari & Mohammadi, 2015).

D'Costa and Swarnadas (2016) investigated the nursing students' perception of effective clinical teaching skills and teacher behaviors, and its influence on learning in the clinical setting. The study concluded that clinical learning is influenced by clinical teachers who manifest effective clinical teaching skills and behavior. The results of this study provide an impetus for all clinical instructors to examine their own practice and introspect their behaviors against the best practice and there is a need to plan in-service education programs for nurse preceptors who take a role of clinical instructors in their absence in the clinical areas to ensure student learning. Hence, incorporating the characteristics of effective clinical teaching skills and clinical instructor behavior into routine teacher performance planning and evaluation could serve to be a valuable strategy to enhance the quality of clinical teaching in nursing.

Jamshidi (2012) explored the challenges of clinical teaching in nursing skills and lifelong learning from the standpoint of nursing students and clinical instructors. The results

showed that the challenges include; lack of facilities for students, student's duties in the hospital wards is not clear, inconsistency between the theoretical and practical training, conflict between the goals of training and educational expectations of students and staff and lack of students support by clinical instructors.

Sabog, et al. (2015) explored the effective characteristics of a clinical instructor as perceived by student nurses. The results showed that sex is not a variable in student nurses' perceptions of effective clinical instructor characteristics. Conversely, it was established that the difference in academic level poses an effect on students' perceptions of the identified characteristics. Professional competence is deemed to be the most important characteristic. By and large, characteristics pointed out by the students during the interviews are clinical teaching behaviors that help them bridge the gap between theory and practice. Students rated "respects student as an individual" as the most effective characteristic of a clinical instructor.

Allari and Farag (2017) investigated the students' expectations regarding effective clinical training. One of the most factors that the students thought is important to have effective clinical experience is to have a good instructor who can communicate easily with the students, able to adapt with their demands and capabilities, empathetic and fully respects them. Most of the participants agreed that a professional role model can attract their attention and can play a major role in guiding their behavior and performance in which to improve students' clinical training skills. Presence of instructor beside the students according to many participants can guide their practice because she will supervise them and teach them step by step through procedures. This presence can serve also the purpose of evaluating the students' performance in clinical training. The students agreed that the effectiveness of their clinical instructor shaped by her abilities in motivating the students especially the positive motivation.

Madhavanprabhakaran, et al. (2013) explored the effective clinical instructors' characteristics perceived important by Omani undergraduate nursing students of the College of Nursing at Sultan Qaboos University. It was found that both male and female Omani nursing students rated professional competence of instructors as the most important characteristic and instructors' relationship with students as the second most important characteristic without any discrepancy.

Objective evaluation, role modeling, clinical competence and communication skills, respecting students' individuality were ranked as the first five most effective clinical instructor characteristics.

Niederriter, et al. (2017) identified characteristics and teaching techniques of effective clinical instructors that can be utilized or implemented to improve the student nurse's clinical experience. This qualitative research study utilized the phenomenological research method. Participants identified four main themes which include a trusting relationship, experience or knowledge, coach, and role model. The students found that they gained more knowledge, developed more critical thinking, and felt more confident with instructors who utilized characteristics and techniques from these four areas.

Gumabay (2017) explored the perceptions of the student on the caring behaviors portrayed by their nursing faculty and to what extent do they affect the nursing education. The study revealed that nursing students have a lot of common perceptions on the caring behaviors of nursing faculty that are effective in enhancing the relationship between nursing students and their nursing faculty. This qualitative research study concludes that there are three central themes of nursing faculty caring behaviors, namely: (1) clinical supervision; (2) professional role; and, (3) personal attributes.

Lawal, et al. (2015) explored factors that influence the clinical learning experience of nursing students at a Caribbean school of nursing. The findings of this study underscore the importance of the effective interpersonal relationships between clinical instructors and nursing students in creating a positive learning environment and the participants in this study indicated that post-clinical conferences were essential to their learning.

Parandeh, et al. (2014) assessed different factors influencing the development of professional values among nursing students and instructors. The results showed that Professional values among the students will be developed through education and achieving experience, perspective and attitude and also some cultural and individual factors. This issue is influenced by nursing instructors' perspectives to the high extent since they are in a permanent relationship with students.

Rahimibashar (2017) assessed the relationship between clinical instructors' behaviors and anxiety level of nursing students in Islamic Azad University of Lahijan City, Iran. Results showed that nursing clinical instructors with their competent behavior and performance as a professional and moral pattern can have a deniable role in decreasing the anxiety of nursing students and revealing of deep spiritual placement of this holy job.

Bifftu, et al. (2018) assessed effective clinical teaching behaviors views of nursing students and nurse educators at the University of Gondar, northwest Ethiopia. The results revealed that the most important rated effective clinical teaching behaviors as perceived by students was teaching ability. For instructors, nursing competences was the most rated effective clinical teaching behaviors. Also, there was a statistically significant mean difference between the students' and instructors' perceptions of effective clinical teaching behaviors.

Joolaee, et al. (2016) explored the concept of support in the clinical setting as perceived by nursing students in Iran. Participants in the present study defined student support in the

19

clinical setting as receiving help to grow as a competent nurse. To them, support was the product of being nurtured. The main them, nurturance, implies that in clinical settings, nursing students themselves are clients who need the care to improve their caring capabilities. Among all subthemes emerged from the data, humanistic behavior, respectful communication, and need-based supervision were the most important subthemes. Appropriate professional and respectful communication with the students gives them a feeling of being important and reinforces their individual and professional identity. Moreover, humanistic and respectful behavior with the students along with effective supervision improves their morale and motivates them to gain more experience in the clinical settings and ultimately improves their competency.

Borchardt (2016) investigated nursing clinical instruction: what's needed and how to get there in Catherine University. The author found that caring, confident, knowledgeable and competent clinical instructor are desired traits in a clinical instructor. Being approachable and being personable are also necessary. In addition, clinical instructors' flexibility and their ability to adapt to unexpected situations are important to students.

Parsh (2010) investigated nursing students' and clinical instructors' perceptions of effective clinical instructors. The results of the study revealed that instructors and students closely agreed on the order of importance of each category, with evaluation as the most highly rated category and nursing competence as the lowest-rated category. According to students, the most effective instructors demonstrate good communication and clinical judgment, are organized, explain clearly, and enjoy teaching. According to instructors, the most effective instructors provide support and encouragement without criticizing students in front of others, encourage a climate of mutual respect, and are good role models.

Ali (2012) researched clinical instructor's characteristics and the importance of effective teaching characteristics as viewed by nursing students. Findings presented that clinical

instructors had a high degree of caring behaviors as viewed by their knowledge and experiences. Secondly, their interpersonal skills and ability to evaluate procedures were stated by nursing students as additionally an expression of caring behaviors.

Kube (2010) conducted the first study which correlated the demonstration of effective characteristics of clinical instructors with baccalaureate degree student nurses' perceptions of their learning in the clinical setting. Nursing students perceived a higher level of learning in the presence of a higher demonstration of effective characteristics by clinical instructors. Kube reported teaching behaviors demonstrated by clinical instructors and most frequently perceived by nursing students as influencing their learning. These teaching behaviors reflecting a positive influence on student learning were as follows: (a) approachable, (b) appears organized, (c) provides support and encouragement, (d) provides frequent feedback, (e) well prepared for teaching, (f) encourages mutual respect, (g) listens attentively, and (h) makes suggestions for improvement. Conversely, Kube reported teaching behaviors perceived by the nursing students of high importance to facilitate learning and not frequently demonstrated by clinical instructors as follows: (a) demonstrates clinical procedures, (b) corrects mistakes without belittling, (c) provides specific practice opportunity, (d) gears instruction to student level, and (e) remains

accessible to students.

Robles (2018) explored Collège d'Enseignement Général Et Professionnel (CEGEP) nursing students' perceptions of the characteristics and behaviors of effective and ineffective clinical nursing instructors. Results supported the hypothesis that nursing clinical instructor characteristics and behaviors as perceived by CEGEP nursing students fit within five categories: nursing competence, teaching ability, evaluation, interpersonal relationships, and personality. The findings were also consistent with the hypothesis that evaluation influences CEGEP nursing students' self-efficacy the most.

Baker (2012) explored the perception of students regarding the behavior of nursing faculty teaching in the clinical setting. The study's findings showed that students reported: "Interpersonal relations" to be the most descriptive of the qualities of their best clinical instructor and "Personality" to be the next most descriptive quality. This was upheld by their choice of "Interest in students" and "Listen attentively" as two of the four highest-rated qualities of their best clinical teacher. In addition, "Sense of humor" as a personality quality was also one of the four highest-rated qualities of their best clinical teacher. In contrast "teaching ability" was rated as the lowest quality of their best clinical instructor, followed by nursing competence. This was upheld by their choice of "Provides specific practice opportunity" as one of the lowest-rated qualities of their best clinical instructor. While the mean score for "Evaluation" was the third highest quality of the students' best clinical instructor.

In studies conducted on the factors affecting nursing students' learning in clinical practice, students state that they want to spend their clinical training with knowledgeable and expert instructors in their field for more effective learning, that instructor may serve as an example for themselves, they should be available/reachable for them, they should be more involved in meeting their needs and expectations, they should manage their time well, they should provide on-time and individual feedback and they should make assessments about students' knowledge, skill and professional judgments (Adibelli and Korkmaz, 2017).

Chan, et al. (2016) explored nurse students' perceptions of the power dynamics in the clinical instructor-student relationship during their clinical placement. The results of this study revealed that equality of power between clinical instructor and student has been advocated in order to build positive relationships and to improve learning outcomes, but based on the view of the majority of participants, students prefer clinical instructor to have more power than students because they believe that power goes along with experience,

knowledge, and competency in clinical practice. More significantly, power in the hands of clinical instructors can prevent students from causing potential harm to patients during their clinical placement. Second, students like to receive detailed teacher feedback for their clinical advancement, and this is perceived as one of the factors most likely to advance the teacher-student relationship.

Mikkonen, et al. (2015) revealed a dilemma between empathy and strictness towards students. The empathy shown towards students by their teachers can enhance students' clinical learning experience, but can also hinder their learning because they are prevented from learning the principles of nursing skills if their teachers are less critical of their clinical performance.

In addition, students also demonstrated their ability to self-reflect and gain new insights from every clinical practice. For example, several students said that their clinical teachers were very strict in the clinical setting, but that they realized that this strictness also indicated the teacher's carefulness and degree of attention in supervising the student's clinical performance. Self-reflection and insight are crucial to students in building up their nursing competence because these traits are associated with students' coping behaviors and stress during their practice period (Eng and Pai, 2015).

Studies have revealed that the relationships between instructors and students have an effect on students' learning experiences (Cilingir, et al., 2011; Yaghoubinia, et al., 2014). Positive relationships between instructors and students improve the development of problem-solving skills, satisfaction with the clinical environment, clinical performance, increase motivation for learning and decrease anxiety (D'Souza, et al., 2013; Yaghoubinia, et al., 2014). In addition to these relationships, other studies indicate that student learning is affected by instructors' skills in providing feedback and by the kind of support and guidance students receive from instructors (Yaghoubinia et al., 2014). Consequently,

instructors have an important role to play in creating the appropriate clinical environments for students (D'Souza, et al., 2013).

The study discovered that students are affected by five main factors, the most important one of which is the importance of instructor, with the others being hospital staff, peered and peer learning, patients and the physical environment. It was found that communication with instructors is very important to students and that students are affected very negatively by communication errors. Moreover, the study revealed that students find it helpful in the clinical learning environment when instructors provide support by informing and demonstrating. Also, some students regard the constant presence of instructors in the clinical environment as a source of stress (Serçekus and Baskale, 2015).

According to Ali (2012) nursing students wanted the clinical instructors to be knowledgeable and competent in their own field and agree that knowledge and experience competence is the most important and essential component for effective teaching. A descriptive statistic showed that the students identified effective characteristics categories between important and most important with the highest percentage for knowledge and experience of clinical instructors and interpersonal relationship and evaluation and personality traits are the lowest category.

Abdulmutalib, et al. (2019) identified nursing students' opinions on facilitating and hindering factors in the clinical training setting. A descriptive cross-sectional design was used. The study was conducted in the Faculty of Nursing King Abdulaziz University on 86 student nurses enrolled in 2nd, 3rd, and 4th year. The study results showed that the common facilitating factors among all students in the present study were having opportunities to practice different tasks gives confidence, more practice makes learning from mistakes, being receiving feedback gives self-confidence, having a good collaboration with staff gives the confidence to ask questions or show weakness, and working with another student-helped make the work and care of the client go smoothly. Furthermore, the

common hindering factors among all students were fear of making mistakes, evaluation by faculty, patient's morning care, lack of time to accomplish the required tasks, difficulty in being initiative or not being self-reliant, receiving condescending comments from the supervisor, and insufficient supervision and supervisors not interested.

The effective mutual association between clinical staff and nursing students is necessary in order to form a positive learning environment. The clinical staff should be prepared in their role of helping in the socialization of nursing students in the clinical setting, as they are teaching students to care (Lawal, et al., 2016).

Fuvich (2017) explored the perceptions of nursing students' self-confidence in the acute care setting. The participants identified a number of negative factors that had an effect on their self-confidence. Lack of communication between the student, staff nurses and clinical instructor, lack of support and trust from the instructors and nurses, not feeling like a member of a team, and lack of instruction on performing procedures and medication administration had an undesirable effect on the students' self-confidence.

According to Papastavrou, et al. (2016) the supervisory relationship was evaluated by the students as the most influential factor in their satisfaction with the clinical learning environment. Student's acceptance within the nursing team and well-documented individual nursing care is also related with students' satisfaction. The pedagogical atmosphere is considered pivotal, with reference to students' learning activities and competent development within the clinical setting. Therefore, satisfaction could be used as an important contributing factor in the development of clinical learning environments in order to satisfy the needs and expectations of students.

Moreno, et al. (2018) explored nursing students' perceptions of the supervision relationship and the clinical learning environment during their clinical practice placements. This study

showed that no individualization was involved in the clinical learning process. Student participation in ward's activities depends on the student's experience, the characteristics of the ward, the nursing team, and the nurse tutor. Students feel that the role of the nurse tutor is not clearly defined. Anxiety, vulnerability, and feelings of being "temporary workers" are common in nursing students.

Saarikoski, et al. (2009) explored the student nurses' experiences of the teaching and learning facilitated by a nurse teacher (NT) in clinical practice placement. The study showed that the core aspect of NTs works in clinical practice revolved around the relationship between student, mentor and NT. Higher levels of satisfaction were experienced in direct proportion to the number of meetings held between the student and the NT. However, whilst the importance of this relationship has been reported elsewhere, an additional aspect of this relationship emerged in the data analysis. Those NT who facilitated good face to face contact also used other methods to enhance the relationship, particularly e-mail, virtual learning environment, and texting. This outcome suggests that NT's interpersonal and communicative skills are as important as their clinical knowledge and skills in promoting effective learning in the clinical practice area.

According to Pritchard and Gidman (2012) clinical instructors should understand and implement various theories of the psychology of learning: cognitive, behavioral and humanist. Knowledge of teaching and learning theories will benefit nursing students because the selection of appropriate teaching methods is critical in supporting nursing students to bridge the gap between theoretical and practical knowledge.

According to Nabolsi, et al. (2012) Jordanian students view their instructor as a role model and supporter, reflecting the preference for older mentors with more knowledge and experience. Also, the authors stated that clinical instructors shape the learning environment to meet the learning needs of students through empowering student learning, helping them

to focus and offering them the opportunities to translate theory into real clinical practice by appropriate placement selection. Findings stressed that clinical instructors have a major role in assisting with not only learning, but also with assisting in putting theory pieces together, increasing of their nursing responsibilities, and allowing for the nursing student to participate in and demonstrate their abilities and competence.

The mobile cooperation intervention (MCI) showed a significant effect on improving the experienced quality of the nurse teacher's clinical role, especially regarding cooperation. This was detected with significant group-differences in favor of the intervention group that used the App to cooperate with the nurse teacher during the clinical practicum. The results of this study are educationally significant in demonstrating that the MCI is equally effective as standard cooperation via email communication and paper-based documentation – when the self-assessed competence, self-efficacy, and quality of the CLE are considered (Laine, 2019).

According to Khan, et al. (2015) the availability of clinical instructors to guide and supervise students is very necessary for providing optimum learning. Chuan and Barnett (2012) and Dadgaran, et al. (2012) stated that the clinical instructor's presence in the learning environment offers students the opportunity to carry out clinical tasks by applying their prior knowledge under guidance, leading to the development of competencies.

According to Al Haqwi and Taha (2015) clinical instructors were said to have an extremely essential role in the quality of clinical teaching and learning, by supporting the students, encouraging reflection and providing them with constructive feedback. Henderson (2011) in his study on facilitating learning in clinical practice, were of the view that the presence of clinical instructors in the clinical settings adds value by assisting registered nurses, who may be willing to assist students but have limited knowledge in clinical teaching, to be able to do so, thereby optimizing learning opportunities for the students during clinical practice.

Melender, et al. (2014) stated that undergraduate nursing students not only found the availability of clinical instructors a positive experience; they were encouraged and stimulated by the way in which these instructors carried out their supervisory roles. According to Rikhotso, et al. (2014) if nursing students are not guided and supported professionally during clinical learning, it can lead to high turnover, absenteeism and the refusal to be allocated to certain clinical settings for learning.

Previous studies stated that the knowledge of the clinical instructors influences their ability to offer expert advice to the students, their ability to engage the students in their clinical learning needs, their ability to demonstrate skills and encourage students to learn by reflection, and their ability to provide prompt feedback (Henderson, 2011; Stayt & Merriman, 2013; Ali, 2015).

Cremonini, et al. (2015) found that students' overall satisfaction with the clinical learning environment depended on the supervisory relationship, in relation to how well it was organized and the strength of the involvement of the clinical instructors. Killam and Heerschap (2013) and Damodaran (2015) suggested that these characteristics of a good supervisory relationship ought to be exhibited by clinical instructors as an ethical obligation.

As students learn through observation and imitation, Jochemsen-van der Leeuw, et al. (2013) were of the view that the qualities of the clinical instructor should be that of admiration, inspiration, having empathy for clients, and interacting positively with patients and their families, with their co-workers and with the students.

Matua, et al. (2014) stated that feedback is an essential element in the clinical teaching of students. It provides the supervisors with the opportunity to discuss the learners'

performance with them, with respect to the areas of their performance that they have to work on and improve, as well as the skills which they are performing well.

Ramani and Krackov (2012) stated that the ways in which feedback can be given effectively in the learning environment are to firstly establish a respectful learning environment, to communicate the goals and objectives of the feedback; to make the feedback sessions timely and regular; to base the feedback on direct observation rather than second- hand reporting; to begin the learning session with the learner's self-assessment; to reinforce and correct observed behaviors; to use specific, neutral language to focus on performance and confirm the learner's understanding; and lastly to facilitate acceptance of the feedback.

Manninen, et al. (2015) stated that supporting students to link their theoretical knowledge, practical knowledge and skills is facilitated in a learning environment where there is a balance between patient care and the supervision of students. In this environment, supervisors schedule nursing care tasks for students, while simultaneously creating learning plans for students, and ensure that the students are supervised while rendering patient care.

According to Papathanasiou, et al. (2014) the views and perceptions of students revealed that there is a significant gap between the expectations of teaching and learning in the practice environment and what really exists; implying that the students wished for a much better, more supportive learning environment than they experienced.

Baraz, et al. (2015) found that clinical instructors used inappropriate teaching strategies and exhibited limited clinical skills, as well as limited knowledge on theory and practice. According to Salamonson, et al. (2015) clinical facilitators do not often have adequate training on their roles and that makes them ineffective in teaching students.

Killam and Heerschap (2013) found similar attitudes and behaviors of clinical instructors and stated that it created feelings of humiliation and intimidation in the students and made it difficult for them to ask questions on areas they did not understand during learning, thus inhibiting their acquisition of skills.

According to Awad (2011) students perceived that the instructor who provide appropriate instructions and guidance, show a role model, and provide helpful feedback were of the first two ranks. This could be because the instructor's role is very important in the clinical settings, he provide students with any training opportunity and try to give guidance and encouragement to facilitate the clinical training, the instructor role especially in the first days in clinical practice to do detailed orientation for clinical settings, working staff, equipment, facilities, policies and procedures. While they perceived the item "instructor physically present and available all the time in the clinical setting" was with the last rank. Also, the instructor's behavior and conduct are necessary to be a role model, providing feedback, being and direct them for best practice.

Abu Salah, et al. (2018) found that clinical instructors make a valuable contribution to the students' learning process that may enhance students learning by creating a positive learning environment and participating as a role. The nursing colleges must be harmonizing the theoretical nursing approach with the clinical practice approach and give opportunities for both clinical instructors and students to work within a more creative clinical environment that will promote and add to the professional knowledge base of nurse education.

Nursing educators must be aware of how nursing students view them as role models and successfully promote professionalism in the field of nursing. For the faculty, awareness of their own caring behaviors, and attending training and workshops that would strengthen their commitment to the value of caring must be offered (Leodoro, et al., 2016).

A trusting relationship, defined as a developmental relationship in which the CI. provides guidance and facilitates the student's learning as the student grows into a successful and productive nurse, has been found to be needed to facilitate an optimal emotional environment for student learning. This type of environment fosters a positive relationship between CIs and students. CIs then become coach, guide, helper, and advocate for students. To effectively serve in all of these roles, CIs must be able to combine proficient clinical skills and effective teaching abilities (Hou, et al., 2011).

Shahriari and Farzi (2015) explored and described the clinical education problems and strategies to improve it from the perspective of nursing students and clinical nursing educators. The findings show that clinical strategies, including employing experienced clinical educators, attempting to enhance the learning environment, developing the relationship between faculty and practice, participation of clinical nurses in clinical education, paying attention to entering behavior, and holding orientation stage at the beginning of training, can improve clinical education of nursing.

Moosavi, et al. (2013) explored the attitude of nursing, midwifery and operating room students about effective factors on clinical education. The results indicated that the most important characteristics of the clinical instructors were giving the discussion chance for the learners, knowledge, and competence of the instructor in the transfer of educational materials and skills of the clinical instructors in clinical activities. Also, the conditions and facilities of the clinical education environment that should be provided were access to devices and equipment, audio-visual facilities, and internet, creation of a positive atmosphere in the unit and a cooperative spirit between "instructor, leaner, and staffs" and proportion between the facilities and number of patients with number of students. In addition, the study revealed that the effective factors relating to the learners' conditions and characteristics were presence of inner motivations in the learners, having sufficient

time to answer the questions asked in the clinic, having the feeling of being participated in the evaluation process and self-confidence in learners. All the previous were the most effective factors in clinical educational learning.

2.4 Effective training policies

2.4.1 Students' and clinical instructors' perceptions about effective clinical training policies

Throughout nursing history, clinical placements play an essential role in the learning process of nursing students. Additionally, nursing students may think that the clinical environment is the most influential educational component to acquire nursing knowledge and skills. The clinical environment consists of inpatient, hospital outpatient and community settings, which has its specific challenges (Bigdeli, 2015).

Chuan and Barnett (2012) described and compared student nurses, staff nurses and nurse tutors' perceptions of the clinical learning environment (CLE), and to identify factors that enhanced or inhibited student learning. For students and their tutors, the most positive component of the CLE was supervision by clinical instructors. Factors that enhanced student learning included students' and staff nurses' attitudes towards student learning, variety of clinical opportunities, sufficient equipment, and adequate time to perform procedures. Factors that hindered student learning were: overload of students in the clinical unit, busy wards, and students being treated as workers.

Msiska, et al. (2014) found that instead of allowing student nurses who were on placement in the clinical wards to practice under the guidance and supervision of clinical instructors, they were rather being used to work as ward nurses, unassisted as a result of a shortage of staff.

Günaya and Kilinç (2018) investigated the transfer of theoretical knowledge into clinical practice by nursing students and the difficulties they experience during this process. A qualitative research design was used in the study. The results of this study showed that nursing students found their clinical knowledge and skills insufficient and usually failed to transfer their theoretical knowledge into clinical practices. Most of the students reported that the theoretical information they received was excessive, their ability to put most of this information into practice was weak, and they lacked courage to touch patients for fear of implementing procedures incorrectly.

Reising, et al. (2017) described a comparison of differing clinical schedules for nursing students. The purpose of this study was to compare opportunities for students to develop their psychomotor skills on the clinical unit and perceptions of clinical experiences across 6-hour day, 6-hour evening, and 12-hour day schedules in an acute care setting. The main finding was that 12-hour schedules provided an overall significantly higher rate of skill opportunities than either of the other 6-hour schedules.

Luhanga (2018) explored perceptions and experiences of full-time faculty and nursing clinical instructor who teach and supervise students using the traditional model; and to identify the strengths and challenges of the model with regard to student learning and patient safety. The results showed that large clinical groups were the most frequently mentioned barrier to both faculty and CIs' ability to facilitate student learning and monitor and evaluate student clinical performance. High instructor-to-student ratios decreased the time available for individual student-instructor interactions. As evidenced by comments from CIs and faculty, both groups described the ratio of 1:8 as too high and expressed concerns that the ratio makes instructors' tasks difficult to complete. All participants commented that because of the high student-instructor ratios, students were likely to miss

learning opportunities while waiting for the instructor to come and observe or help them with procedures.

WHO (2015) determined in a guide to nursing and midwifery education standards that educator to student ratios are set at the following recommended level: theory: class 1:25; tutorial 1:10; clinical 1:8 and skills laboratory 1:15 as a minimum. The core educators are nurses and midwives holding a current license, and have as minimum a bachelor's degree, are prepared as educators and have advanced preparation and proven clinical experience in their specialty area. Physical facilities, furniture, and equipment, including the housing when provided, are safe, clean, well maintained and sufficient in number and size to meet the needs of students and educators.

According to Singapore Nursing Board (2017) the number of students assigned in each clinical area shall be one student to at least two beds for inpatient acute/intermediate/ long term care; and two students to one client for independent services such as home nursing and counseling service. The number of students assigned to each clinical area shall be determined collaboratively by both education institution and clinical practice placement provider, to achieve optimal learning outcomes for students.

The lack of equipment and materials for performing procedures was stated as a challenge to learning and led to students resorting to improvising other equipment and materials for carrying out procedures. Another challenge reported by authors was overcrowded clinical wards where students were either competing for procedures, not assigned to any task at all or could not be monitored and provided with feedback by clinical instructors (Abugri, 2016).

Eta, et al. (2011) reported that clinical instructors were dissatisfied with the overcrowded nature of the wards and suggested that the number of students during placements be moderated to allow for optimal supervision and guidance.

Texas board of nursing determined in education guideline when a faculty member is the only person officially responsible for a clinical group, the group shall total no more than 10 students (Texas board of nursing, 2019).

Allari and Farag (2017) investigated the students' expectations regarding the effective clinical setting. The study revealed that the students focused on several points that are considered the importance of clinical setting which included: working in generalized hospital that provide all patients' services so they can grantee full exposure to different cases, presence of standardized sanitary rules and clean environment, presence of good infrastructure that provide helpful students services such as library, room for praying, and restaurant, presence. Most students emphasized that the presence of competent, supportive, and collaborative team can help them a lot to achieve clinical training goals.

Madhavanprabhakaran, et al. (2013) explored the best student-teacher ratio for clinical instruction as perceived by Omani undergraduate nursing students of the College of Nursing at Sultan Qaboos University. The author found that students perceived 4:1 student-clinical instructor ratio as the most optimal learning environment where more intense interaction and attention is ensured and is in contrast with a higher student-clinical instructor ratio in the international context. In Australia, the model of clinical facilitation is usually at a ratio of one facilitator to six or eight students (Health Workforce Australia, 2010).

Asadizaker, et al. (2015) revised the current status of the fundamentals of nursing course and implement an improvement plan in nursing and midwifery school in Iran. The findings of qualitative study detected that planning fundamentals of nursing training in partnership

with all those involved in practice and education, together with students involved can be effective in reducing educational failures, the gap between theory and practice, and in students' accountability and satisfaction.

Kaphagawani (2015) investigated and explored nursing students' clinical learning experiences in selected nursing colleges in Malawi. The most significant findings were lack of integration of theory and practice, inadequate clinical supervision, inadequate feedback given to students and non-conducive clinical learning environment as well as dissatisfaction with clinical learning. Additionally, this study revealed an acute shortage of resources in the clinical area for student learning.

Needham (2014) explored best practice in the clinical facilitation of undergraduate nursing students from the perspectives of clinical facilitators. The study showed that the clinical facilitators were relatively autonomous they felt somewhat isolated and craved closer liaison with academic staff and feedback about their performance in particular, in their assessment of students. They found the lack of research into their role frustrating, considering that it is often referred to as an important role, which led some to believe that the role was undervalued by both their educational and clinical partners. The study has confirmed that clinical facilitators make a significant contribution to the educational preparation of undergraduate student nurses, integrating theory with practice through the use of the best practice. Two studies of students' perceptions of effective clinical teaching were conducted over a 14-year period at the Thompson Rivers University, formerly the University College of the Cariboo, Kamloops, British Columbia, Canada. The students interviewed were from both the second and third years. While the curricula differed, the clinical placements remained similar, with the clinical facilitator-student ratio at 1:8 in acute and long care settings and 1:12 to 16 in community settings.

Danner (2014) compared the achievement of clinical learning outcomes of students assigned to 1 long clinical day each week with outcomes achieved by students assigned to 2 consecutive shorter days each week. The results showed that caring for patients in the clinical setting for 2 consecutive days would provide more repetition for refining both motor and cognitive skills and opportunities for clinical problem-solving. Across all courses, students in 12-hour shifts reported that the longer time in the clinical setting allowed for more in-depth experience and provided more time to process data and evaluate interventions. Survey responses indicated that the longer day met psychomotor learning needs: both students and faculty perceived that the longer time on the unit provided more learning opportunities than a shorter day.

The duration of clinical placement appeared to influence the level of overall student satisfaction and how the quality of the supervisory relationship and the pedagogical atmosphere on the ward was experienced. It is clear that a nursing student who sees the whole individual nursing process over a longer period, and with the same patient, is likely to gain a clearer understanding of the role of a nurse than one who has only participated in a series of disconnected tasks during a two- or three-week placement. The mentorship relationship was also seen to be an important element in the students' total satisfaction. In an individualized supervisory relationship, the student experience can be more uniquely tailored to reflect the students learning needs. Such a relationship can help students in their professional development and in recognition of his or her professional and personal self (Warne, et al., 2010).

With regard to the challenges in the learning environment, Algoso and Peters (2012) stated that the current clinical learning environment is characterized by shortages of staff, heavy workloads, and inadequate resources, which negatively affect the clinical practice of nursing students during placements.

Also, the non-availability and lack of devotion of time by clinical instructors to teach students during practice was reported by Anarado, et al. (2016) which made it difficult for students to translate theory into practice. Similarly, Baraz, et al. (2015) reported students being abandoned in clinical settings, without supervision due to the insufficient presence of clinical instructors in the wards.

Khoza (2015) investigated nursing students' perception of clinical learning experiences. Findings indicated that nursing students are aware of the value of the contribution that clinical learning experiences make to their development of professional socialization. Clinical learning experiences are directly influenced by the effectiveness of clinical teaching. It is through clinical teaching that nursing students learn how to apply abstract concepts in specific and concrete situations and that students acquire the characteristics of professional roles and values. Therefore, it is imperative that the clinical teachers and strive to supervisors improve students' capabilities in identifying learning opportunities in the clinical surroundings.

Arfaie (2012) determined the priorities of clinical education evaluation from the viewpoints of nursing and midwifery students in Azad University of Semnan. The findings revealed that the students' knowledge of evaluation aims and its methods was the most important factor and receiving feedback was the least important factor in clinical evaluation from the students' perspective. There was no relationship between the students' perspective about clinical evaluation and their age, marital status, discipline, and also the semester of education. Giving information about the process and purposes of clinical education evaluation and considering the students' viewpoints in this regard from the beginning of clinical placement is recommended. Students' understanding of evaluation goals and processes would facilitate accepting the results and promote their motivation for effective learning.

Rezaei (2016) explored the quality of clinical education in the viewpoints of nursing and midwifery students. The results showed that the total quality of clinical education was at an intermediate level. In the field of goals and educational plans, supervision, and evaluation, instructor's performance and dealing students at the intermediate level and in the educational environment were weak. The educational environment was evaluated at a weak level by students. It can identify current strengths and weaknesses of clinical education status with frequent evaluations. It seems that providing an appropriate clinical education environment, dealing with students and using expert clinical instructors are essential for solving clinical education problems of nursing.

Jansson and Ene (2014) described nursing students' clinical education based on quality indicators and to describe the students' experiences of what facilitated or hindered the learning process during their clinical practice. The results showed that there were four categories emerged: independence and responsibility, continuity of learning, time, and the competence and attitudes of the staff. The study underlines that reflection, continuity, communication, and feedback were important for the students' learning process, whereas heavy workload among staff and being supervised by many different preceptors were experienced as stressful and hindering by students.

Helminen (2014) assessed the clinical practice of student nurses from views of clinical instructors, mentors, and students. The author found it is imperative to have assessment strategies in clinical education that help students reach their goals. In this study, the importance of assessment was highlighted by the fact that the students' responses indicated that they focused their learning on the topics that they knew were going to be assessed. Students and mentors indicated difficulties with the language in assessment documents and using them in different kinds of clinical placements, which is consistent with the findings of Butler, et al. (2011) and Fahy, et al. (2011). Despite the fact that all of the institutions

offered training for those responsible for assessing practical placements, subjective bias might occur if they have difficulty in understanding the assessment forms. An important finding of this study was that students highly valued the fact that they were treated as equals in sharing their opinions in the final assessment situation.

In a study by Vaismoradi and Parsa-Yekta (2010) the participants' dissatisfaction of the way instructors supervised them in the clinical setting also was revealed. Imprecise and inexplicit supervision conducted by instructors made the students resentful. No connection could be made between their scores and clinical work because they were not seen when caring for patients. The issue of the students' gender was highlighted as a potential cause for unfair and unexpected evaluation outcomes. The male participants claimed that female instructors discriminate between the students of the opposite sex.

Before starting any teaching episode, the clinical instructor needs to establish an understanding of where the learner's position is, the level which she/he has reached, his/her past experience, and his/her personal goals. As a part of the overall planning process in a teaching session, the clinical instructor also has to define his/her aims of the session, the learning outcomes or objectives, and possibly an evaluation (McKimm and Swanwick, 2009).

Rafiee, et al. (2014) explored the views of nursing instructors and students about nursing students' clinical evaluation problems and drawbacks in Shiraz Nursing and Midwifery School. The results of this study revealed that the most important clinical evaluation problem was the lack of a comprehensive, objective and appropriate evaluation tool for assessing the students. On the other hand, since the options of the current clinical evaluation forms do not objectively measure the students' clinical competencies and learning process, the instructors cannot differentiate the competent students from moderately competent ones and this leads to instructor bias. Also, the study findings

revealed that the girls' and boys' capabilities are predominantly different and the nursing instructors seem to pay more attention to female students. As a result, some male students complained that their clinical competencies are ignored in clinical settings. Moreover, the study findings indicated that the nursing instructors did not perform a formative clinical evaluation during a semester and did not have tools for doing it. Since they do not have enough information about each nursing student's progress and achievement, they cannot train the nursing students for the next stages of clinical competencies. Finally, they are forced to score the students without any clinical learning evidences. It seems that the duration of the clinical course is short and most clinical instructors are busy during each semester. Consequently, they used most of their time in clinical teaching and complained about their limited time for clinical evaluation; therefore, they did not have time to identify the students' clinical competencies. In addition, the students complained that the nursing instructors did not follow a similar education regulation.

Khodaveisi, et al. (2012) identified the challenges for effective evaluation of nursing education. The main challenges were the evaluation system in nursing education faced with ambiguity in evaluation's aims, uncertainty in evaluation expectations, lack of a goal-based plan, lack of efficient feedback plan, and consequently late feedback. The participants also pointed out the complexity of nursing practice as a major challenge regarding the multiplicity of clinical courses, multiplicity of clinical wards, and multifaceted clinical settings. In addition, the interviewees emphasized that evaluations with long intervals, ignorance of course outlines coverage, inattention to effective student evaluation, inattention to effective faculty evaluation, and consequently inattention to some domains' evaluation was a major challenge. The interviewees pointed out to another major challenge for evaluation in nursing education is facing unqualified evaluators regarding

inexpert, disinterest and biased evaluators, which consequently cause inefficacy of the evaluation process.

According to Azimi, et al. (2015) employing experienced clinical staff, efforts to improve the learning environment, developing cooperation between instructors and clinical departments and considering to coordinate between the content of theoretical education and practical issues can lead to an improvement in clinical training.

According to Abbaszade, et al. (2013) it seemed that the use of expert teachers, improvement of the learning environment, development of the relationship between teachers and clinical staff, special attention to entry behaviors, and coordination between theoretical and practical concepts should be considered for an effective education.

In summary, clinical teaching is at the core of the nursing profession with almost 50% of nursing educational programs devoted to this topic. At the clinical teaching stage, students gain the required experience by learning clinical skills and taking up opportunities to apply their theoretical knowledge to the mental, motor and social skills necessary for the delivery of patient care. On the other hand, instructors' characteristics are directly related to learning and gaining skills (Parvan, 2016).

Learning in the clinical environment is an essential part of nursing education programs. Also, effective clinical training policies are crucial for creating a viable training environment and organizing the learning of nursing students in clinical settings. Clinical training department helps in preparing students for the work they will have to do as professional nurses. Furthermore, clinical experience allows nursing students to participate actively in the healthcare team, demand solutions to real-life problems and learn by doing while caring for patients, thereby they are becoming competent practitioners (EL Banan & Elsharkawy, 2017).

The clinical instructors and the students are the most important stakeholders in the clinical training process. There was a lack of literature that discussed the opinion of clinical instructors in the characteristics of an effective clinical instructor and the scarcity of literature that explored the policies of clinical training from the point of view of clinical instructors and students directly. From that, the importance of this study was to clarify their views. This highlights the importance of this study.

Chapter Three

Methodology

This chapter covers the following topics: the information about the study design, study population, study sample, eligibility criteria, period of the study, questionnaire design, pilot study, data collection process, data process, content validity, and reliability.

3.1 Study design

A descriptive cross-sectional analytical design was used. This design is easy, inexpensive, and quick and can target a large sample size in a short time and convenient to the researcher.

3.2 Setting of the study

The study was carried out in Palestine College of Nursing, The Islamic University of Gaza, University College of Applied Sciences, Al-Israa University ،and Al-Azhar University.

3.3 Study population

The study population was comprised of clinical instructors and third and fourth level students at nursing colleges/departments in Palestine College of Nursing, The Islamic University of Gaza, University College of Applied Sciences, Al-Israa University ،and Al-Azhar University.

Table (3.1): Number of clinical instructors and students according to their university/college

Setting	PCN	IUG	Al-Azhar University	Al-Israa University	UCAS	Total
No. of clinical instructors	18	130	24	24	150	346
No. of students 3rd and 4th	149	580	158	160	275	1322

3.4 Sample size and sampling procedure

The research participants were selected through quota sampling, the population divided into homogeneous strata to ensure representation of the subgroups in the sample within each stratum subjects were sampled by convenience. The sample size included 182 clinical instructors and 298 nursing students from the 3rd and 4th levels.

Table (3.2): Selection of the sample of students from different universities and colleges through quota sampling

University / College	Population	Sample*
PCN	149	34
IUG	580	130
Al-Azhar University	158	36
Al-Israa University	160	36
UCAS	275	62
Total	1322	298

*The selection of sample was about 22.5% from each population among universities & colleges.

Table (3.3): Selection of the sample of CIs from different universities and colleges through quota sampling

University / College	Population	Sample*
PCN	18	10
IUG	130	68
Al-Azhar University	24	12
Al-Israa University	24	13
UCAS	150	79
Total	346	182

*The selection of sample was about 52.6% from each population among universities & colleges.

3.5 Pilot study

A pilot study of 50 students and 20 clinical instructors were taken to develop and test the adequacy of the research questionnaires and estimate the time needed to fill the questionnaire and check the feasibility of the study, and to make modifications in the questionnaires as needed. The pilot study was excluded from the final sample.

3.6 Ethical consideration

Written informed consent was obtained from all participants (see annex 4, 5). Ethical approval to conduct the study was obtained from the Helsinki Committee (see annex 10) and administrative permission was obtained from each academic institution (see annex 11, 12, 13, 14, 15).

3.7 Eligibility criteria

- **Nursing students:** 3rd and 4th levels.

- **Clinical instructors:** two years of experience or more as a clinical instructor for undergraduate nursing students.

3.8 Study tools and instruments

There were two questionnaires adapted from (Gardner and Suplee, 2009). The first questionnaire for measuring students' perceptions which divided into 3 parts. Part 1 consisted of demographic data of respondents, part 2 about clinical instructors' characteristics while part 3 about effective training policies. The second part had 36 items divided into 7 subdomains (professional competence/knowledge, supporting professional growth of students, effective clinical evaluation, communication, academic responsibilities, teaching/training skills and clinical instructor-student relationship) for determining effective clinical instructor characteristics while the third part consisted of 16 items divided into 3 subdomains (planning of training, implementation of training and evaluation of training) for determining effective clinical training policies. The second questionnaire for measuring instructors' perceptions and it consisted of similar parts to the students' questionnaire. Both questionnaires used the five points Likert Scale for measuring the second and third parts ranging from strongly disagree to strongly agree.

Table (3.4): Likert scale used in the questionnaire of the study

Level of agreement	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Scale score	1	2	3	4	5

Table (3.5): Domains and items of the questionnaire

Subdomains	Items
Professional Competence/ Knowledge	1-5
Communication	6-10
Education / Training Skills	11-15
Academic responsibility	16-19
Effective clinical evaluation	20-24
Support the professional growth of students	25-30
Clinical instructor relationship with the student	31-34
Total	**34**
Subdomains	**Items**
Effective clinical evaluation	35-39
Support the professional growth of students	40-42
Clinical instructor relationship with the student	43-50
Total	**16**

3.9 Scientific rigor

3.9.1 Validity of the questionnaires

The questionnaires were evaluated by five experts (see annex 3) to assess all the components and the context of the instrument, in order to ensure that it is highly valid and relevant and their comments were taken into consideration. The questionnaire was formatted in order to ensure face and content validity, including appealing layout and logical sequences of questions and clarity of instructions.

3.9.2 Reliability of the questionnaires

The reliability of both questionnaires was checked through the pilot study. Cronbach's alpha was calculated for both questionnaires as follow:

Table (3.6): Reliability of clinical instructors' questionnaire

Domains of clinical instructors' questionnaire	No. of items	Cronbach's Alpha
Characteristics of an Effective Clinical Nursing Instructor	34	0.957
Effective Clinical Training Policies	16	0.871
Total	50	0.951

Table (3.7): Reliability of students' questionnaire

Domains of students' questionnaire	No. of items	Cronbach's Alpha
Characteristics of an Effective Clinical Nursing Instructor	34	0.972
Effective Clinical Training Policies	16	0.718
Total	50	0.939

3.10 Data collection

The data was collected through self-administered questionnaires. Data collection was done from 15/10/2019 to 8/11/2019. The response rate of students and clinical instructors was 100% and 82.4% respectively.

3.11 Statistical analysis

Data were analyzed by using Statistical Package for Social Sciences (SPSS) version 23. Descriptive (mean, standard deviation and percentage) and inferential (T-test and One-way ANOVA) statistical tests were used as appropriate. P-value will be statistically significant at ≤ 0.05.

3.12 Limitations of the study

- Lack of literature on effective training policies.

- Difficulty in reaching clinical instructors because most of them work part-time.

3.13 Operational planning

3.13.1 Time Schedule

See annex 2.

Chapter Four:

Results and Discussion

Results of the current study are presented in the following sequence:

4.1 Descriptive results

4.1.1 Demographic characteristics of the students

The study included 298 students from 3rd and 4th levels in PCN, IUG, Al-Azhar university, Al-Israa University, and UCAS. Their characteristics are illustrated in the following figures and tables.

Table (4.1): The demographic characteristics of students

Demographic characteristics of students	Frequency n=298	%
Age group		
20 years or less	116	38.9
21 years	110	36.9
22 years	36	12.1
23 years or more	36	12.1
Gender		
Male	139	46.6
Female	159	53.4
Educational Level		
Third level	168	56.4
Fourth level	130	43.6

Table (4.1) presented that the students' age was between 19 and 27 years, 75.8% of students aged 21 years or less and 24.2% of students aged higher than 21years. The female students represented 53.4% of the respondents while the male students 46.6%. The data indicated with regard to the educational level of students found that slightly more than half of them were from the 3rd level (56.4%) and the remaining from the 4th level (43.6%).
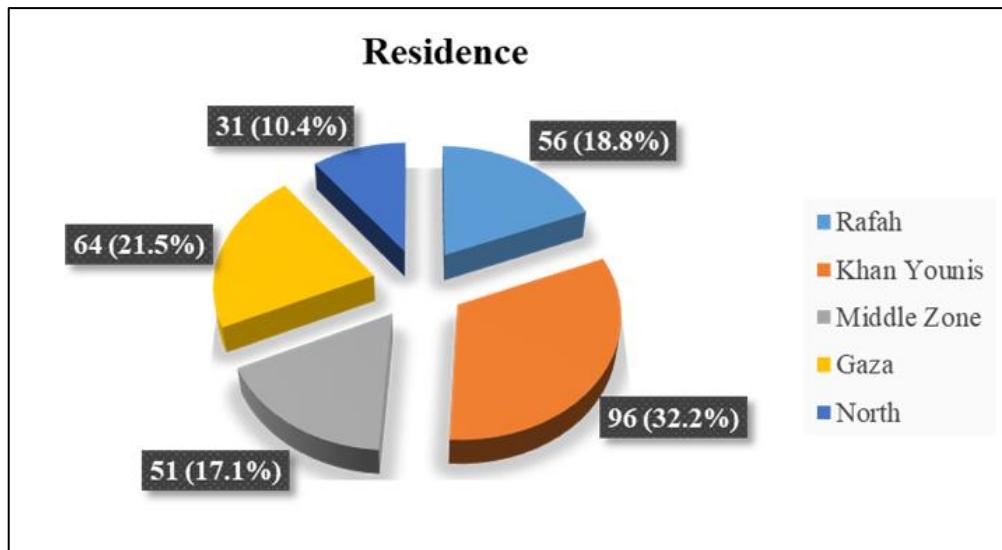
Figure (4.1): Distribution of students according to residence

Figure (4.1) showed that the highest percentage of participants from students live in Khan Younis (n: 96, 32.2%) and lowest percentage in North (n: 31, 10.4%). While 64 (21.5%) of students were from Gaza, 56 (18.8%) from Rafah and 51 (17.1%) from Middle Zone.
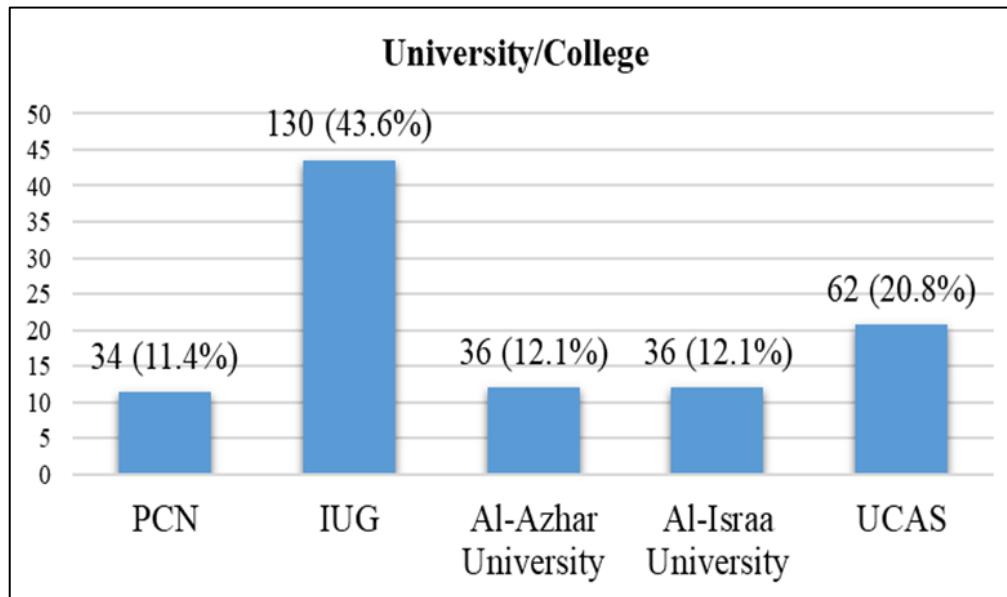
Figure (4.2): Distribution of students according to university/college

Figure (4.2) showed that the population of study was collected from five colleges in Gaza Strip according to the number of enrolled students in each college or university as follow

PCN (n: 34, 11.4%), IUG (n: 130, 43.6%), Al-Azhar University (n: 36, 12.1%), Al-Israa University (n: 36, 12.1%) and UCAS (n: 62, 20.8%).

4.1.2 Demographic characteristics of clinical instructors

The study included 150 clinical instructors from PCN, IUG, Al-Azhar university, Al-Israa University and UCAS. Their characteristics are illustrated in the following figures and tables.

Table (4.2): The demographic characteristics of clinical instructors

Demographic characteristics of clinical instructors	Frequency n=150	%
Age group		
25-35 years	87	58
36-45 years	42	28
46-60 years	21	14
Gender		
Male	96	64.0
Female	54	36.0
Marital status		
Single	18	12.0
Married	132	88.0
Qualifications		
Bachelor degree	122	81.3
Master degree	28	18.7
Having training courses related to clinical training		
Yes	136	90.7
No	14	9.3
Number of years' experience as a clinical instructor		
2-5 years	63	42.0
6-10 years	69	46.0
11-15 years	18	12.0

Table (4 2) presented that the highest percentage of clinical instructors were aged between 25-35 years (58%), while 28% of them between 36-45 years and the remaining between 46-60 years (14%). 64% of clinical instructors were male and 36% female with 88% of them were married and just 12% were single. The highest percentage of clinical instructors had just a bachelor's degree (n =122, 81.3%) and 28 (18.7%) had a master's degree. Most of the clinical instructors got training courses related to clinical training (n = 136, 90.7%) and 14 (9.3%) did not get it.
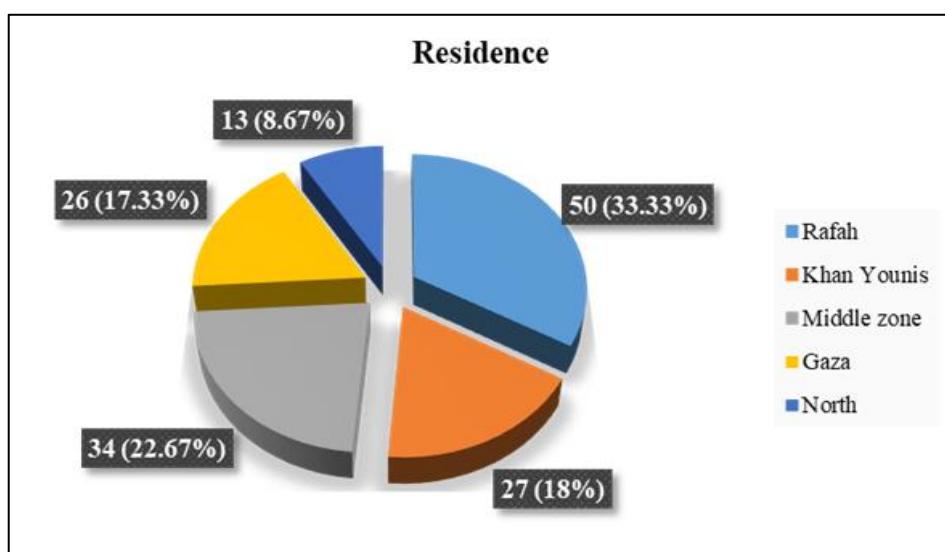
Figure (4.3): Distribution of clinical instructors according to residence

Figure (4.3) showed that the highest percentage of participants from clinical instructors live in Rafah (n: 50, 33.33%) and lowest percentage in North (n: 13, 8.67%). While 34 (22.67%) of clinical instructors were from Middle Zone, 27 (18%) from Khan Younis and 26 (17.33%) from Gaza.
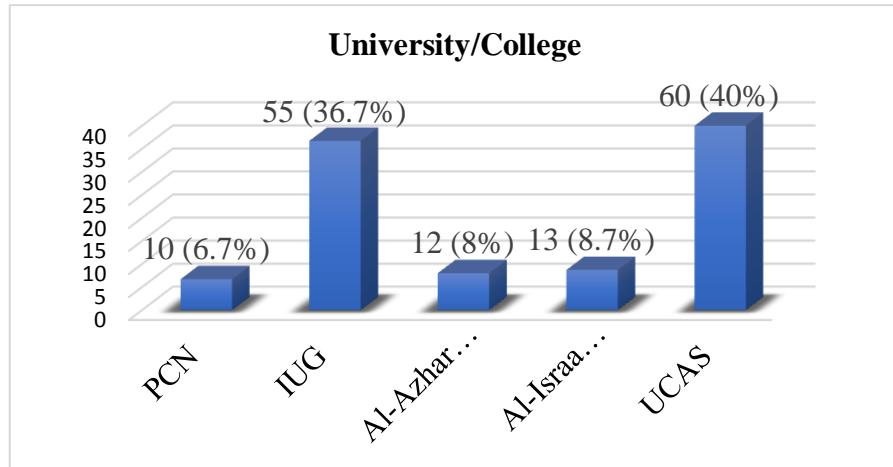
Figure (4.4): Distribution of clinical instructors according to university/college

Figure (4.4) showed that the sample of study from clinical instructors was collected from five colleges in Gaza Strip according to the number of them in each college or university as follow PCN (n: 10, 6.7%), IUG (n: 55, 36.7%), Al-Azhar University (n: 12, 8%), Al-Israa University (n: 13, 8.7%) and UCAS (n: 60, 40%) with response rate 82.4%.
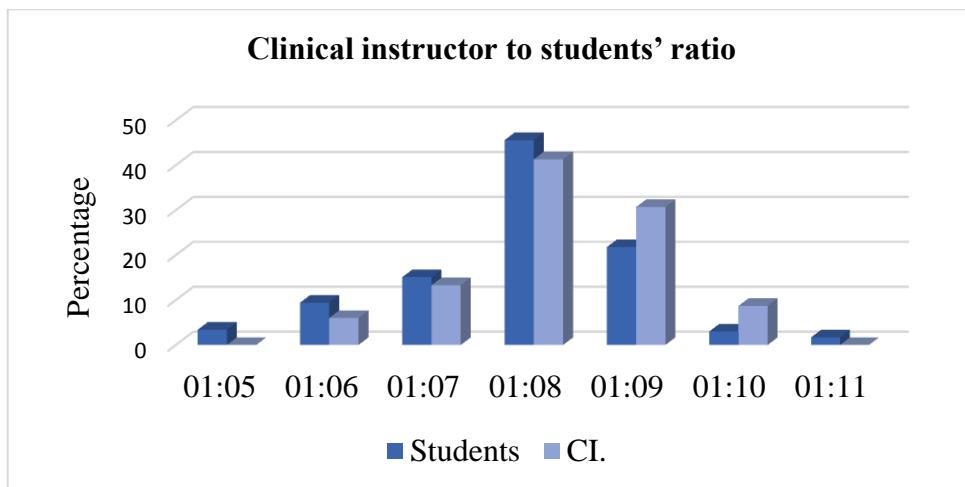
Figure (4.5): Distribution of students and clinical instructors according to clinical instructor to students' ratio

Figure (4.5) showed that the highest clinical instructor to students' ratio as perceived by students and clinical instructors was 1:8 with a weighted mean (students 45.6%, CI. 41.3%), followed by 1:9 with a weighted mean (students 21.8%, CI. 30.7%). While the lowest clinical instructor to students' ratio as perceived by students 1:11 with weighted mean 1.7%), but the lowest clinical instructor to students' ratio as perceived by clinical instructors 1:6 with weighted mean 6%).

4.2 Analyzing domains of the questionnaire

4.2.1 Distribution of the students according to their perception about the characteristics of an effective clinical nursing instructor domain (34 items).

Table (4.3): Ranking of the effective clinical instructor characteristics as perceived by nursing students

Characteristics of an Effective Clinical Nursing Instructor	Mean	Std. Deviation	%	Rank
Professional Competence / Knowledge	4.37	0.64	87.38	**1**
Communication	4.35	0.67	87.01	**2**
Teaching / Training Skills	4.33	0.60	86.64	**3**
Academic responsibility	4.28	0.61	85.67	**4**
Effective clinical evaluation	4.20	0.66	83.93	**5**
Support the professional growth of students	4.17	0.67	83.32	**6**
Clinical instructor relationship with the student	4.16	0.75	83.19	**7**
Total	**4.16**	**0.75**	**83.26**	

Table (4.3) showed that the total mean for characteristics of an effective clinical nursing instructor was 4.16 and the total weighted percentage of the mean was 83.26%. According to the results, the highest characteristic was "Professional Competence / Knowledge" with weighted mean 87.38%, followed by "Communication" with weighted mean 87.01% and "Teaching / Training Skills" in 3rd rank with weighted mean 86.64%. While the lowest three characteristics were "Clinical instructor relationship with the student", "Support the professional growth of students" and "Effective clinical evaluation" with weighted mean 83.19%, 83.32%, and 83.93% respectively. A study by Madhavanprabhakaran, et al. (2013), Moosavi, et al. (2013), Sabog, et al. (2015), Niederriter (2017), Adibelli and Korkmaz (2017) and Reising, et al. (2018) stated that nursing students rated professional competence of clinical instructors as the most important characteristic and EL Banan and Elsharkawy (2017) indicated that the categories of teaching ability were the most valued

characteristics rated by undergraduate nursing students. In addition, Allari and Farag (2017) mentioned that a professional role model can attract their attention and can play a major role in guiding their behavior and performance in which to improve students' clinical training skills, and the findings of the current study support this finding. Another study conducted by Gumabay (2017) revealed that from the most important nursing faculty caring behaviors from nursing students' perceptions was a professional role that also supports the findings of the current study. Also, according to Nabolsi, et al. (2012) Jordanian students view their instructor as a role model and supporter, reflecting the preference for older mentors with more knowledge and experience. Moreover, EL Banan and Elsharkawy (2017) indicated the least valued characteristics rated by both undergraduate nursing students and clinical instructors were the categories of nursing competence and evaluation. Another study carried out by Ismail, et al. (2015) it was revealed from his study that the learning process of students is highly influenced by the clinical instructor's behavior category which is "Teaching ability". Evaluation ranked on second number, nursing competence on the third number, personality on the fourth number and interpersonal relationships on the fifth number ranked by nursing students. All of these studies consistent with the results of the current study. The findings of the present study revealed that the clinical teaching ability of the clinical instructors was the first important effective clinical instructor characteristic as perceived by the nursing students. This is maybe due to nursing students' feelings of security as a result of being with a knowledgeable and skilled clinical instructor who acts as a facilitator in the clinical setting.

A study with contrary findings, however, was that of Lawal, et al. (2015) who found that effective interpersonal relationship between clinical instructors and nursing students was important in creating a positive learning environment. Another study with contrary findings to this one was that of Robles (2018) who found that from the most important nursing clinical instructor characteristics and behaviors as perceived by CEGEP nursing students was interpersonal relationships. Other studies have revealed that the relationships

between instructors and students have an important effect on students' learning experiences (Cilingir, et al. 2011; Ali 2012; Baker 2012; Yaghoubinia, et al. 2014; Koy, 2015; Meyer, et al. 2016; EL Banan and Elsharkawy, 2017) that also contrary the current findings. Parsh (2010) revealed that students agreed on nursing competence as the lowest-rated category that inconsistent with the results of this study. In the present study, some characteristics were perceived as having a considerable effect on learning. However, the characteristics that were seen to be less effective could also be effective in learning, even though students might be unaware of them. Kube (2010) stated that students might report more practical and objective characteristics as being effective in clinical learning and may consider other abstract characteristics or educational approaches to be less effective. Thus, the evaluation of these characteristics should be undertaken by individuals who are more familiar with clinical teaching and with the importance of these behaviors.

4.2.2 Distribution of the clinical instructors according to their perception about the characteristics of an effective clinical nursing instructor domain (7 characteristics).

Table (4.4): Ranking of the effective clinical instructor characteristics as perceived by clinical instructors

Characteristics of an Effective Clinical Nursing Instructor	Mean	Std. Deviation	%	Rank
Professional Competence / Knowledge	4.69	0.45	93.73	**1**
Communication	4.45	0.52	89.07	**2**
Support the professional growth of students	4.39	0.48	87.87	**3**
Effective clinical evaluation	4.35	0.53	86.93	**4**
Clinical instructor relationship with the student	4.34	0.66	86.87	**5**
Academic responsibility	4.30	0.47	86	**6**
Teaching / Training Skills	4.26	0.52	85.13	**7**
Total	**4.42**	**0.58**	**88.47**	

Table (4.4) showed that the total mean for characteristics of an effective clinical nursing instructor was 4.42 and the total weighted percentage of the mean was 88.47%. According to the results, the highest characteristic was "Professional Competence / Knowledge" with weighted mean 93.73%, followed by "Communication" with weighted mean 89.07% and "Support the professional growth of students" in 3rd rank with weighted mean 87.87%. While the lowest three characteristics were "Clinical instructor relationship with the student", "Academic responsibility" and subdomain "Teaching / Training Skills" with weighted mean 86.87%, 86% and 85.13% respectively. Soriano and Aquino (2017) stated that nursing competence was the clinical instructor characteristic that had the highest rating by clinical instructors and this supports the findings of the current study. On the other hand, another study conducted by El Banan and Elsharkawy (2017) indicated that the categories of teaching ability and interpersonal relationships were the most valued characteristics and the least valued characteristics rated by clinical instructors were the categories of nursing competence rated by clinical instructors and this inconsistent with the current findings. These differences could be attributed to differences in the research design, the educational needs and facilities and the nursing education curricula, particularly clinical teaching.

4.2.3 Distribution of the students according to their perception about effective clinical training policies domain (16 items).

Table (4.5): Top five perceived effective clinical training policies (Students)

Clinical Training Policies	Category	Mean	Std. Deviation	%	Rank
3. Selection of training site is relevant to achieve the clinical course objectives.	Planning of training	4.37	0.77	87.45	**1**
9. The clinical instructor evaluates students in a fair and objective manner.	Evaluation of training	4.35	0.82	87.05	**2**
2. The allocated field clinical hours for clinical courses are adequate to achieve the objectives.	Planning of training	4.33	0.76	86.51	**3**
16. The training department specifies appropriate and clear assignments to their students in clinical courses.	Implementation of training	4.30	0.76	86.04	**4**
10. The role of training department in monitoring students' clinical training is obvious.	Evaluation of training	4.29	0.84	85.77	**5**

According to the findings of table (4.5), item No. (3) "Selection of training site is relevant to achieve the clinical course objectives" has the highest rank 87.45%, followed by item No. (9) "The clinical instructor evaluates students in a fair and objective manner" with weighted mean 87.05%, item No. (2) "The allocated field clinical hours for clinical courses are adequate to achieve the objectives" in 3rd rank with weighted mean 86.51%, item No. (16) "The training department specifies appropriate assignments to their students in clinical courses" in 4th rank with weighted mean 86.04% and item No. (10) "The role of training department in monitoring students' clinical training is obvious" in 5th rank with weighted mean 85.77%.

According to Nabolsi, et al. (2012) Jordanian students viewed that clinical instructors shape the learning environment to meet the learning needs of students by appropriate placement selection. Algoso and Peters (2012) stated that the current clinical learning environment is characterized by shortages of staff, heavy workloads, and inadequate resources, which negatively affect the clinical practice of nursing students during placements. These studies consistent with the current study finding that the selection of the training site is relevant to achieve the clinical course objectives was very important. Bigdeli (2015) mentioned that clinical placements play an essential role in the learning process of nursing students. Additionally, nursing students may think that the clinical environment is the most influential educational component to acquire nursing knowledge and skills. Froneman, et al. (2016) revealed that students need a caring and supportive environment. Rezaei (2016) revealed that the quality of the educational environment was evaluated at a weak level by students. These studies were in alignment with the finding of the present study that the selection of the training site is important and should be relevant to achieve the clinical course objectives.

Parsh (2010), Ali (2012), Baker (2012), Madhavanprabhakaran, et al. (2013) and Rafiee, et al. (2014) mentioned that objective evaluation from the most effective factors on clinical educational learning. Also, Abdulmutalib, et al. (2019) stated that from the common hindering factors among all students were evaluation by faculty and lack of time to accomplish the required tasks. In addition, Parvan (2016) mentioned that a lack of time for learning was one of the considerable weaknesses in clinical teaching. Moreover, Chuan and Barnett (2012) stressed that providing adequate time to perform procedures is one of the factors that enhanced student learning. Danner (2014) and Reising, et al. (2017) stated that students perceived that the longer time on the unit provided more learning opportunities than a shorter day. Warne, et al. (2010) stated that the duration of clinical placement appeared to influence the level of overall student satisfaction and how the

quality of the supervisory relationship and the pedagogical atmosphere on the ward was experienced. All of these studies support the finding of the current study that the allocated field clinical hours for clinical courses should be adequate to achieve the training objectives.

Vaismoradi and Parsa-Yekta (2010) stated that the issue of the students' gender was highlighted as a potential cause for unfair and unexpected evaluation outcomes. The male participants claimed that female instructors discriminate between the students of the opposite sex. Another study conducted by Rafiee, et al. (2014) revealed that the most important clinical evaluation problem was lack of a comprehensive, objective and appropriate evaluation tool for assessing the students. Also, Khodaveisi, et al. (2012) pointed out to a major challenge for evaluation in nursing education is facing with unqualified evaluators regarding inexpert, disinterest and biased evaluators, which consequently cause inefficacy of evaluation process. All of these studies were consistent with the finding that the clinical instructor should evaluate students in a fair and objective manner.

Jamshidi (2012) mentioned that the challenges of clinical teaching in nursing skills and from the standpoint of nursing students included lack of facilities for students and student's duties in the hospital wards are not clear. This supports our finding that the training department should specify appropriate and clear assignments to their students in clinical courses. Abdulmutalib, et al. (2019) stated that from the common hindering factors in the clinical training setting perceived by students was insufficient supervision from faculty. This was congruent with our finding that the role of the training department in monitoring students' clinical training should be obvious. From the viewpoint of the researcher that these differences in perceptions of students about clinical training policies could be attributed to existing of different clinical training policies applied in universities in different countries.

4.2.4 Distribution of the clinical instructors according to their perception about effective clinical training policies domain (16 items).

Table (4.6): Top five perceived effective clinical training policies (CIs)

Clinical Training Policies	Category	Mean	Std. Deviation	%	Rank
11. The role of clinical training department in monitoring of instructors' performance with students is clear.	Evaluation of training	4.55	0.59	91.07	**1**
9. The clinical instructor evaluates students in a fair and objective manner.	Evaluation of training	4.53	0.66	90.67	**2**
3. Selection of training site is relevant to achieve the clinical course objectives.	Planning of training	4.52	0.66	90.40	**3**
16. The clinical training department gives instructors clear directions about the objectivity in evaluating their students.	Evaluation of training	4.49	0.63	89.87	**4**
10. The role of clinical training department in monitoring students' clinical training is obvious.	Evaluation of training	4.46	0.67	89.20	**5**

According to the findings of table (4.6), item No. (11) "Selection of training site is relevant to achieve the clinical course objectives" has the highest rank 91.07%, followed by item No. (9) "The clinical instructor evaluates students in a fair and objective manner" with weighted mean 90.67%, item No. (3) "Selection of training site is relevant to achieve the clinical course objectives" in 3rd rank with weighted mean 90.40%, item No. (16) "The clinical training department gives instructors clear directions about the objectivity in evaluating their students" in 4th rank with weighted mean 89.87% and item No. (10) "The role of training department in monitoring students' clinical training is obvious" in 5th rank with weighted mean 89.20%.

McKimm and Swanwick, (2009) mentioned that as a part of the overall planning process in a teaching session, the clinical instructor has to define his/her aims of the session, the learning outcomes or objectives, and an evaluation. Rafiee, et al. (2014) revealed that the most important clinical evaluation problem was the lack of a comprehensive, objective and appropriate evaluation tool for assessing the students. It seems that the duration of the clinical course is short and most clinical instructors are busy during each semester. Consequently, they used most of their time in clinical teaching and complained about their limited time for clinical evaluation; therefore, they did not have time to identify the students' clinical competencies. In addition, the students complained that the nursing instructors did not follow a similar education regulation. Also, Khodaveisi, et al. (2012) stated that the challenges for effective evaluation of nursing education included ambiguity in evaluation's aims, uncertainty in evaluation expectations and unqualified evaluators regarding inexpert, disinterest and biased evaluators, which consequently cause inefficacy of evaluation process. All of these studies were in agreement with the results of the present study that the clinical training department has a big role in evaluating the training process through giving instructors clear directions about the objectivity in evaluating their students, monitoring of instructors' performance with students and monitoring students' clinical training.

It is obvious from the results of this table that clinical instructors are more concerned with evaluation policies than planning and implementation policies. The researcher believes that this may attributed to the difficulties faced by clinical instructors in the evaluation process due to lack of clear policies regarding the evaluation process, the lack of clarity of the evaluation tool, and the lack of good follow-up from the clinical training department.

4.2.5 Relationship between nursing students' perceptions to characteristics of an effective clinical instructor and clinical training policies with their gender

Table (4.7): The differences of the means of students' perceptions regarding study domains by their gender (N = 298)

Domains	Gender	n	Mean	Std. Deviation	t	P-value
Characteristics of an Effective Clinical Nursing Instructor	Male	139	4.07	0.76	-1.96	0.051
	Female	159	4.24	0.74		
Effective Clinical Training Policies	Male	139	3.97	0.88	-2.22	0.027*
	Female	159	4.19	0.79		

* The mean difference is significant at ≤ 0.05 level.

Table (4.7) showed mean difference to nurses' perceptions about characteristics of an effective clinical nursing instructor and effective clinical training policies in relation to their gender. There was no a statistically significant difference between gender perception in the first domain (p > 0.05). But there was a statistically significant difference between gender perception in the second domain (p < 0.05). A study conducted by Sabog, et al. (2015) found that gender was not a variable in student nurses' perceptions of effective clinical instructor characteristics that were congruent with the finding of the current study. On the other hand, Madhavanprabhakaran, et al. (2013) revealed significant differences in male and female students' perception about effective clinical instructor characteristics that was inconsistent with the finding of the current study. The researcher thinks that the differences in the perceptions of students' perceptions about effective clinical training policies in relation to their gender because of the difference in their expectations and preferences.

4.2.6 Relationship between nursing students' perceptions to characteristics of an effective clinical instructor and clinical training policies with their educational level

Table (4.8): The differences of the means of students' perceptions regarding study domains by their educational level (N = 298)

Domains	Educational Level	n	Mean	Std. Deviation	t	p-value
Characteristics of an Effective Clinical Nursing Instructor	Third level	168	4.18	0.75	0.49	0.623
	Fourth level	130	4.14	0.75		
Effective Clinical Training Policies	Third level	168	4.09	0.86	0.16	0.875
	Fourth level	130	4.08	0.81		

Table (4.8) showed mean difference to students' perceptions about characteristics of an effective clinical nursing instructor and effective clinical training policies in relation to their educational level. There was no a statistically significant difference between students' educational level perception in two domains (p > 0.05). This finding confirms results from studies conducted by Madhavanprabhakaran, et al. (2013) mentioned that there was no significant difference among the students' view of the effective clinical instructor characteristics when grouped according to year level. But this result was inconsistent with another study conducted by Sabog, et al. (2015) which showed a significant difference. The researcher believes that convergence at the educational level and the lack of a big difference in training experiences and exposure to an approximate number of departments and clinical instructors may be contributed to a lack of significant difference in their perceptions.

4.2.7 Relationship between nursing students' perceptions to characteristics of an effective clinical instructor and clinical training policies with their University/College

Table (4.9): The differences of the means of students' perceptions regarding study domains by their university/college (N = 298)

Domains	University/College	n	Mean	Std. Deviation	F	P-value
Characteristics of an Effective Clinical Nursing Instructor	PCN	34	3.97	0.83	0.70	0.589
	IUG	130	4.20	0.74		
	Al-Azhar University	36	4.14	0.70		
	Al-Israa University	36	4.15	0.74		
	UCAS	62	4.20	0.77		
Effective Clinical Training Policies	PCN	34	4.16	0.75	1.69	0.153
	IUG	130	3.75	0.86		
	Al-Azhar University	36	4.15	0.88		
	Al-Israa University	36	4.07	0.61		
	UCAS	62	4.07	0.83		

Table (4.9) showed mean difference to students' perceptions about characteristics of an effective clinical nursing instructor and effective clinical training policies in relation to their university or college. There was no a statistically significant difference between students' university/college in two domains (p > 0.05). These results may be attributed to the nearly standardized characteristics of students and clinical instructors among various universities and colleges in Gaza Strip.

4.2.8 Relationship between nursing students' perceptions to characteristics of an effective clinical instructor and clinical training policies with their age

Table (4.10): The differences of the means of students' perceptions regarding study domains by their age (N = 298)

Domains	Age (yrs.)	n	Mean	Std. Deviation	F	P-value
Characteristics of an Effective Clinical Nursing Instructor	20 years or less	116	4.19	0.73	0.79	0.497
	21 years	110	4.13	0.74		
	22 years	36	4.06	0.83		
	23 years or more	36	4.31	0.76		
Effective Clinical Training Policies	20 years or less	116	4.16	0.75	0.85	0.467
	21 years	110	4.11	0.82		
	22 years	36	4.06	0.87		
	23 years or more	36	3.93	0.80		

Table (4.10) showed mean difference to students' perceptions about characteristics of an effective clinical nursing instructor and effective clinical training policies in relation to their age. There was no a statistically significant difference between students' age and their perceptions about the domains (p > 0.05). The researcher thinks that this is due to similarity in cultural and social factors and the importance of these characteristics and policies from the viewpoint of students regardless of their age.

4.2.9 Relationship between nursing students' perceptions to characteristics of an effective clinical instructor and clinical training policies with their residence

Table (4.11): The differences of the means of students' perceptions regarding study domains by their residence (N = 298)

Domains	Residence	n	Mean	Std. Deviation	F	P-value
Characteristics of an Effective Clinical Nursing Instructor	Rafah	56	4.04	0.86	1.59	0.177
	Khan Younis	96	4.21	0.75		
	Middle Zone	51	4.02	0.62		
	Gaza	64	4.23	0.75		
	North	31	4.35	0.70		
Effective Clinical Training Policies	Rafah	56	3.85	0.98	2.60	0.036*
	Khan Younis	96	4.20	0.80		
	Middle Zone	51	3.93	0.77		
	Gaza	64	4.15	0.83		
	North	31	4.29	0.69		

* The mean difference is significant at ≤ 0.05 level.

Table (4.11) showed mean difference to students' perceptions about characteristics of an effective clinical nursing instructor and effective clinical training policies in relation to their residence. There was a statistically significant difference between students' residences in their perceptions about effective clinical training policies ($p < 0.05$). While there was no statistically significant difference between students' residence and their perceptions about the characteristics of an effective clinical nursing instructor ($p > 0.05$).

Post Hoc test matrix least significant difference (LSD) was done to know the direction of the differences in residence categories. The results were showed that there was statistically significant difference between residence categories of the second domain "effective clinical training policies" between Rafah and Khan Younis in favor to Khan Younis (mean = 4.20, at p-value 0.013), and between Rafah and Gaza in favor to Gaza (mean = 4.15, at p-value 0.016) and between Rafah and North in favor to North (mean = 4.29, at p-value 0.016).

The researcher believes that the difference in students' perceptions about the effective clinical training policies in relation to residence may be attributed to difference in cultural and social factors related to their residence.

4.2.10 Relationship between nursing students' perceptions to characteristics of an effective clinical instructor and clinical training policies with their Cl. instructor to students' ratio

Table (4.12): The differences of the means of students' perceptions regarding study domains by their CI. to students' ratio (N = 298)

Domains	Ratio	N	Mean	Std. Deviation	F	P-value
Characteristics of an Effective Clinical Nursing Instructor	1:5	10	3.70	0.67	1.736	0.112
	1:6	28	4.05	0.91		
	1:7	45	4.01	0.90		
	1:8	136	4.26	0.68		
	1:9	65	4.20	0.69		
	1:10	9	3.89	0.86		
	1:11	5	4.30	0.57		
Effective Clinical Training Policies	1:5	10	3.55	1.01	2.508	0.022*
	1:6	28	4.02	0.81		
	1:7	45	3.81	1.05		
	1:8	136	4.21	0.70		
	1:9	65	4.16	0.87		
	1:10	9	3.72	0.91		
	1:11	5	4.20	0.45		

  * The mean difference is significant at ≤ 0.05 level.

Table (4.12) showed mean difference to students' perceptions about the characteristics of an effective clinical nursing instructor and effective clinical training policies in relation to their clinical instructor to students' ratio. There was a statistically significant difference between clinical instructor to students' ratio and students' perceptions about effective clinical training policies ($p < 0.05$). While there was no statistically significant difference between clinical instructor to students' ratio and students' perceptions about the characteristics of an effective clinical nursing instructor ($p > 0.05$).

Post Hoc test matrix LSD was done to know the direction of the differences in clinical instructor to students' ratio categories. The results were showed that there was statistically significant difference between clinical instructor to students' ratio categories of the second domain "effective clinical training policies" between 1:5 and 1:8 in favor to 1:8 (mean = 4.21, at p-value 0.015), between 1:5 and 1:9 in favor to 1:9 (mean = 4.16, at p-value 0.030), between 1:7 and 1:8 in favor to 1:8 (mean = 4.21, at p-value 0.005) and between 1:7 and 1:9 in favor to 1:9 (mean = 4.16, at p-value 0.029).

According to Madhavanprabhakaran et al. (2013) who found that students perceived 4:1 student-clinical instructor ratio as the most optimal learning environment where more intense interaction and attention is ensured. This demonstrates the importance of having policies related to reducing the number of students per clinical instructor to ensure the quality of training and this explains the difference in students' viewpoints about effective training policies.

4.2.11 Relationship between nursing clinical instructors' perceptions to characteristics of an effective clinical instructor and clinical training policies with their gender

Table (4.13): The differences of the means of clinical instructors' perceptions regarding study domains by their gender (N = 150)

Domains	Gender	n	Mean	Std. Deviation	t	P-value
Characteristics of an Effective Clinical Nursing Instructor	Male	96	4.51	0.60	2.61	0.010*
	Female	54	4.27	0.52		
Effective Clinical Training Policies	Male	96	4.38	0.61	1.41	0.161
	Female	54	4.23	0.62		

* The mean difference is significant at ≤ 0.05 level.

Table (4.13) showed mean difference to clinical instructors' perceptions about the characteristics of an effective clinical nursing instructor and effective clinical training policies in relation to their gender. There was a statistically significant difference between gender and students' perceptions about the characteristics of an effective clinical nursing instructor ($p < 0.05$). While there was no statistically significant difference between gender and students' perceptions about effective clinical training policies ($p > 0.05$). The researcher thinks that the difference in the perceptions of clinical instructors' perceptions about effective clinical training policies in relation to their gender because of the difference in their expectations and preferences.

4.2.12 Relationship between nursing clinical instructors' perceptions to characteristics of an effective clinical instructor and clinical training policies with their marital status

Table (4.14): The differences of the means of clinical instructors' perceptions regarding study domains by their marital status (N = 150)

Domains	Marital status	n	Mean	Std. Deviation	t	P-value
Characteristics of an Effective Clinical Nursing Instructor	Single	18	4.11	0.65	-2.46	0.015*
	Married	132	4.47	0.56		
Effective Clinical Training Policies	Single	18	4.08	0.69	-1.77	0.078
	Married	132	4.36	0.60		

  * The mean difference is significant at ≤ 0.05 level.

Table (4.14) showed mean difference to clinical instructors' perceptions about the characteristics of an effective clinical nursing instructor and effective clinical training policies in relation to their marital status. There was a statistically significant difference between marital status and clinical instructors' perceptions about the characteristics of an

effective clinical nursing instructor ($p < 0.05$). While there was no statistically significant difference between marital status and clinical instructors' perceptions about effective clinical training policies ($p > 0.05$). The researcher believes that the difference between marital status and clinical instructors' perceptions about the characteristics of an effective clinical nursing instructor may be attributed to the maturity of married people and a sense of more responsibility.

4.2.13 Relationship between nursing clinical instructors' perceptions to characteristics of an effective clinical instructor and clinical training policies with their qualifications

Table (4.15): The differences of the means of clinical instructors' perceptions regarding study domains by their qualifications ($N = 150$)

Domains	Qualifications	n	Mean	Std. Deviation	t	P-value
Characteristics of an Effective Clinical Nursing Instructor	Bachelor degree	122	4.48	0.51	2.50	0.013*
	Master degree	28	4.18	0.81		
Effective Clinical Training Policies	Bachelor degree	122	4.37	0.56	2.08	0.039*
	Master degree	28	4.11	0.81		

* The mean difference is significant at ≤ 0.05 level.

Table (4.15) showed mean difference to clinical instructors' perceptions about the characteristics of an effective clinical nursing instructor and effective clinical training policies in relation to their qualifications. There was a statistically significant difference between the qualifications of clinical instructors and their perceptions about the characteristics of an effective clinical nursing instructor and effective clinical training policies ($p<0.05$). The researcher believes that the clinical instructors who have a bachelor degree have more ambition and more interest in clinical training. This may explain the difference between clinical instructors' perceptions in relation to their qualifications.

4.2.14 Relationship between nursing clinical instructors' perceptions to characteristics of an effective clinical instructor and clinical training policies with having training courses or not

Table (4.16): The differences of the means of clinical instructors' perceptions regarding study domains with having training courses or not (N = 150)

Domains	Training courses	n	Mean	Std. Deviation	t	P-value
Characteristics of an Effective Clinical Nursing Instructor	Yes	136	4.44	0.60	1.41	0.160
	No	14	4.21	0.43		
Effective Clinical Training Policies	Yes	136	4.35	0.63	1.38	0.168
	No	14	4.11	0.45		

Table (4.16) showed mean difference to clinical instructors' perceptions about the characteristics of an effective clinical nursing instructor and effective clinical training policies related to having training courses or not. There was no statistically significant difference between having training courses and first domain and second domain (p > 0.05). The largest number of clinical instructors received training courses related to their role as clinical instructor, they have a higher mean score compared to those who not; this explains the relative benefit of the training courses.

4.2.15 Relationship between clinical instructors' perceptions to characteristics of an effective clinical instructor and clinical training policies with their age

Table (4.17): The differences of the means of clinical instructors' perceptions regarding study domains by their age group (N = 150)

Domains	Age group	n	Mean	Std. Deviation	F	P-value
Characteristics of an Effective Clinical Nursing Instructor	25-35 years	87	4.34	0.61	4.65	0.011*
	36-45 years	42	4.43	0.55		
	46-60 years	21	4.76	0.44		
Effective Clinical Training Policies	25-35 years	87	4.42	0.58	1.65	0.196
	36-45 years	42	4.29	0.64		
	46-60 years	21	4.27	0.61		

* The mean difference is significant at ≤ 0.05 level.

Table (4.17) showed mean difference to clinical instructors' perceptions about the characteristics of an effective clinical nursing instructor and effective clinical training policies in relation to their age. There was a statistically significant difference between the age of clinical instructors and their perceptions about the characteristics of an effective clinical nursing instructor ($p < 0.05$). But there was no statistically significant difference between the age of clinical instructors and their perceptions about effective clinical training policies ($p > 0.05$).

Post Hoc test matrix LSD was done to know the direction of the differences in age categories. The results were showed that there was statistically significant difference between age categories of the first domain "characteristics of an effective clinical nursing instructor" between age groups "25-35" and "46-60" in favor to "46-60" (mean = 4.76, at p-value 0.003) and between age groups "36-45" and "46-60" in favor to "46-60" (mean = 4.76, at p-value 0.030).

The researcher thinks that the increase in age leads to the development of thought and a change in the attitudes and interests of clinical instructors and this justifies the difference of clinical instructors' perceptions about the characteristics of an effective clinical nursing instructor in relation to their age. Although there was no statistically significant difference between the age of clinical instructors and their perceptions about the effective clinical training policies and this confirms the importance of these policies from the clinical instructors' point of view, despite their different ages.

4.2.16 Relationship between clinical instructors' perceptions to characteristics of an effective clinical instructor and clinical training policies with their university/college

Table (4.18): The differences of the means of clinical instructors' perceptions regarding study domains by their university/college (N = 150)

Domains	University/College	n	Mean	Std. Deviation	F	P-value
Characteristics of an Effective Clinical Nursing Instructor	PCN	10	4.25	0.59	1.31	0.268
	IUG	55	4.50	0.65		
	Al-Azhar University	12	4.29	0.69		
	Al-Israa University	13	4.65	0.47		
	UCAS	60	4.36	0.50		
Effective Clinical Training Policies	PCN	10	3.95	0.60	3.27	0.013*
	IUG	55	4.46	0.66		
	Al-Azhar University	12	4.08	0.87		
	Al-Israa University	13	4.62	0.58		
	UCAS	60	4.24	0.46		

* The mean difference is significant at ≤ 0.05 level.

Table (4.18) showed mean difference to clinical instructors' perceptions about the characteristics of an effective clinical nursing instructor and effective clinical training policies in relation to their university/college. There was statistically significant difference

between the university/college of clinical instructors and their perceptions about the effective clinical training policies ($p < 0.05$). But there was no statistically significant difference between the university/college of clinical instructors and their perceptions about the characteristics of an effective clinical nursing instructor ($p > 0.05$).

Post Hoc test matrix LSD was done to know the direction of the differences of university/college categories. The results were showed that there was statistically significant difference between university/college categories of the second domain "effective clinical training policies" between PCN and IUG in favor to IUG (mean = 4.46, at p-value 0.014), between PCN and Al-Israa University in favor to Al-Israa University (mean = 4.62, at p-value 0.009), between IUG and Al-Azhar University in favor to IUG (mean = 4.76, at p-value 0.048), between IUG and UCAS in favor to IUG (mean = 4.76, at p-value 0.049), between Al-Azhar University and Al-Israa University in favor to (mean = 4.62, at p-value 0.028) and between Al-Israa University and UCAS in favor to Al-Israa University (mean = 4.62, at p-value 0.043).

From the viewpoint of researcher, the difference between perceptions of clinical instructors about the effective clinical training policies and their university or college could be attributed to difference in training policies applied in these universities and colleges.

4.2.17 Relationship between clinical instructors' perceptions to characteristics of an effective clinical instructor and clinical training policies with their ratio

Table (4.19): The differences of the means of clinical instructors' perceptions regarding study domains by their CI. to students' ratio (N = 150)

Domains	Ratio	n	Mean	Std. Deviation	F	P-value
Characteristics of an Effective Clinical Nursing Instructor	1:6	9	4.17	0.75	2.30	0.062
	1:7	20	4.60	0.55		
	1:8	62	4.49	0.52		
	1:9	46	4.26	0.63		
	1:10	13	4.58	0.49		
Effective Clinical Training Policies	1:6	9	3.94	0.92	2.64	0.036*
	1:7	20	4.35	0.67		
	1:8	62	4.43	0.51		
	1:9	46	4.17	0.62		
	1:10	13	4.58	0.61		

* The mean difference is significant at ≤ 0.05 level.

Table (4.19) showed mean difference to clinical instructors' perceptions about the characteristics of an effective clinical nursing instructor and effective clinical training policies in relation to the ratio of clinical instructor to students. There was statistically significant difference between the ratio of clinical instructor to students and clinical instructors' perceptions about effective clinical training policies ($p < 0.05$). But there was not statistically significant difference between the ratio of clinical instructor to students and clinical instructors' perceptions about the characteristics of an effective clinical nursing instructor ($p > 0.05$).

Post Hoc test matrix LSD was done to know the direction of the differences of clinical instructor to students' ratio categories. The results were showed that there was statistically significant difference between clinical instructor to students' ratio categories of the second domain "effective clinical training policies" between 1:6 and 1:8 in favor to 1:8 (mean = 4.43, at p-value 0.026), between 1:6 and 1:10 in favor to 1:10 (mean = 4.58, at p-value

0.017), between 1:8 and 1:9 in favor to 1:8 (mean = 4.43, at p-value 0.032) and between 1:9 and 1:10 in favor to 1:10 (mean = 4.58, at p-value 0.035).

According to Luhanga (2018) the large clinical groups were the most frequently mentioned barrier to both faculty and CIs' ability to facilitate student learning and monitor and evaluate student clinical performance. Also, Eta, et al. (2011) reported that clinical instructors were dissatisfied with the overcrowded nature of the wards and suggested that the number of students during placements be moderated to allow for optimal supervision and guidance. The researcher believes that clinical instructors who work with a small number of students will be satisfied with these policies, while clinical instructors who work with a large number of students will be bothered by the clinical training policies.

4.2.18 Relationship between clinical instructors' perceptions to characteristics of an effective clinical instructor and clinical training policies with their residence

Table (4.20): The differences of the means of clinical instructors' perceptions regarding study domains by their residence (N = 150)

Domains	Residence	n	Mean	Std. Deviation	F	P-value
Characteristics of an Effective Clinical Nursing Instructor	Rafah	50	4.19	0.56	4.89	0.000*
	Khan Younis	27	4.56	0.63		
	Middle Zone	34	4.47	0.56		
	Gaza	26	4.44	0.55		
	North	13	4.88	0.30		
Effective Clinical Training Policies	Rafah	50	4.17	0.59	4.77	0.001*
	Khan Younis	27	4.56	0.63		
	Middle Zone	34	4.16	0.60		
	Gaza	26	4.35	0.61		
	North	13	4.81	0.33		

* The mean difference is significant at ≤ 0.05 level.

Table (4.20) showed mean difference to clinical instructors' perceptions about the characteristics of an effective clinical nursing instructor and effective clinical training policies in relation to the residence. There was statistically significant difference between residence and clinical instructors' perceptions about the characteristics of an effective clinical nursing instructor and the effective clinical training policies ($p < 0.05$).

Post Hoc test matrix LSD was done to know the direction of the differences in residence categories. The results were showed that there was statistically significant difference between residence categories of the first domain "characteristics of an effective clinical nursing instructor" between Rafah and Khan Younis in favor to Khan Younis (mean = 4.56, at p-value 0.007), between Rafah and Middle Zone in favor to Rafah (mean = 4.19, at p-value 0.025), between Rafah and North in favor to North (mean = 4.88, at p-value 0.000), between Middle Zone and North in favor to North (mean = 4.88, at p-value 0.024) and between Gaza and North in favor to North (mean = 4.88, at p-value 0.021). Also, there were statistically significant difference between residence categories of the second domain "effective clinical training policies" between Rafah and Khan Younis in favor to Khan Younis (mean = 4.56, at p-value 0.007), between Rafah and North in favor to North (mean = 4.81, at p-value 0.001), between Khan Younis and Middle Zone in favor to Khan Younis (mean = 4.56, at p-value 0.010), between Middle Zone and North in favor to North (mean = 4.81, at p-value 0.001) and between Gaza and North in favor to North (mean = 4.81, at p-value 0.022).

The researcher believes that the difference in clinical instructors' perceptions about the characteristics of an effective clinical nursing instructor and effective clinical training policies in relation to residence may be attributed to difference in cultural and social factors related to their residence.

4.2.19 Relationship between clinical instructors' perceptions to characteristics of an effective clinical instructor and clinical training policies with their experience

Table (4.21): The differences of the means of clinical instructors' perceptions regarding study domains by their experience (N = 150)

Domains	Experience (Years)	n	Mean	Std. Deviation	F	P-value
Characteristics of an Effective Clinical Nursing Instructor	2-5 years	65	4.27	0.58	4.46	0.013*
	6-10 years	65	4.52	0.57		
	11-15 years	20	4.63	0.56		
Effective Clinical Training Policies	2-5 years	65	4.27	0.58	0.86	0.425
	6-10 years	65	4.33	0.65		
	11-15 years	20	4.48	0.62		

  * The mean difference is significant at ≤ 0.05 level.

Table (4.21) showed mean difference to clinical instructors' perceptions about the characteristics of an effective clinical nursing instructor and effective clinical training policies in relation to the experience. There was statistically significant difference between experience and clinical instructors' perceptions about the characteristics of an effective clinical nursing instructor (p < 0.05). But there was not statistically significant difference between the experience of clinical instructors and their perceptions about the effective clinical training policies (p > 0.05).

Post Hoc test matrix LSD was done to know the direction of the differences of experience categories. The results were showed that there was statistically significant difference between experience categories of the first domain "characteristics of an effective clinical nursing instructor" between experience group "2-5 years" and "5-10" in favor to "5-10" (mean = 4.52, at p-value 0.015) and between "6-10 years" and "11-15 years" in favor to "11-15 years" (mean = 4.63, at p-value 0.016).

The researcher thinks that the increase in years of experience leads to the development of thought and a change in the attitudes and interests of clinical instructors and this justifies the difference of clinical instructors' perceptions about the characteristics of an effective clinical nursing instructor in relation to the experience. Although there was no difference between the experience of clinical instructors and their perceptions about the effective clinical training policies and this confirms the importance of these policies from the clinical instructors' point of view, despite their different years of experience.

4.2.20 Mean differences in the perceptions of students and clinical instructors regarding characteristics of effective clinical instructors

Table (4.22): Mean differences in the perceptions of students and clinical instructors regarding the characteristics of an effective clinical instructor

	N	Mean	Std. Deviation	t	P-value
Clinical instructors	150	4.42	0.58	3.72	0.000*
Students	298	4.16	0.75		

  * The mean difference is significant at ≤ 0.05 level.

Table (4.22) showed mean differences between the perceptions of clinical instructors and the perceptions of students about the characteristics of effective clinical instructors. There was statistically significant difference between the perceptions of clinical instructors and the perceptions of students regarding the characteristics of an effective clinical instructor. This finding confirms results from studies conducted by Soriano and Aquino (2017) and Bifftu, et al. (2018) that identified a significant difference in the characteristics of a good clinical instructor based on the perception of the students and clinical instructors. While Parsh (2010) and EL Banan and Elsharkawy (2017) found that there was no a significant difference in the characteristics of an effective clinical instructor based on the perception of the students and clinical instructors.

4.2.21 Mean differences in the perceptions of students and clinical instructors regarding characteristics of effective clinical instructors

Table (4.23): Mean differences in the perceptions of students and clinical instructors regarding effective clinical training policies

	N	Mean	Std. Deviation	t	P-value
Clinical instructors	150	4.32	0.62	2.97	0.003*
Students	298	4.09	0.84		

　　* The mean difference is significant at ≤ 0.05 level.

Table (4.23) showed mean differences between the perceptions of clinical instructors and the perceptions of students about the characteristics of effective training policies. There was statistically significant difference between the perceptions of clinical instructors and the perceptions of students regarding effective clinical training policies.

The researcher believes that the difference in the views of clinical instructors and students may be attributed to different levels of experience and awareness as well as different interests and needs of each.

Chapter Five

Conclusions and Recommendations

5.1 Conclusion

The most important characteristics of an effective instructor as perceived by nursing students were professional competence, communication and training skills with weighted mean 87.38%, 87.01%, and 86.64% respectively. While the most important characteristics of an effective instructor from the viewpoint of the clinical instructor were professional competence, communication and support the professional growth of students with weighted mean 93.73%, 89.07%, and 87.87% respectively. The study found there were statistically significant differences between the perceptions of nursing students and the perceptions of clinical instructors regarding the characteristics of an effective clinical instructor (p-value 0.000). The most important clinical training policies as perceived by the nursing students were appropriate selection of training site, objective evaluation, adequate clinical hours for clinical courses to achieve the objectives, appropriate and clear assignments to their students in clinical courses and obvious role of training department in monitoring students' clinical training with weighted mean 87.45%, 87.05%, 86.51%, 86.04%, and 85.77% respectively. While the most important clinical training policies as perceived by the clinical instructors were the role of training department in monitoring of instructors' performance with students must be clear, objective evaluation, appropriate selection of training site, clear directions about the objectivity in evaluating students from the clinical department and clarity in the role of training department about monitoring students' clinical training with weighted mean 91.07%, 90.67%, 90.405, 89.87%, and 89.20% respectively. The study found there were statistically significant differences between the perceptions of nursing students and the perceptions of clinical instructors regarding effective clinical training policies (p-value 0.003).

5.2 Recommendations

Based on the results of this study, it is recommended to:

- Develop specific criteria for the selection of future clinical instructors included professional competence and communication skills as a basis of selection.

- Establish programs for clinical instructors to develop their knowledge, training, and evaluating skills.

- Develop a standardized evaluation form to support and fairly evaluate the students by the clinical instructors within the clinical setting since that is the common concern of clinical instructors and students.

- The nursing faculties should take into consideration the viewpoints of clinical instructors and students about the characteristics of an effective clinical instructor and clinical training policies because they are the main stakeholders in the training process.

- Establish clear guidelines regarding the role of the clinical training department in monitoring the performance of clinical instructors and students.

- Clinical instructors need to become familiar with clinical evaluation methods and to use them to improve students' learning in clinical settings.

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Annexes

Annex (1): Map of Historical Palestine

Annex (2): Time schedule

Activity	June 2019	July 2019	August 2019	Sept. 2019	Oct. 2019	Nov. 2019
Initiating the proposal	✓	✓				
Developing of study instruments			✓	✓		
Ethical Helsinki committee & administrative permission from colleges					✓	
Pilot study					✓	
Analyzing the data collected from the pilot study					✓	
Full sample data collection					✓	✓
Analyzing full data						✓
Writing remaining parts of research						✓

Annex (3): List of panel experts

No.	Name	Place of work
1.	Dr. Motasem Salah	Ministry of Health & Al - Quds University
2.	Dr. Yousif Awad	University of Palestine & Al - Quds University
3.	Dr. Mohamed Al-Gergawy	Palestine College of Nursing
4.	Dr. Ezzat Elasskary	The Dean of the College of Nursing in Al-Israa University
5.	Dr. Ahmed Najm	Head of Clinical Nursing Training Department in Al-Azhar University

Annex (4): Consent form (Arabic version)

عزيزي المشارك:

يطلب منك المشاركة في دراسة بحثية بعنوان: " **تصورات طلاب التمريض والمدربين السريريين حول خصائص المعلم السريري الفعال وسياسات التدريب السريري في قطاع غزة"**. لديك الحق في معرفة ما سيُطلب منك القيام به بحيث يمكنك أن تقرر ما إذا كنت تريد المشاركة أم لا. مشاركتك طوعية. إذا كنت لا ترغب في الاستمرار في الدراسة، فيمكنك التوقف في أي وقت دون غرامة أو فقدان المزايا التي يحق لك الحصول عليها. يعد هذا البحث شرطا أساسيا لمتطلبات درجة الماجستير من كلية الدراسات العليا ـ برنامج إدارة التمريض ـ جامعة القدس. الباحث نفسه يمول هذا البحث. لذلك، آمل أن تجيب على جميع الأسئلة لأن رأيك يمثل أهمية كبيرة لهذه الدراسة. سيستغرق هذا الاستبيان 15 دقيقة تقريبًا. سيتم استخدام هذا البحث فقط لأغراض البحث العلمي. سيتم تخزين المعلومات التي تنتجها هذه الدراسة في ملف الباحث وسيتم تحديدها برقم الكود فقط. لطرح الأسئلة حول الدراسة، اتصل بالباحث على رقم الهاتف المحمول 0595620780.

التوقيع	**الباحث: محمود سامي الخطيب**
...………………	**El-khateeb-22@hotmail.com**

Annex (5): Consent form (English version)

Dear participant:

You are being asked to participate in a research study titled: **Nursing Students' and Clinical Nursing Instructors' Perceptions about the Characteristics of an Effective Clinical Instructor and Clinical Training Policies in Gaza Strip.** You have the right to know what you will be asked to do so that you can decide whether or not to be in the study. Your participation is voluntary. If you do not want to continue to be in the study, you may stop at any time without penalty or loss of benefits to which you are otherwise entitled. This research as a key prerequisite of the requirements for a master's degree from faculty of graduate studies-nursing management program-Al-Quds University. Researcher himself funds this research. Therefore, I hope you to answer all questions because your opinion represents great importance for this study. This questionnaire will take 15 min approximately. This research will only be used for scientific research purposes. Information produced by this study will be stored in the investigator's file and identified by a code number only. For questions about the study or a research-related injury, contact the researcher on mobile No. 0595620780.

Researcher: Mahmoud Sami Elkhateeb   Signature

El-khateeb-22@hotmail.com

…………………….

Annex (6): Students' questionnaire (Arabic version)

استبيان الطلاب

التاريخ: /   / 2019   رقم الكود: _____   (خاص بالباحث)

البيانات الديموغرافية:

1. العمر: _____ سنة

2. الجنس: ☐ ذكر   ☐ أنثى

3. الجامعة/الكلية التي تدرس فيها: ☐ كلية فلسطين للتمريض ☐ الجامعة الإسلامية ☐ جامعة الأزهر

     ☐ جامعة الإسراء   ☐ الكلية الجامعية للعلوم التطبيقية

4. المستوى التعليمي: ☐ سنة ثالثة   ☐ سنة رابعة

5. مكان الإقامة: ☐ رفح   ☐ خان يونس   ☐ المنطقة الوسطى   ☐ غزة   ☐ الشمال

6. ما هي نسبة المدرب العملي للطلاب التي تستخدم غالبا في التدريب السريري في كليتك ؟ 1: _____ (حدد)

ملاحظة/ 1. يرجى أن تكون إجابتك تمثل رأيك في الخصائص اللازم توفرها في المدرب السريري الفعال وكذلك سياسات التدريب السريري الفعالة وليس الموجودة فعليا فهذه الاستبانة ليست أداة تقييمية.

2. السريري هو العملي.

يرجى الرد على كل عبارة أدناه باستخدام مقياس Likert.

1 = غير موافق بشدة ، 2 = غير موافق ، 3 = محايد ، 4 = موافق ، 5 = موافق بشدة

المجال 1: خصائص مدرب التمريض السريري الفعال					
الكفاءة المهنية / المعرفة	غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة
1. أن يظهر الخبرة السريرية عند تدريب الطلاب.	1	2	3	4	5
2. أن يطور ويحافظ على علاقات فعالة مع الزملاء في مكان العمل.	1	2	3	4	5
3. أن يحترم الموظفون في القسم كفاءة المدرب السريري.	1	2	3	4	5
4. أن يحافظ على سلامة المرضى خلال الإشراف على الممارسة السريرية للطلاب.	1	2	3	4	5
5. أن يمثل نموذج احترافي للطلاب.	1	2	3	4	5
دعم النمو المهني للطلاب	غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة
6. أن يختار التجارب السريرية ذات الصلة والواجبات المتعلقة بالقسم الحالي أو السابق.	1	2	3	4	5
7. أن يقوم بعمل لقاء قبل بداية اليوم التدريبي وفي نهايته بشكل يومي لدعم حل المشكلات السريرية.	1	2	3	4	5
8. أن يستخدم الأسئلة المناسبة لبحث وتوسيع نطاق تعلم الطلاب.	1	2	3	4	5
9. أن يستخدم الأسئلة المناسبة لدعم تطوير مهارات التفكير النقدي.	1	2	3	4	5
10. أن يوفر فرصًا للطلاب لاتخاذ القرارات المتعلقة بالرعاية السريرية.	1	2	3	4	5
التقييم السريري الفعال	غير موافق بشدة	غير موافق	محايد	موافق	موافق بشدة
11. أن يحدد بوضوح التوقعات والواجبات للطلاب.	1	2	3	4	5
12. أن يقدم تغذية راجعة بناءة وفي الوقت المناسب طوال التدريب.	1	2	3	4	5

5	4	3	2	1	أن يحدد نقاط الضعف ويطور خطط تحسين الأداء بالتعاون مع الطلاب.	.13
5	4	3	2	1	أن يقوم بعمل لقاءات مع الطلاب، على الأقل، في منتصف المدة ونهاية الفصل لمناقشة التقييم السريري.	.14
5	4	3	2	1	أن يستخدم مقاييس عادلة وموضوعية لقياس الأداء السريري.	.15
موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة	التواصل	
5	4	3	2	1	أن يعزز المدرب السريري مهارات التواصل لدى الطلاب.	.16
5	4	3	2	1	أن يكون المدرب السريري قابل للتواصل.	.17
5	4	3	2	1	أن يعامل المدرب السريري الطلاب باحترام ويقدر آرائهم.	.18
5	4	3	2	1	أن يخلق المدرب السريري بيئة من التفاعل والحوار المحترمين.	.19
موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة	المسؤولية الأكاديمية	
5	4	3	2	1	أن يبدأ وينهي التجارب السريرية في الوقت المحدد.	.20
5	4	3	2	1	أن يحتفظ بسجلات مكتوبة لأداء الطلاب، بما في ذلك الملاحظات وتقييم المهارات ونماذج التحذير ونماذج التقييم السريري.	.21
5	4	3	2	1	أن يستجيب لأسئلة الطلاب خلال مدة أقصاها اليوم التالي من أيام التدريب السريري.	.22
5	4	3	2	1	أن يتبع سياسات الجامعة / الكلية.	.23
5	4	3	2	1	أن يتأكد من إكمال الطلاب للتجارب السريرية والمهارات المطلوبة.	.24
موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة	مهارات التعليم/التدريب	
5	4	3	2	1	أن يظهر الحماس لتدريس التخصص السريري للطلاب.	.25
5	4	3	2	1	أن يكون المدرب السريري منظم بشكل جيد.	.26
5	4	3	2	1	أن يستخدم مجموعة متنوعة من استراتيجيات التدريس / التدريب لإشراك الطلاب في التعلم وتكييف الخبرات لتلبية احتياجات الطلاب.	.27
5	4	3	2	1	أن يجد خبرات تعلم جديدة للطلاب.	.28

5	4	3	2	1	أن يشجع استخدام التكنولوجيا أثناء التدريب.	.29
5	4	3	2	1	أن يساعد الطلاب على تحديد الأهداف ونقاط القوة ومجالات التحسين.	.30
موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة	علاقة المدرب السريري مع الطالب	
5	4	3	2	1	أن يحافظ على مناخ من الاحترام المتبادل.	.31
5	4	3	2	1	أن يسهل الوصول إليه ويشجع الأسئلة.	.32
5	4	3	2	1	أن يظهر الاهتمام بالطلاب كأشخاص.	.33
5	4	3	2	1	ألا يحاول المدرب السريري إرضاء الطلاب من خلال وضع علامات عالية لهم للحفاظ على علاقة ودية معهم.	.34
					المجال 2: سياسات التدريب السريري الفعالة	
موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة	تخطيط التدريب	
5	4	3	2	1	أن يكون قسم التدريب لديه توجيهات واضحة لتدريب الطلاب السريري.	.35
5	4	3	2	1	أن تكون الساعات المخصصة للمواد السريرية كافية لتحقيق الأهداف.	.36
5	4	3	2	1	أن يكون اختيار موقع التدريب مناسب لتحقيق أهداف المادة السريرية.	.37
5	4	3	2	1	أن يشارك قسم التدريب الطلاب في اختيار موقع التدريب المناسب.	.38
5	4	3	2	1	أن يشارك قسم التدريب المدرب السريري في اختيار المواد التي سيقوم بتدريبها.	.39
موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة	تنفيذ التدريب	
5	4	3	2	1	أن تكون نسبة المدرب السريري إلى الطلاب في كل مجموعة من الطلاب مناسبة.	.40
5	4	3	2	1	أن يتمتع المدرب السريري بوقت كاف لمتابعة جميع الطلاب في المجموعة وإعطاء التغذية الراجعة.	.41
5	4	3	2	1	أن يعطي المدرب السريري المهام المناسبة لطلابه في المادة السريرية.	.42

موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة	تقييم التدريب	
5	4	3	2	1	أن يقوم المدرب السريري بتقييم الطلاب بطريقة عادلة وموضوعية.	43.
5	4	3	2	1	أن يكون دور قسم التدريب في متابعة التدريب السريري للطلاب واضح.	44.
5	4	3	2	1	أن يكون دور قسم التدريب في متابعة أداء المدربين مع الطلاب واضح.	45.
5	4	3	2	1	أن يقوم قسم التدريب بزيارات ميدانية بانتظام.	46.
5	4	3	2	1	أن يأخذ بعين الاعتبار قسم التدريب تقييم الطلاب لمدربيهم السريريين في اتخاذ القرارات في المستقبل المتعلقة بتحسين وتطوير أداء المدرب السريري.	47.
5	4	3	2	1	أن يستخدم قسم التدريب تقييم الطلاب للمدرب السريري في التقييم السنوي / الفصلي لأداء المدرب السريري.	48.
5	4	3	2	1	أن يقدم قسم التدريب للطلاب توجيهات واضحة حول الموضوعية في تقييم المدرب السريري.	49.
5	4	3	2	1	أن يعطي قسم التدريب للمدربين السريريين توجيهات واضحة حول الموضوعية في تقييم طلابهم.	50.

شكرا لتعاونكم

Annex (7): Students' questionnaire (English version)

Date: /   / 2019   Code No.: _____

Demographic data:

1. Age: _____ years

2. Sex: ☐ Male   ☐ Female

3. University/college: ☐ PCN   ☐ IUG   ☐ Al-Azhar University

   ☐ Al-Israa University ☐ UCAS

4. Educational level: ☐ Third year ☐ Fourth year

5. Place of Residence: ☐ Rafah ☐ Khan Younis ☐ Mid-Zone ☐ Gaza ☐ North

6. What is the clinical instructor to student ratio mostly used for clinical training in your college/department?   1: _____ (specify)

Note / Please, your answer represents your opinion on the characteristics needed in an effective clinical trainer as well as effective clinical training policies and not the actual ones, as this questionnaire is not an evaluation tool.

Please respond to each statement below using the Likert Scale.

1 = Strongly Disagree, 2 = Disagree, 3= Neutral, 4 = Agree, 5 = Strongly Agree

Domain 1: Characteristics of an Effective Clinical Nursing Instructor					
Professional Competence/ Knowledge	SD	D	N	A	SA
1. Demonstrates clinical expertise when teaching students.	1	2	3	4	5
2. Develops and maintains effective relationships with workplace colleagues.	1	2	3	4	5
3. The staff in the unit respect the clinical instructor's knowledge.	1	2	3	4	5
4. Maintains patient safety through the supervision of students' clinical practice.	1	2	3	4	5
5. Acts as a professional role model for students.	1	2	3	4	5
Supporting Professional Growth of Students	SD	D	N	A	SA
6. Selects relevant clinical experiences and assignments related to current or prior learning.	1	2	3	4	5
7. Performs daily pre-conference and post-conference to support clinical problem-solving.	1	2	3	4	5
8. Use appropriate questions to probe and extend student learning.	1	2	3	4	5
9. Use appropriate questions to support the development of critical-thinking skills.	1	2	3	4	5
10. Provides opportunities for students' clinical decision making.	1	3	4	5	4

Effective Clinical Evaluation		SD	D	N	A	SA
11.	Clearly outlines expectations and assignments for students.	1	2	3	4	5
12.	Provides constructive and timely feedback throughout training.	1	2	3	4	5
13.	Identifies remediation needs and develops remediation plans in collaboration with students.	1	2	3	4	5
14.	Conferences with students, at minimum, at midterm and end of the term to discuss clinical evaluation.	1	2	3	4	5
15.	Uses fair and objective measures of clinical performance.	1	2	3	4	5
Communication		SD	D	N	A	SA
16.	The clinical instructor promotes the communication skills of students.	1	2	3	4	5
17.	The clinical instructor is approachable for communication.	1	2	3	4	5
18.	The clinical instructor treats the students with respect as individuals and valued their opinions.	1	2	3	4	5
19.	The clinical instructor creates an environment of respectful inquiry and dialogue.	1	2	3	4	5
Academic Responsibilities		SD	D	N	A	SA
20.	Begins and ends clinical experiences on time.	1	2	3	4	5
21.	Maintains written records of students' performance, including anecdotal notes, skills evaluations, warning forms, and clinical evaluation forms.	1	2	3	4	5

22.	Responds to students' questions within the next day of clinical training.	1	2	3	4	5
23.	Follows program and university/college policies.	1	2	3	4	5
24.	Ensures that students complete required clinical experiences and skills.	1	2	3	4	5
Teaching/Training Skills		SD	D	N	A	SA
25.	Demonstrates enthusiasm about teaching of the clinical specialty to students.	1	2	3	4	5
26.	The clinical instructor is well organized.	1	2	3	4	5
27.	Uses a variety of teaching/training strategies to engage students in learning and tailor the experiences to meet students' needs.	1	2	3	4	5
28.	Finds new learning experiences for students.	1	2	3	4	5
29.	Encourages and models the use of technology during training.	1	2	3	4	5
30.	Assists students to identify goals, strengths, and areas for improvement.	1	2	3	4	5
Clinical instructor-Student Relationship		SD	D	N	A	SA
31.	Encourage a climate of mutual respect.	1	2	3	4	5
32.	Approachable and encourages questions.	1	2	3	4	5
33.	Demonstrates interest in students as persons.	1	2	3	4	5
34.	The clinical instructor doesn't try to please students by putting high marks for them to keep a friendly relationship with the students.	1	2	3	4	5

	Domain 2: Effective Clinical Training Policies					
Planning of Training		**SD**	**D**	**N**	**A**	**SA**
35.	The training department has clear guidelines for students' clinical training.	1	2	3	4	5
36.	The allocated field clinical hours for clinical courses are adequate to achieve the objectives.	1	2	3	4	5
37.	Selection of training site is relevant to achieve the clinical course objectives.	1	2	3	4	5
38.	The training department shares the clinical instructor in the selection of a proper training site.	1	2	3	4	5
39.	The training department shares the students in the selection of courses to be trained.	1	2	3	4	5
Implementation of Training		**SD**	**D**	**N**	**A**	**SA**
40.	Clinical instructor's to students' ratio in each group of students is appropriate.	1	2	3	4	5
41.	The clinical instructor has adequate time to monitor and give feedback to all students in the group.	1	2	3	4	5
42.	The training department specifies appropriate assignments to their students in clinical courses.	1	2	3	4	5
Evaluation of Training		**SD**	**D**	**N**	**A**	**SA**
43.	The clinical instructor evaluates students in a fair and objective manner.	1	2	3	4	5
44.	The role of training department in monitoring students' clinical training is obvious.	1	2	3	4	5
45.	The role of training department in monitoring of	1	2	3	4	5

	instructors' performance with students is clear.					
46.	The training department performs field visits regularly.	1	2	3	4	5
47.	The training department considers the students' evaluation of their clinical instructor in future decision making regarding the performance of instructor e.g. direction, modification and development.	1	2	3	4	5
48.	The training department uses the students' evaluation of the clinical instructor in the annual/semester evaluation of the clinical instructors' performance.	1	2	3	4	5
49.	The clinical department gives students clear directions about the objectivity in evaluating their clinical instructor.	1	2	3	4	5
50.	The clinical department gives instructors clear directions about the objectivity in evaluating their students.	1	2	3	4	5

Thank you for your cooperation

Annex (8): Clinical instructors' questionnaire (Arabic version)

استبيان المدربين السريريين

التاريخ: /   / 2019   رقم الكود: _____ (خاص بالباحث)

البيانات الديموغرافية:

1. العمر: _____ سنة

2. الجنس: ☐ ذكر   ☐ أنثى

3. الجامعة/الكلية التي تعمل فيها: ☐ كلية فلسطين للتمريض ☐ الجامعة الإسلامية ☐ جامعة الأزهر

☐ جامعة الإسراء   ☐ الكلية الجامعية للعلوم التطبيقية

4. الحالة الاجتماعية: ☐ أعزب/عزباء ☐ متزوج/ة ☐ أرمل/ة ☐ مطلق/ة

5. المؤهلات: ☐ درجة البكالوريوس في التمريض ☐ درجة الماجستير أو أعلى

6. هل حصلت على دورات تدريبية متعلقة بالتدريب السريري؟: ☐ نعم ☐ لا

7. عدد سنوات الخبرة كمدرب سريري: _____ سنوات

8. مكان الإقامة: ☐ رفح ☐ خان يونس ☐ المنطقة الوسطى ☐ غزة ☐ الشمال

9. ما هي نسبة المدرب السريري للطلاب التي تستخدم في الغالب للتدريب السريري في كليتك / قسمك؟ 1: ____ (حدد)

ملاحظة/ 1. يرجى أن تكون إجابتك تمثل رأيك في الخصائص اللازم توفرها في المدرب السريري الفعال وكذلك سياسات التدريب السريري الفعالة وليس الموجودة فعليا فهذه الاستبانة ليست أداة تقييمية.

2. السريري هو العملي.

يرجى الرد على كل عبارة أدناه باستخدام مقياس Likert.

1 = غير موافق بشدة ، 2 = غير موافق ، 3 = محايد ، 4 = موافق ، 5 = موافق بشدة

					المجال 1: خصائص مدرب التمريض السريري الفعال
موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة	الكفاءة المهنية / المعرفة
5	4	3	2	1	أن يظهر الخبرة السريرية عند تدريب الطلاب.	.1
5	4	3	2	1	أن يطور ويحافظ على علاقات فعالة مع الزملاء في مكان العمل.	.2
5	4	3	2	1	أن يحترم الموظفون في القسم كفاءة المدرب السريري.	.3
5	4	3	2	1	أن يحافظ على سلامة المرضى خلال الإشراف على الممارسة السريرية للطلاب.	.4
5	4	3	2	1	أن يمثل نموذج احترافي للطلاب.	.5
موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة	دعم النمو المهني للطلاب
5	4	3	2	1	أن يختار التجارب السريرية ذات الصلة والواجبات المتعلقة بالقسم الحالي أو السابق.	.6
5	4	3	2	1	أن يقوم بعمل لقاء قبل بداية اليوم التدريبي وفي نهايته بشكل يومي لدعم حل المشكلات السريرية.	.7
5	4	3	2	1	أن يستخدم الأسئلة المناسبة لبحث وتوسيع نطاق تعلم الطلاب.	.8
5	4	3	2	1	أن يستخدم الأسئلة المناسبة لدعم تطوير مهارات التفكير النقدي.	.9
5	4	3	2	1	أن يوفر فرصًا للطلاب لاتخاذ القرارات المتعلقة بالرعاية السريرية.	.10
موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة	التقييم السريري الفعال
5	4	3	2	1	أن يحدد بوضوح التوقعات والواجبات للطلاب.	.11
5	4	3	2	1	أن يقدم تغذية راجعة بناءة وفي الوقت المناسب طوال التدريب.	.12

موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة		
5	4	3	2	1	أن يحدد نقاط الضعف ويطور خطط تحسين الأداء بالتعاون مع الطلاب.	13.
5	4	3	2	1	أن يقوم بعمل لقاءات مع الطلاب، على الأقل، في منتصف المدة ونهاية الفصل لمناقشة التقييم السريري.	14.
5	4	3	2	1	أن يستخدم مقاييس عادلة وموضوعية لقياس الأداء السريري.	15.
موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة	التواصل	
5	4	3	2	1	أن يعزز المدرب السريري مهارات التواصل لدى الطلاب.	16.
5	4	3	2	1	أن يكون المدرب السريري قابل للتواصل.	17.
5	4	3	2	1	أن يعامل المدرب السريري الطلاب باحترام ويقدر آرائهم.	18.
5	4	3	2	1	أن يخلق المدرب السريري بيئة من التفاعل والحوار المحترمين.	19.
موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة	المسؤولية الأكاديمية	
5	4	3	2	1	أن يبدأ وينهي التجارب السريرية في الوقت المحدد.	20.
5	4	3	2	1	أن يحتفظ بسجلات مكتوبة لأداء الطلاب، بما في ذلك الملاحظات وتقييم المهارات ونماذج التحذير ونماذج التقييم السريري.	21.
5	4	3	2	1	أن يستجيب لأسئلة الطلاب خلال مدة أقصاها اليوم التالي من أيام التدريب السريري.	22.
5	4	3	2	1	أن يتبع سياسات قسم التدريب العملي.	23.
5	4	3	2	1	أن يتأكد من إكمال الطلاب للتجارب السريرية والمهارات المطلوبة.	24.
موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة	مهارات التعليم/التدريب	
5	4	3	2	1	أن يظهر الحماس لتدريس التخصص السريري للطلاب.	25.
5	4	3	2	1	أن يكون المدرب السريري منظم بشكل جيد.	26.
5	4	3	2	1	أن يستخدم مجموعة متنوعة من استراتيجيات التدريس / التدريب لإشراك الطلاب في التعلم وتكييف الخبرات لتلبية	27.

5	4	3	2	1	احتياجات الطلاب.	
5	4	3	2	1	أن يجد خبرات تعلم جديدة للطلاب.	28.
5	4	3	2	1	أن يشجع استخدام التكنولوجيا أثناء التدريب.	29.
5	4	3	2	1	أن يساعد الطلاب على تحديد الأهداف ونقاط القوة ومجالات التحسين.	30.

موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة	علاقة المدرب العملي مع الطالب	
5	4	3	2	1	أن يحافظ على مناخ من الاحترام المتبادل.	31.
5	4	3	2	1	أن يسهل الوصول إليه ويشجع الأسئلة.	32.
5	4	3	2	1	أن يظهر الاهتمام بالطلاب كأشخاص.	33.
5	4	3	2	1	ألا يحاول المدرب السريري إرضاء الطلاب من خلال وضع علامات عالية لهم للحفاظ على علاقة ودية معهم.	34.

المجال 2: سياسات التدريب السريري الفعالة

موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة	تخطيط التدريب	
5	4	3	2	1	أن يكون قسم التدريب لديه توجيهات واضحة لتدريب الطلاب السريري.	35.
5	4	3	2	1	أن تكون الساعات المخصصة للمواد السريرية كافية لتحقيق الأهداف.	36.
5	4	3	2	1	أن يكون اختيار موقع التدريب مناسب لتحقيق أهداف المادة السريرية.	37.
5	4	3	2	1	أن يشارك قسم التدريب المدرب في اختيار موقع التدريب المناسب.	38.
5	4	3	2	1	أن يشارك قسم التدريب المدرب السريري في اختيار المواد التي سيقوم بتدريبها.	39.

موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة	تنفيذ التدريب	
5	4	3	2	1	أن تكون نسبة المدرب السريري إلى الطلاب في كل مجموعة من الطلاب مناسبة.	40.

5	4	3	2	1	أن يتمتع المدرب السريري بوقت كاف لمتابعة جميع الطلاب في المجموعة وإعطاء التغذية الراجعة.	41.
5	4	3	2	1	أن يعطي المدرب السريري المهام المناسبة لطلابه في المادة السريرية.	42.

موافق بشدة	موافق	محايد	غير موافق	غير موافق بشدة	**تقييم التدريب**	
5	4	3	2	1	أن يقوم المدرب السريري بتقييم الطلاب بطريقة عادلة وموضوعية.	43.
5	4	3	2	1	أن يكون دور قسم التدريب في مراقبة التدريب السريري للطلاب واضح.	44.
5	4	3	2	1	أن يكون دور قسم التدريب في مراقبة أداء المدربين مع الطلاب واضح.	45.
5	4	3	2	1	أن يقوم قسم التدريب بزيارات ميدانية بانتظام.	46.
5	4	3	2	1	أن يأخذ بعين الاعتبار قسم التدريب تقييم الطلاب لمدربيهم السريريين في اتخاذ القرارات في المستقبل المتعلقة بتحسين وتطوير أداء المدرب السريري.	47.
5	4	3	2	1	أن يستخدم قسم التدريب تقييم الطلاب للمدرب السريري في التقييم السنوي / الفصلي لأداء المدرب السريري.	48.
5	4	3	2	1	أن يقدم القسم السريري للطلاب توجيهات واضحة حول الموضوعية في تقييم المدرب السريري.	49.
5	4	3	2	1	أن يعطي قسم التدريب للمدربين السريريين توجيهات واضحة حول الموضوعية في تقييم طلابهم.	50.

شكرا لتعاونكم

Annex (9): Clinical instructors' questionnaire (English version)

Date: /   / 2019   Code No.: _____

Demographic data:

  1. Age: _____ years

  2. Sex: ☐ Male   ☐ Female

  3. University/college: ☐ PCN   ☐ IUG   ☐ Al-Azhar University

                                ☐ Al-Israa University ☐ UCAS

  4. Marital Status: ☐ Single   ☐ Married   ☐ Widowed   ☐ Divorced

  5. Qualifications: ☐ Bachelor degree in nursing   ☐ Master degree or higher

  6. Do you have courses related to your role as a clinical instructor? ☐ Yes   ☐ No

  7. Number of years' experience as a clinical instructor: _____ years

  8. Place of Residence: ☐ Rafah   ☐ Khan Younis   ☐ Mid-Zone   ☐ Gaza   ☐ North

  9. What is the clinical instructor to student ratio mostly used for clinical training in your college/department?   1: _____ (specify)

Note / Please, your answer represents your opinion on the characteristics needed in an effective clinical trainer as well as effective clinical training policies and not the actual ones, as this questionnaire is not an evaluation tool.

Please respond to each statement below using the Likert Scale.

1 = Strongly Disagree, 2 = Disagree, 3= Neutral, 4 = Agree, 5 = Strongly Agree

Domain 1: Characteristics of an Effective Clinical Nursing Instructor						
Professional Competence/ Knowledge		SD	D	N	A	SA
1.	Demonstrates clinical expertise when teaching students.	1	2	3	4	5
2.	Develops and maintains effective relationships with workplace colleagues.	1	2	3	4	5
3.	The staff in the unit respect the clinical instructor's knowledge.	1	2	3	4	5
4.	Maintains patient safety through the supervision of students' clinical practice.	1	2	3	4	5
5.	Acts as a professional role model for students.	1	2	3	4	5
Supporting Professional Growth of Students		SD	D	N	A	SA
6.	Selects relevant clinical experiences and assignments related to current or prior learning.	1	2	3	4	5
7.	Performs daily pre-conference and post-conference to support clinical problem-solving.	1	2	3	4	5
8.	Use appropriate questions to probe and extend student learning.	1	2	3	4	5
9.	Use appropriate questions to support the development of critical-thinking skills.	1	2	3	4	5
10.	Provides opportunities for students' clinical decision making.	1	3	4	5	4

Effective Clinical Evaluation		SD	D	N	A	SA
11.	Clearly outlines expectations and assignments for students.	1	2	3	4	5
12.	Provides constructive and timely feedback throughout training.	1	2	3	4	5
13.	Identifies remediation needs and develops remediation plans in collaboration with students.	1	2	3	4	5
14.	Conferences with students, at minimum, at midterm and end of the term to discuss clinical evaluation.	1	2	3	4	5
15.	Uses fair and objective measures of clinical performance.	1	2	3	4	5
Communication		SD	D	N	A	SA
16.	The clinical instructor promotes the communication skills of students.	1	2	3	4	5
17.	The clinical instructor is approachable for communication.	1	2	3	4	5
18.	The clinical instructor treats the students with respect as individuals and valued their opinions.	1	2	3	4	5
19.	The clinical instructor creates an environment of respectful inquiry and dialogue.	1	2	3	4	5
Academic Responsibilities		SD	D	N	A	SA
20.	Begins and ends clinical experiences on time.	1	2	3	4	5
21.	Maintains written records of students' performance, including anecdotal notes, skills evaluations, warning forms, and clinical evaluation forms.	1	2	3	4	5

22.	Responds to students' questions within the next day of clinical training.	1	2	3	4	5
23.	Follows program and university/college policies.	1	2	3	4	5
24.	Ensures that students complete required clinical experiences and skills.	1	2	3	4	5
Teaching/Training Skills		**SD**	**D**	**N**	**A**	**SA**
25.	Demonstrates enthusiasm about teaching of the clinical specialty to students.	1	2	3	4	5
26.	The clinical instructor is well organized.	1	2	3	4	5
27.	Uses a variety of teaching/training strategies to engage students in learning and tailor the experiences to meet students' needs.	1	2	3	4	5
28.	Finds new learning experiences for students.	1	2	3	4	5
29.	Encourages and models the use of technology during training.	1	2	3	4	5
30.	Assists students to identify goals, strengths, and areas for improvement.	1	2	3	4	5
Clinical instructor-Student Relationship		**SD**	**D**	**N**	**A**	**SA**
31.	Encourage a climate of mutual respect.	1	2	3	4	5
32.	Approachable and encourages questions.	1	2	3	4	5
33.	Demonstrates interest in students as persons.	1	2	3	4	5
34.	The clinical instructor doesn't try to please students by putting high marks for them to keep a friendly relationship with the students.	1	2	3	4	5
Domain 2: Effective Clinical Training Policies						

Planning of Training		SD	D	N	A	SA
35.	The training department has clear guidelines for students' clinical training.	1	2	3	4	5
36.	The allocated field clinical hours for clinical courses are adequate to achieve the objectives.	1	2	3	4	5
37.	Selection of training site is relevant to achieve the clinical course objectives.	1	2	3	4	5
38.	The training department shares the clinical instructor in the selection of a proper training site.	1	2	3	4	5
39.	The training department shares the clinical instructor in the selection of courses to be trained.	1	2	3	4	5
Implementation of Training		SD	D	N	A	SA
40.	Clinical instructor's to students' ratio in each group of students is appropriate.	1	2	3	4	5
41.	The clinical instructor has adequate time to monitor and give feedback to all students in the group.	1	2	3	4	5
42.	The training department specifies appropriate assignments to their students in clinical courses.	1	2	3	4	5
Evaluation of Training		SD	D	N	A	SA
43.	The clinical instructor evaluates students in a fair and objective manner.	1	2	3	4	5
44.	The role of training department in monitoring students' clinical training is obvious.	1	2	3	4	5
45.	The role of training department in monitoring of instructors' performance with students is clear.	1	2	3	4	5

46.	The training department performs field visits regularly.	1	2	3	4	5
47.	The training department considers the students' evaluation of their clinical instructor in future decision making regarding the performance of instructor e.g. direction, modification and development.	1	2	3	4	5
48.	The training department uses the students' evaluation of the clinical instructor in the annual/semester evaluation of the clinical instructors' performance.	1	2	3	4	5
49.	The clinical department gives students clear directions about the objectivity in evaluating their clinical instructor.	1	2	3	4	5
50.	The clinical department gives instructors clear directions about the objectivity in evaluating their students.	1	2	3	4	5

Thank you for your cooperation

Annex (10): Approval from Helsinki Committee

المجلـــس الفلسطيـــني للبحـــث الصحـــي
Palestinian Health Research Council

تعزيز النظام الصحي الفلسطيني من خلال مأسسة استخدام المعلومات البحثية في صنع القرار

Developing the Palestinian health system through institutionalizing the use of information in decision making

Helsinki Committee
For Ethical Approval

Date: 2019/10/7   Number: PHRC/HC/623/19

الاسم:

Name: Mahmoud Sami Elkhateeb

We would like to inform you that the committee had discussed the proposal of your study about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم حول:

Nursing Students' and Clinical Nursing Instructors' Perceptions about the Characteristics of an Effective Clinical Instructor and Clinical Training Policies in Gaza Strip

The committee has decided to approve the above mentioned research. Approval number PHRC/HC/623/19 in its meeting on 2019/10/7

و قد قررت الموافقة على البحث المذكور عاليه بالرقم والتاريخ المذكوران عاليه

Signature

Member   Member

Chairman

Genral Conditions:-
1. Valid for 2 years from the date of approval.
2. It is necessary to notify the committee of any change in the approved study protocol.
3. The committee appreciates receiving a copy of your final research when completed.

Specific Conditions:-

E-Mail:pal.phrc@gmail.com

Gaza - Palestine   غزة ـ فلسطين

شارع النصر ـ مفترق العيون

127

Annex (11): Approval from MoH

State of Palestine
Ministry of health

☒

دولة فلسطين
وزارة الصحة

: رامي عيد سليمان العبادله   المحترم

مدير عام بالوزارة /الإدارة العامة لتنمية القوى البشرية ــ /وزارة الصحة

السلام عليكم ،،،

الموضوع/ تسهيل مهمة الباحث// محمود الخطيب

التفاصيل //
بخصوص الموضوع أعلاه، يرجي تسهيل مهمة الباحث/ **محمود سامي الخطيب**
الملتحق ببرنامج ماجستير التمريض – تخصص إدارة التمريض – جامعة القدس أبوديس في إجراء بحث بعنوان:ــ
Nursing Students' and Clinical Nursing Instructors' Perceptions about the Characteristics"
"of an Effective Clinical Instructor and Clinical Training Policies in Gaza Strip
حيث الباحث بحاجة لتوزيع استبانة على مدربي طلاب التمريض إضافة لطلاب التمريض اثناء التدريب (السنة الثالثة
والرابعة)، بما لا يتعارض مع مصلحة العمل وضمن أخلاقيات البحث العلمي، ودون تحمل الوزارة أي أعباء أو مسئولية.
وتفضلوا بقبول التحية والتقدير،،،
ملاحظة /
● البحث المذكور حصل على موافقة لجنه اخلاقيات البحث الصحي (لجنة هلسنكي)
تسهيل المهمة الخاص بالدراسة أعلاه صالح لمدة 3 أشهر من تاريخه.

محمد ابراهيم محمد السرساوي
مدير دائرة/الإدارة العامة لتنمية القوى البشرية ــ

Annex (12): Permission from IUG

Al Quds University
Faculty of Health Professions
Nursing Dept. –Gaza

جامعة القدس
كلية المهن الصحية
دائرة التمريض– غزة

التاريخ: ٢٠١٩/١٠/١٤

حضرة الأخ الدكتور/ أشرف الجدي   حفظه الله
عميد كلية التمريض بالجامعة الإسلامية
السلام عليكم ورحمة الله وبركاته

الموضوع: تسهيل مهمة الطالب محمود سامي الخطيب

تهديكم كلية المهن الصحية بجامعة القدس أطيب التحيات، ونرجو من حضرتكم مساعدة الطالب المذكور بخصوص جمع معلومات خاصة بموضوع:

Nursing Students' and Clinical Instructors' Perceptions about the Characteristics of an effective Clinical Instructor and Clinical Training Policies in Gaza Strip

وذلك من مدربي طلاب التمريض وطلبة سنة ثالثة ورابعة من برنامج بكالوريوس التمريض بكليتكم الكريمة وذلك ضمن متطلبات رسالة الماجستير الخاصة به لبرنامج ادارة التمريض.

وتفضلوا بقبول وافر الاحترام والتقدير

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أستاذ مساعد في علوم التمريض
منسق برامج ماجستير التمريض بغزة
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تلفون: 2644210 08+2644220 08
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129

Annex (13): Permission from Al-Azhar University

Al Quds University

Faculty of Health Professions

Nursing Dept. –Gaza

جامعة القدس

كلية المهن الصحية

دائرة التمريض– غزة

التاريخ: ٢٠١٩/١٠/١٤

حضرة الأخ الدكتور/ خالد أبو شاب   حفظه الله

عميد كلية العلوم الطبية التطبيقية بجامعة الأزهر

السلام عليكم ورحمة الله وبركاته

الموضوع: تسهيل مهمة الطالب محمود سامي الخطيب

تهديكم كلية المهن الصحية بجامعة القدس أطيب التحيات، ونرجو من حضرتكم مساعدة الطالب المذكور بخصوص جمع معلومات خاصة بموضوع:

Nursing Students' and Clinical Instructors' Perceptions about the Characteristics of an effective Clinical Instructor and Clinical Training Policies in Gaza Strip

وذلك من مدربي طلاب التمريض وطلبة سنة ثالثة ورابعة من برنامج بكالوريوس التمريض بقسم التمريض بكليتكم الكريمة وذلك ضمن متطلبات رسالة الماجستير الخاصة به لبرنامج ادارة التمريض.

وتفضلوا بقبول وافر الاحترام والتقدير

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تلفون: 08 2644210+08 2644220

تلفاكس: 082644220

Annex (14): Permission from Al-Israa University

Al Quds University

Faculty of Health Professions

Nursing Dept. –Gaza

جامعة القدس

كلية المهن الصحية

دائرة التمريض- غزة

التاريخ:2019/10/14
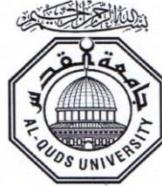
حضرة الأخ/ د. طالب أبو معلا   حفظه الله

عميد كلية المهن الصحية بجامعة الاسراء

السلام عليكم ورحمة الله وبركاته

الموضوع: تسهيل مهمة الطالب محمود سامي الخطيب

تهديكم كلية المهن الصحية بجامعة القدس أطيب التحيات، ونرجو من حضرتكم مساعدة الطالب المذكور بخصوص جمع معلومات خاصة بموضوع:

Nursing Students' and Clinical Instructors' Perceptions about the Characteristics of an effective Clinical Instructor and Clinical Training Policies in Gaza Strip

وذلك من مدربي طلاب التمريض وطلبة سنة ثالثة ورابعة من برنامج بكالوريوس التمريض بجامعتكم وذلك ضمن متطلبات رسالة الماجستير الخاصة به لبرنامج ادارة التمريض.

وتفضلوا بقبول وافر الاحترام والتقدير

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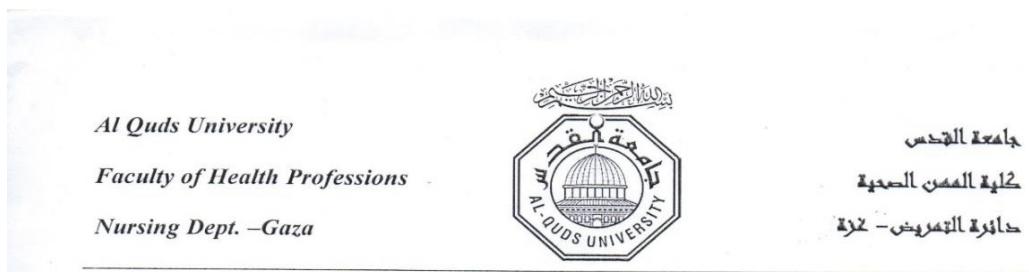
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السلام عليكم ورحمة الله وبركاته

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Arabic summary

العنوان: تصورات طلاب التمريض ومدربيهم حول خصائص المدرب السريري الفعال وسياسات التدريب السريري في قطاع غزة

إعداد: محمود سامي الخطيب

إشراف: د. حمزة محمد عبد الجواد

ملخص الدراسة

يلعب المدربون السريريون دورًا رئيسيًا في نجاح التعليم السريري لطلاب التمريض، بالإضافة إلى قدرتهم على ربط الجانب النظري مع الجانب العملي. أظهرت العديد من الدراسات التي أجريت في أنحاء مختلفة من العالم نقاط ضعف كبيرة في التدريس السريري، والتي ارتبط معظمها بمدربي التمريض وسياسات التدريب العملي. كان الهدف من الدراسة هو تقييم تصورات طلاب التمريض والمدربين السريريين حول خصائص المدرب السريري الفعال وسياسات التدريب السريري التي قد تسهم في تحسين جودة تعليم التمريض السريري في الكليات التي تدير برامج بكالوريوس التمريض في قطاع غزة.

استخدم الباحث في هذه الدارسة المنهج الوصفي التحليلي. تألف مجتمع الدراسة من المدربين السريريين وطلاب المستوى الثالث والرابع في خمس كليات تمريض هي كلية فلسطين للتمريض، الجامعة الإسلامية، الكلية الجامعية للعلوم التطبيقية، جامعة الإسراء، جامعة الأزهر. تم توزيع استبيانات تعبأ ذاتياً لكل من الطلبة والمدربين. تم اختبار مصداقية الاستبيان من قبل خمسة خبراء. تم فحص موثوقية الاستبيانات من خلال إجراء دراسة استطلاعية. تم حساب كرونباخ ألفا للاستبانتين وكان أكثر من 0.7. تم تحليل البيانات باستخدام برنامج الإحصاء المحوسب SPSS الإصدار 23.

أظهرت نتائج الدراسة أن معظم عينة الدراسة من الطلاب تتراوح أعمارهم بين 19 و27 عامًا، وشكلت الطالبات 53.4٪ من حجم العينة بينما بلغت نسبة الطلاب 46.6٪. كما أظهرت البيانات المتعلقة بالمستوى التعليمي للطلاب 56.4٪ من المستوى الثالث و43.6٪ من المستوى الرابع. أعلى نسبة مدرب سريري للطلاب من وجهة نظر الطلاب هي 1: 8 (45.6 ٪). في حين أن أعلى نسبة من المدربين السريريين تتراوح أعمارهم بين 25-35 سنة (58 ٪)، و64 ٪ من المدربين السريريين كانوا

من الـذكور و36 ٪ مـن الإنـاث مـع 88٪ مـنهم كـانوا متـزوجين، وكانت أعلى نسبة مـن المـدربين السريريين حاصلين على درجة البكالوريوس (81.3٪) و (18.7٪) حاصلين على درجة الماجستير، ومعظم المـدربين السريرين حصـل علـى دورات تدريبيـة متعلقة بالتدريب السريري (90.7 ٪). أعلى نسبة مدرب سريري لنسبة الطلاب من وجهة نظر المدربين كانت 1: 8 (41.3 ٪). وجدت الدراسة أن هنـاك فـروق ذات دلالـة إحصـائية بـين تصـور طـلاب التمـريض وتصـور المـدربين السريـريين فيمـا يتعلق بخصائص المدرب السريري الفعال وسياسات التدريب السريري.

أظهرت نتائج الدراسة أن أهم خصائص المدرب الفعال كما يراها طلاب التمريض هـي الكفاءة المهنية والتواصـل والمهـارات التدريبيـة. فـي حـين أن أهـم خصـائص المـدرب الفعـال مـن وجهـة نظـر المـدرب السـريري هـي الكفـاءة المهنيـة والتواصـل ودعـم النمـو المهنـي للطـلاب. كانـت أهـم سياسـات التـدريب السـريري كمـا يراهـا طـلاب التمـريض هـي الاختيـار المناسـب لموقـع التـدريب والتقيـيم الموضـوعي والسـاعات السـريرية الكافيـة لفتـرة التـدريب السـريرية لتحقيـق الأهـداف والواجبـات المناسـبة والواضـحة لطلابهم في الفترات التدريبية ووجود دور واضح لقسم التدريب في مراقبة تدريب الطلاب السريري. في حـين أن أهـم سياسـات التـدريب السـريري مـن وجهـة نظـر المـدربين السـريريين كانـت وضـوح دور قسـم التدريب في مراقبة أداء المدربين مـع الطـلاب وموضوعية التقييم، والاختيار المناسب لموقـع التـدريب، ووجـود توجيهـات واضـحة حـول الموضـوعية فـي تقيـيم الطـلاب مـن قسـم التـدريب السـريري والوضـوح فـي دور القسم في مراقبة التدريب السريري للطلاب.

وخلصـت الدراسـة إلـى أن جـودة التعلـيم السـريري بحاجـة إلـى تحسـين بمـا يتعلـق بمواصـفات المـدربين وسياسـات التـدريب. وأوصـت الدراسـة بـأن تأخـذ كليـات التمـريض فـي الاعتبـار وجهـات نظـر المـدربين السـريريين والطـلاب السـريريين حـول خصـائص المـدرب السـريري الفعـال وسياسـات التـدريب السـريري وكـذلك وضـع معـايير محـددة لاختيـار المـدربين السـريريين المسـتقبليين بمـا فـي ذلـك الكفـاءة المهنيـة ومهـارات الاتصـال.