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AL –Quds University**

**Undergraduate Palestinian Senior Nursing Students'
Perception Towards Clinical Instructor and Clinical
Setting**

By:

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**Undergraduate Palestinian Senior Nursing Students'
Perception Towards Clinical Instructor and Clinical Setting**

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of Master of Arts in Education

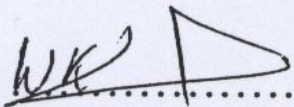
Education Department of Graduate Studies

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Declaration

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

Name: Waleed Saleem Saleh Al-Khatib

Signature: .....

Date: 15.09.2005.....

Dedication

To all the Palestinian patients and nurses. To all the nursing tutors and clinical instructors in Palestine. To my parents and my wife.

Acknowledgments

I would like to acknowledge all the tutors at AL- Quds University, who helped me to complete my work.

Sincere thanks to my supervisor Dr. Moh'd Amleh for his support, encouragement, help and his generous time.

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Abstract

This study aimed at finding out the perception of senior nursing students toward clinical instructor and clinical setting, then to find out the obstacles that facing students in the clinical learning environment.

The sample of the study consisted of (63) students (41 females, and 22 males) at the four Palestinian universities (Al-Quds university, Bethlehem university, Hebron university, and Ibn-Sena college of nursing) in the fourth academic year 2004-2005.

To achieve the aim of the study, a questionnaire was used for collecting the necessary data for this research. After collecting the data and analyzing them by the Statistical Package of Social Science (SPSS) using means, standard deviations, One Way Analysis of Variance and independent t-test.

The findings of this study were as follows:

1-Research has shown that senior nursing students' perception toward clinical instructors and clinical setting was positive.

2-There were no significant differences at ($\alpha = 0.05$) in students perception means toward clinical instructor and clinical setting due to gender.

3- There were significant differences at ($\alpha = 0.05$) in students' perception means toward clinical instructor and clinical setting due to the name of university.

4-There were no significant differences at ($\alpha =0.05$) in students' perception means toward clinical instructor and clinical setting due to the hospital.

5-There were no significant differences at ($\alpha =0.05$) in students' perception toward clinical instructor and clinical setting due to their total GPA.

This study recommended further researches in the same field with the use of different research instruments.

المخلص

هدفت هذه الدراسة إلى الكشف عن إدراكات طلبة سنة رابعة تمريض نحو المشرفين (المشرفين) العمليين والبيئة العملية التعليمية، كما هدفت إلى الكشف عن العوائق التي تواجه هؤلاء الطلبة من قبل المشرف العملي والبيئة العملية التعليمية.

وقد اقتصرَت هذه الدراسة على عينة عشوائية من (63) طالباً وطالبة من الجامعات الفلسطينية في الضفة الغربية (22 ذكور، 41 إناث) من طلبة السنة الرابعة للعام الدراسي 2004-2005.

ولتحقيق هدف هذه الدراسة قام الباحث باستخدام استبانة لجمع البيانات المطلوبة للبحث. وبعد جمع البيانات اللازمة للدراسة وتحليلها إحصائياً باستخدام المتوسطات الحسابية، والانحرافات المعيارية، وتحليل التباين الأحادي، واختبار (ت) للعينات المستقلة تم التوصل إلى النتائج التالية:

❖ اظهرت الدراسة انه كان هناك ادراكات ايجابية للطلبة نحو المشرف العملي والبيئة العملية التعليمية.

❖ لم تكن هناك فروق ذات دلالة إحصائية عند مستوى الدلالة ($\alpha=0.05$) في متوسطات ادراكات الطلبة نحو المشرف العملي والبيئة العملية التعليمية تعزى إلى الجنس.

❖ لم تكن هناك فروق ذات دلالة إحصائية عند مستوى الدلالة ($\alpha=0.05$) في متوسطات ادراكات الطلبة نحو المشرف العملي والبيئة العملية التعليمية تعزى إلى الجامعة. لصالح جامعة بيت لحم .

❖ لم تكن هناك فروق إحصائية عند مستوى الدلالة ($\alpha=0.05$) في متوسطات ادراكات الطلبة نحو المشرف العملي والبيئة العملية التعليمية تعزى إلى المستثنى.

❖ لم تكن هناك فروق ذات دلالة إحصائية عند مستوى الدلالة ($\alpha=0.05$) في متوسطات ادراكات الطلبة نحو المشرف العملي والبيئة العملية التعليمية تعزى إلى المعدل التراكمي.

وقد أوصت الدراسة بإجراء المزيد من الأبحاث في مجال البيئة العملية التعليمية والمشرف في البيئة العملية مع الأخذ بعين الاعتبار ضرورة استخدام أدوات أخرى.

Chapter One

Introduction

Nursing is a practice-based profession and thus, the quality of clinical nursing education for learner is fundamental to successful preparation for nursing career (Gromley, 1997).

The clinical learning environment (CLE) has been defined as an interactive network of forces within the clinical setting which influence the student's clinical learning outcomes Dunn and Burnett (1995). The clinical learning environment may influence the development of student attitudes, psychomotor skills, knowledge, and clinical problem solving abilities (Bloom 1964, Dunn, 1992).

According to Shvell (1996) the students' learning environment is a rich psychomotor soup comprised of cognitive social, cultural, affective, emotional, motivational and curricular factors, in which teachers and students work together towards learning.

Levik, G. and Jones,L (1996) stated that clinical learning environment is a major component of nursing education and has been acknowledged as the core of nursing education

Good professional education should ensure that hospitals and primary healthcare settings receive adaptable new recruits who, after a period of

preceptor ship become competent practitioners with a wide range of clinical skills. (Philips, Franks,P,Burnard,L&Brown,J.1994).

One means to identify and evaluate the factors affecting the effectiveness of the teaching-learning experience is to look at the clinical educational environment through the students' perspective. Students perception of the quality of the learning environment can provide educators with valuable information related to student learning in these environments (Bord of Altranais, 2003).

Marson (1982) has described the characteristics of a good teacher in the clinical environment; these characteristics cover five main areas of competence:

1. Professional qualities, e.g. "He\She kept good standards of nursing"
2. Personality traits. e.g. "He\She was approachable and friendly"
3. Empathetic Qualities, e.g. "He\She seemed to know how learners felt"
4. Teaching abilities, e.g. "He\She asked me questions to find out what I already knew", "He\She spoke to you in your own language, he explained medical terms in simple language".

Much significant learning is acquired by doing, by coming face to face with practical, social or personal problems, which have to be worked through.

Many authors and researchers had studied the importance of mentor in the nursing clinical areas. The use of staff from the clinical areas to facilitate student learning in the field setting has been widely employed. A mentor-mentoree relationship between clinically skilled nurses and students is often established for the purpose of helping students to acquire clinical competence and skills, increasing their decision-making abilities, and smoothing the transition to the workplace, (Yates, N, Henry, C, & Marriott, A. 1997, Northcott, 2000).

As stated in many studies, clinical mentors have the most updated information on the practices on the clinical areas where students were having their placement (Spouse, 1996).

Ward culture and clinical learning environment:

One of the most important features of a good clinical learning environment is the psychological security. This is achieved in an environment in which the atmosphere is fair and where students can solve learning problems and also in a culture that tolerates faults and mistakes as a part of the learning process. Thus, in such an ideal learning environment, students are placed optimally and their workload is also optimal. Inactivity and minimal patients contact are associated with poor learning experiences. In secure working environment the

students come also to recognize the impacts on the development of the professional nurse role. The student nurse can move flexibly among roles of learning of learner and newly practitioner (Wilson et al., 1995, Dunn and Hasford, 1995, Nevill and French, 1991). The aim of clinical practice learning is to enable students to develop the domains of competence and to become safe, caring, competent decision- makers willing to accept personal and professional accountability for evidence- based nursing/ midwifery care (Bord of Altranais, 2000).

The head nurses and staff nurses in the clinical area should play a great role in teaching the student nurses. Each registered nurse/ midwife has duty to provide students with clinical support to help them question, analyze, reflect upon their practice and develop autonomy in decision- making to enable them become safe, caring competent nurses/ midwives. (Bord of Altranais, 2000).

Lotmark (2001) stated that the clinical practice experience provides students with:

- The opportunity and privilege of direct access to patients/ client.
- The opportunity to experience the world of nursing and midwifery and to reflect on and to speak to others about what is experienced.

- The reference system for the student to critically evaluate practice, to predict future actions and through reflection, reveal the thinking that underpins nursing actions.
- The motivation is essential to acquire the skills critical to the delivery of quality patient/ client care.
- The environment to enable them to understand the integrated nature of practice and to identify their learning needs.
- Opportunities to take the responsibility of work, independently and receive feedback about their practice.

The Bord of Altranais (2003) emphasized that quality clinical learning environment is influenced by:

- Dynamic, democratic structures and processes.
- Ward/ unit areas where staff is valued, highly motivated and where they deliver quality patient care.
- Supportive relationship, good staff moral and team spirit.
- Good communication and interpersonal relations between registered nurse/ midwife and students.
- Acceptance of students as learners who can contribute to the delivery of quality patient care.

The findings of a research conducted by (Orton 1981, Carddok 1993, Fretwell 1983, Hart and Rotem, 1995, Willson et al, 1995, Dunn and Hansford 1995, Nolan 1998, Spouse 1998, Shung-kit, 1999) on students' perception of the clinical learning environment has provided insight into factors which facilitate and inhibit learning during clinical practice placement.

Facilitating factors:

1. An empowering clinical nurse/ midwife manager.
2. Positive ward climate.
3. Developed decision- making, team work oriented to continuity of care.
4. Supportive, positive relationships.
5. Atmosphere of trust.
6. student involved and participation as an active member of the team.
7. Student and registered nurses/ midwives working together.

Inhibiting Factors:

1. Hierarchal structure, rigid wards routine.
2. Lack of team spirit and commitment to teaching students nurse/
midwife
3. Task allocation
4. Low staff morale.

5. Student feeling that the supervisor does not rely on him/ her.
6. Student being ignored as an active participant in patient/ client care
7. Inadequate supervision of student, little opportunity in patient/ client care.

The British Association for counseling (BAC) (1997) identifies that the ongoing supervision is important as an essential aspect of practice, and as a requirement for all of its members whatever their length of experience. The primary aim of such supervision is to protect clients although it is also recognized as vital for the continued support and development of the counselors.

Hess (1980) suggests that supervision is based on a relationship where the general, goal is to help the supervisee to become more effective in helping people. Supervision is a practice-focused professional relationship involving a practitioner reflecting on practice, guided by a skilled supervisor (UKCC, 1996). Supervision is also defined as an exchange between practicing professionals to assist the development of professional skills (Butterworth and Fangier, 1995)

Clinical supervision is a supportive mechanism for practicing professionals within which they can share clinical, organizational, developmental and emotional experiences with another professional in a secure and confidential

environment in order to enhance knowledge and skills. This process will lead to increase awareness of other concepts including accountability and reflective practice.

Lyth G. M. (2000) describes clinical supervision as ‘time for me’. It is beneficial for the nurse in terms of relieving feeling of stress.

Power (1999) says that clinical supervision involves three people; the supervisor, the supervisee and the patient. The clinical supervision should be related directly to patient care. In United Kingdom, clinical supervision is seen as the forum for personal and professional growth.

Nurses use a number of terms to describe clinical supervision like mentor (used widely in nursing), supervisor assistant and preceptor.

The concept of experienced nurse providing guidance to less experienced nurse in clinical area has been accepted since the day of Florence Nightingale Winstanley and White (2003). The clinical supervision developed in the late 1980 and in the early 1990 and it is also accepted as a standard in practice in social work and psychotherapy. The supervisor appeared to act as a ‘buffer’ among social workers, managers and policy makers.

The United Kingdom Central Council (UKCC) (1995) recommended that clinical supervision is necessary to enable practitioners to establish, maintain and promote standards and innovations in clinical practice in the interest of

patients and clients. And this can be achieved by “peer exchange” between practicing professionals, which enabled the development of skills. The supervisor facilitated a relationship in which the supervisee could reflect upon, critically analyze and evaluate their every day practice, which leads to facilitated professional development.

Clinical supervision may provide a means of protection to nurses. With supervision, it can prevent burnout, and helps new employee cope with stress. Burnout and stress may happen because of the lack of preparation for coping with stressful situations. So clinical supervision can reduce stress through support and teaching mentorship. And this can help employee to cope with stressful situations .Moreover it is a protection from malpractice and can decrease harm to patients and families by ensuring competence and safe clinical practice which impact on patient nursing care. Therefore clinical supervision can be defined as an exchange between practicing professionals to enable the development of professional skills. It is known that nurses, when graduated, their skills will develop through experiences and practices, and they seek competency need practicing. Some times it continues for some years after qualification, so learning process is continuous and by clinical supervision we can achieve competency. Clinical supervision can offer protection to independent and accountable practice. Nurses are responsible

and accountable for their practices. Bowles and Young (1999) suggested that nurses' practitioners need to be sure that, nurses can practice safely when patients have open access to their extended skills, role acceptable to patients and colleague. Advanced practice depends on proper preparation through education and skill development. So advanced nurse needs a safe professional framework to practice. This can only be achieved by clinical supervision.

Whitman and Jacobs (1998) said that supervisors are responsible for educating and providing standards to supervisee, and should assure good treatment for the patient, and maintain good standards for the profession; and be up to date in knowledge and self-awareness.

The skills that the supervisor should have trust-worthiness, be honest and open, be a good listener and have analytical skill, be supportive, provide constructive criticism, be a facilitator, be honest with his limitations, give positive feedback and be non-judgmental Bulmer (1997) cited in (Abu Ali, 2003)

Benefits of clinical supervision for clinicians:

1. Increase in feelings of support and personal well-being (Butterworth, 1995)

2. Increase in knowledge and awareness of possible solutions to clinical problems.
3. Increase in confidence, decrease in incidence of emotional strain and burnout.
4. Higher staff morale and satisfaction leading to decrease in staff sickness or absence and increase in staff satisfaction (Butterworth, 1995)
5. Increase in participation in reflective practice Hawkins and Shoheit (1989) cited in (Johns , 2003)
6. Increase in self awareness (Cutcliffe et al, 2001)

Statement of the problem:

The problem of this study focused on the undergraduate Palestinian senior nursing students' perception towards clinical instructor and clinical setting. Specifically this study attempted to answer the following questions:

- 1) What is the senior nursing student perception towards the clinical instructor and clinical setting?
- 2) Does the clinical setting provide adequate opportunities to practice nursing procedures which are learnt in the classroom?

- 3) What are the obstacles facing senior nursing student in clinical learning environment.
- 4) Are there any significant differences in students' perceptions towards clinical instructor and clinical setting due to their gender?
- 5) Are there any significant differences in students' perception towards clinical setting and clinical instructor due to the university?
- 6) Are there any significant differences in students' perception towards clinical setting and clinical instructor due to the hospital?
- 7) Are there any significant differences in students' perception towards clinical setting and clinical instructor due to their GPA ?

To answer the last four questions, they were converted into null hypotheses:

1-There are no significant differences in students' perception means towards clinical instructor at ($\alpha = 0.05$) due to gender.

2-There are no significant differences in students' perception means towards clinical setting at ($\alpha = 0.05$) due to gender.

3- There are no significant differences in students' perception means towards clinical instructor at ($\alpha = 0.05$) due to the university.

4-There are no significant differences in students' perception means towards clinical setting at ($\alpha =0.05$) due to the university.

5- There are no significant differences in students' perception means towards clinical instructor at ($\alpha =0.05$) due to type of hospital.

6-There are no significant differences in students' perception means towards clinical setting at ($\alpha =0.05$) due to type of hospital.

7- There are no significant differences in students' perception means towards clinical setting at ($\alpha =0.05$) due to their GPA.

8- There are no significant differences in students' perception towards clinical instructor at ($\alpha =0.05$) due to their GPA.

Purpose of the study:

The main purpose of this study was to find out the perception of senior nursing students toward clinical instructor and clinical setting, and to find out the obstacles facing students in the clinical learning environment.

The importance of the study:

This research would be able to:

- 1) Identify the factors which might affect the students' perception toward clinical instructor and clinical setting.
- 2) Find out the importance of the existence of nursing instructors in the different clinical settings.
- 3) Find out the students acceptance of the supervision in clinical areas.
- 4) Find out the student instructor's ratio in the clinical learning environment which provided adequate supervision and support for the student.
- 5) Make sure that the equipment, supplies, and material resources needed to provide patient care and teaching were available in this clinical learning environment.
- 6) Provide Palestinian nurses colleges with the necessary recommendations to improve the nursing profession in Palestine.
- 7) Develop policies related to clinical learning environment.

Significance of the study:

There is a lack of data in relation to clinical learning environment in Palestinian universities, the awareness of clinical instructors, teachers, and policy makers in universities would be increased through this research, and this would lead to the development of explicit policies in relation to clinical

learning environment. This study will also highlight the obstacles that senior nursing students face in the clinical field. To the knowledge of the researcher, this study might be the first in Palestinian universities that investigated the clinical learning environment.

Limitations of the study:

- 1) The students were from the fourth academic year 2004-2005.
- 2) Lack of time prevented the adoption of qualitative approach to investigate the students' perception toward clinical instructor and clinical setting in depth.

Definition of The Terms:

Senior Nursing Student: is the fourth year nursing student in the Palestine nursing colleges in West Bank

Perception: is mental judgment of human being towards objects.

Clinical Learning Environment: is a specific unit within a health service which students are placed to meet their clinical learning objectives (in this research it meant the clinical instructor and clinical setting).

Preceptor: the nurse who works alongside one or more students for each day of their clinical placement (other term used as clinical instructor.)

Clinical setting: is either a governmental or private health care setting.

Supervision: in this study it is defined as a main conceptual term covers the pedagogical activities in the relationships between student nurse and clinical staff. These kinds of activities can be e.g. assessing, mentoring, teaching etc. either at an individual or term level. In team supervision the same supervisor can have several students or the supervisor can vary according to the demands of shifts rate, or type and place of work.

Chapter Two

Review of Related Literature

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles (ICN, 20004).

Nursing Transition In Palestine:

A Historical Review:

Most health related activities, as well as nursing activities were not well documented. Nursing development has taken place in five historical eras: The Turkish Rule, The British Mandate, The Jordanian Control over the West Bank, the Egyptian Control over Gaza Strip, The Israeli Occupation of the West Bank and Gaza Strip and the establishment of the Palestinian Authority on Palestinian Territories (Aghabekian, Imam and Safadi, 1994).

- The Turkish Rule (1517-1917): During the 400 years of the Turkish reign, little was offered by the Turkish government to the Palestinian Health sector. The health services were poor and primitive: Herbs and popular medicare were used; superstition and magic were prominent phenomena among the people .In this period, few hospitals were established by religious orders; mainly Christian foreign governments. Three of these hospitals were: Al-Watani hospital in Nablus and the French and German hospitals in Jerusalem. Nurses were trained by physicians who used to work in hospitals.

The period from 1917-1921 the Palestinian health status and political situation were not stable and not clear including the situation of nursing.

- The British Mandate : (1921-1948):

During this period, some hospitals were established in the main towns in Palestine. The British brought public health laws and scanty health services to meet some of the needs of the Palestinian people. However, in this era, people continued to suffer from poverty, ignorance and sickness. A Spafford baby home was established in Jerusalem in 1925. This baby home had been transformed into Spafford Mormorial Children's Hospital, today called the Spafford Children's Center. It maintains an outpatient clinic for sick babies. Besides, some hospitals began to train some girls to work as nurses. One of these hospitals was " The General Government hospital in Jaffa city, in which some Arab girls were trained for three years to work as nurses. The girls who participated in these training programs were mainly from some Christian well-known families from major towns. The graduates were granted certificates from the Department of Health – Government of Palestine. Besides, The British Government hospital in Jerusalem had a nursing school, which offered a three-year training program for nurses. The training programs were offered by this hospital till 1948. In 1948, this school was closed for a while; nurses and physicians had to take care of the wounded soldiers and people during the war. After the war, the nursing students in this program had to continue their studies in the Swedish hospital. From 1948 to 1953, the graduated nurses were granted certificates by the Jordanian Ministry of Health. The total number of graduates from this program was 52 nurses.

- The Jordanian Control (1948-1967) over the West Banck including East Jerusalem and the Egyptian Control over Gaza Strip (1948-1967): In this

period, three nursing schools were established . The first one was opened in Jerusalem in 1951 and was called Augusta Victoria hospital, which was the main source of graduate staff nurses. The two other nursing schools are: Saint John's school and Saint Lukes school were established in the West Bank to graduate practical nurses, the former was established in 1960 and the latter in 1965.

In Gaza Strip, the Christian Missionary Society started on the nursing job-training program in the early fifties. Nurses were first trained in Al-Ahli Al-Arabi hospital and in the Baptist School for nursing which was established in 1956. However, as these schools weren't able to cope with the ever-increasing number of those who want to join the nursing profession, other hospitals continued to train and produce girls, who were called aid nurses. However, the number of highly qualified nurses was limited; mainly staff nurses. Besides, nurses had to work very hard under limited resources. Nevertheless, the Initiation of the Palestinian Nursing Association (PNA) in Jerusalem in 1956 was an event that had great influence on nursing. In the same year, this association obtained the membership in the International Council for Nurses in England. Later on, a nursing association was established in Amman city in Jordan (JNA) and in 1967 the PNA became a branch of JNA.

The Israeli Occupation of the West Bank and Gaza Strip (1967-1994):
Several factors affected nursing during or since the six-day war in June 1967. These factors were either external to the profession or internal ones. External factors included the political situation of war and occupation and the socio-economic factors. Internal factors were those related to the nursing profession after the war. Most of the governmental health service institutions – previously were run by either the Jordanian or the Egyptian governments, were taken over by the Israeli government. However, other local and

international non-governmental organizations remained as private organizations administered by their owners. During this period, nurses who worked in governmental health centers were suffering from low income, poor promotion systems and limited opportunities to continue their higher education. In contrast, those who were working in private health centers received better salaries but were also deprived from the opportunities for pursuing their higher education. However, in the mid eighties and early nineties a few opportunities were opened for some graduates who had a diploma to enroll in the RN-BSN program provided by the Arab College of Medical Professions.

As a result of the Israeli occupation, several refugee camps were created. Their population suffered from health and social problems. Consequently, some other nursing schools were established to fulfill the increasing needs for nurses. These schools included: Caritas Baby hospital school in the late sixties, Ibn-Sinai Government school, Al-Makassed school for nursing, Al-Hukama Practical nursing school in Gaza, all of them were established in the 1970s. In 1976, the Nursing school at Bethlehem University was opened, offer nurses BA degree, and three years later, the Arab College of Medical Professions was also established for the same purpose. One should emphasize here that the 1970s was the period which witnessed the flourishing of the movement in nursing education.

As a result of the Israeli occupation, the cost of living went up. So female nurses in comparison to male nurses started to look for working opportunities. Nursing during this period became one of the occupations that secured a stable source of income for those who sought a decent life. Furthermore, nursing became a science that is taught at local universities and colleges.

Besides, some of the graduates who got a B.A degree traveled abroad to continue their higher education and get Master degrees or even Ph.D degrees.

In 1987-1993, nursing was greatly affected by the outbreak of the Palestinian uprising. During the uprising many people were killed, injured or became crippled. Economy was greatly affected because of strikes. Events proved that there has been a great need for more qualified nurses in the fields of critical care, operating room, psychiatric nursing and first aid. Moreover, nursing became more appreciated and respected by Palestinians because of the roles nurses played during the uprising. On the other hand, however, since the outbreak of the uprising, nurses had to work under stressful situations with very limited resources. Work opportunities in the Gulf countries had negative effects on the number of qualified nurses working inside the country. Seeking higher salaries in the Gulf area led to a sharp decrease in the number of qualified nurses working in local health centers. However, this problem had come to an end in the eighties when several qualified nurses had graduated from some Arab and Western universities. These graduates returned back to the West Bank to work in local health centers. Some of these graduates had Master degrees or even PhD degrees. The establishment of new well-structured nursing programs, which concentrate on theoretical and practical, nursing issues, had a positive impact on nursing. Some of these programs involved: BSN programs held at Bethlehem University, A program provided by the Arab College of Medical Professions, the RN-BSN program provided also by the Arab College designed to upgrade nurses who had diplomas to become BSN (Aghabekian, Imam & Safadi, 1994).

Palestinian Authority 1995 – 2002: The development in nursing administration under the patronage of the Palestinian Authority (1995-2002). As there is no written literature review about this period an interview with Ms

Ikram Ameer. Al-Tel. Director of Nursing Department. Ministry of Health was made.

Since the establishment of the Palestinian Authority in 1995 the nursing administration department has taken several steps toward achieving a qualitative move in providing nurses services. Despite the great difficulties the administration department faced, it has made distinguishable progress, some of the achievement of this department included:

- 1- The quantitative and the qualitative change in the policy of recruiting nurses. Before the establishment of the Palestinian National Authority, unqualified nurses used to work in governmental health centers and hospitals. Today however, only qualified nurses are recruited. This recruitment is implemented through definite machinery based on training.
- 2- A new department was set up for continuous education (life long) . This department was staffed by cadre of high-qualified managers. Under the auspices of this department, workshops and training sessions were held to develop the skills of both managers and nurses in the following topics: orientation, leadership, staffing, scheduling, burns, neonatal nursing etc.
- 3- A committee was formed to evaluate the efficacy of the nursing institutions that provide a two-year training program. In coordination with the ministry of Higher Education, Some of the two programs were cancelled while others were adopted, developed and authorized. For instance the nursing educational programs provided by Ibin Sina college for both nurses and midwives were developed. The college was provided with a cadre of qualified teachers and a great quantity of instructional materials.

Today this college grants its graduates a B .A degree. However, before they graduate they have to sit for a comprehensive exam.

4- Several workshops in training sessions, were held to develop the skills and the perception of the working in the sector of the health services.

A- Training sessions were held for all the nursing students who were not able to pass the examination administered by the Israeli Ministry of Health. These nursing students sat for comprehensive examination held by the Palestinian Ministry of Health.

B- A workshop, financed by Norway, was held on midwifery in which a number of midwives from Gaza strip and the West Bank participated.

C- A workshop, financed by the WHO, held on the methodology of nursing teaching in Palestine.

D- A number of workshops were held in cooperation with the United Nations International Children Emergency Fund (UNICEF). These workshops aimed at developing the skills of nurses and midwives in the field of nursery and delivery.

E- A workshop was held for nurses on the topic of Nursing Management.

In addition to the workshop and in -training sessions held the Nursing Administration Department embarked on joint project with the Red Crescent Association. This project aimed at developing the health services in Nablus district. Moreover, numbers of the Nursing Administration Department were able to attend several local and international conferences.

Finally, in cooperation with the Palestinian Nursing Union, a new system was invented. This system obligated all nurses who graduated from various nursing schools to sit for a practical examination before they could start on a job in one of the health organizations in Palestine.

If they pass such an exam, they will be granted a practical certificate, which entitle them to get a job.

Previous Studies

In her study Hamayel (2003). The perception of students in Al Quds University for science laboratory environment and their attitudes toward laboratory work. She found that:

- There were no significant differences in student perception of the laboratory environment attributed to gender.
- There were significant differences in student perception of the laboratory environment attributed to the four academic levels.
- There were significant differences in student perception of the laboratory environment attributed to major.
- There was no significant relationship between student perception in the laboratory environment and their and their attitudes toward laboratory work.
- There were no significant differences in student attitudes attributed to gender, student academic level, or majors.

In her study the evaluation of the role of the Clinical Placement Coordinator (CPC) and the continued development of the role in the context of the provision of student support in the clinical area, Jonathan (2002).

Following the introduction of the Registration/ Diploma in Nursing Studies programme in the Republic of Ireland in 1994 the post of CPC was created to support student nurses in the clinical area. The CPC is an experienced nurse who provides dedicated support to student nurses in a variety of clinical

settings however, unlike the role of mentor/preceptor, they do not have a client/patient caseload. Today no major evaluation of the post has taken place. Therefore the Department of Health and Children commissioned a national evaluation of the post of which part of the findings is reported in this paper. Methodology of this study a two-stage study, is described utilizing a mixed – methods approach. Data collection included individual and focus group interviews and questionnaires. Interviews were analyzed using thematic content analysis and data collected from questionnaires were analyzed utilizing descriptive and inferential statistics. An analysis of the data identified the responsibilities and functions of CPC were multivariate, however, core elements of the role were evident. The core elements were identified as student support and practice development. The central and most frequent findings from the data collected was the individual support received from CPCs throughout their clinical placement.

In his study clinical learning environment and supervision, (Saarikoski, 2002). The results showed that the individualized supervision system is the most used supervision model and the supervisory relationship with personal mentor is the most meaningful single element of supervision evaluated by students. The ward atmosphere and the management style of ward manager are the most important environmental factors of the clinical ward. The study integrates two theoretical elements-learning environment and supervision-in developing a preliminary theoretical model.

The comparative international study between Finnish students and students in the United Kingdom showed that, Finnish students were more satisfied and evaluated their clinical placements and supervision with higher scores than students in the United Kingdom. The differences between groups was statistical highly significant ($p=0.000$). In the United Kingdom, clinical

placements were longer but students met their nurse teachers less frequently than students in Finland. Arrangements for supervision were similar.

In evaluating the student satisfaction with nursing education in Norway Ondy, & Valbjorg (2002), The researcher believes that the use of standardized questionnaires for measuring student satisfaction in higher education is motivated by theories predicting a close relationship between students' satisfaction and learning outcomes. The reliability and validity of the Course Experience Questionnaire as an indicator of teaching performance have been established by in earlier studies from several countries. The Nursing Clinical Facilitators Questionnaire has been used for measuring satisfaction with clinical practice.

The aims of this study were (1) to find out how satisfied were nursing students in their last semester were with their clinical practice and the nursing program as a whole, and (2) to measure the reliability and validity of the two standardized questionnaires.

The data were collected using the two standard questionnaires, combined with some background items, in a survey design. Exploratory factor analysis was performed. A 276 nursing students from three universities colleges in Western Norway answered the questionnaire .The scores indicated slight overall dissatisfaction with the nursing program, but general satisfaction with clinical practice. Furthermore, 70% of the students who expressed dissatisfaction with the quality of nursing program were nevertheless satisfied with clinical practice.

Woo-Sook. et al (2002) has done a study on nursing students' and clinical educators' perceptions of the characteristics of effective clinical educators in an Australian university school of nursing. This study is replication of research undertaken by Mogan and Knox in 1987, which investigated and

described characteristics of 'best' and 'worst' clinical educators. They developed and used an instrument known as the Nursing Clinical Teacher Effectiveness Inventory (NCTEI), a 48 item checklist that describes discrete characteristics clustered into five substances or categories: teaching ability; interpersonal relationships, personality traits, nursing competence and evaluation. The tool has since then used in several countries including Greece, Hong Kong, Israel and North America and in the instrument most frequently used to identify effective clinical teaching characteristics of clinical educators.

The aim of this study was to administer the NCTEI to undergraduate nursing students and clinical educators in a school of nursing at an Australian university to explore the perceived characteristics of effective clinical educators as rated by students and educators, and the significant differences and communalities between these perceptions.

Results indicated that the category of Interpersonal Relationships was the most highly valued characteristic rated by both Australian students and clinical educators, and both groups (students and educators) ranked the subset of personality as the lowest amongst five categories. In common with Mogan and Knox, this study found that students who had not been exposed to real clinical situations prior to commencing nursing studies ranked items related to interpersonal relationships more highly than students who had previous nursing experience. Although there were no statistically significant differences in the two groups, students were more concerned with evaluation while clinical educators were more concerned with nursing competence.

The study is the first research to be reported in Australia, which has simultaneously compared both students' and educators' perceptions and the first to replicate Mogan and Knox's seminal work. Findings pointed to the

need for clinical educators to value interpersonal relationships with students as well as clinical competence.

Anna and Karin (2001) revealed in their study that there are several factors facilitating and obstructing the development of learning in clinical practice. The experiences of 47 degree student nurses from two colleges in Sweden were gathered in weekly diaries during their final period of clinical practice. A content analysis technique was used to analyze their diaries.

The findings of the study showed that the students emphasized responsibility and independence, opportunities to practice different tasks, and receiving feedback as facilitating factors. Other perceived promoting factors included perceptions of control of the situation and understanding of the 'total picture'. Examples of obstructing factors were the nurses as supervisors not relying on the students, supervision that lacked continuity and lack of opportunities to practice. Perception of their own insufficiency and low self-reliance were drawbacks for some students.

The researcher concluded that recommended personals are presented to lectures and supervising staff concerning organizational and educational changes and changes of attitudes for elucidating the students' experiences of different facilitating and obstructing factors. Changes may contribute to making easier the students' transition into the nursing profession.

Sand-Jecklin (2000) in her study, described the refinement and testing of the Student Evaluation of Clinical Education Environment (SECEE) inventory, which measures nursing student perceptions of their clinical learning environment. The applied cognition and cognitive apprenticeship learning theories highlight the significance of the learning environment as a factor in student learning. Although a quality clinical learning experience is

considered critical to nursing education, no comprehensive instruments measuring the clinical learning environment have yet been published.

A convenience sample of nursing students from two small liberal arts institutions and one large university completed the 31-term SECEE inventory during the spring 1998 semester. Data analysis indicated that students responded consistently to the instrument as a whole and to its four sub-scales. Test-retest correlations for students completing evaluating the same clinical site twice during a three-week interval were positive, while there were no relationships between the test-retest correlations for students evaluating different clinical sites during the same three-week interval. Significant differences between scale scores were found among institutions and among clinical site groups at the smaller institutions. Student narrative comments also supported the validity of item content. Overall, the SECEE inventory appears to be a reasonably valid and reliable measure. Minor changes are suggested for future revisions.

Peter, C, Cuthbertson, Philip, Stodart, & Bernadette 999) mentioned in their study that nurses who had just completed their training in Scotland were interviewed with regard to their experiences on placements. The nurses had either completed a traditional training course or came from the first cohort of the Project 2000 diploma level course. The interviews focused on the way in which the student nurses had learned in their practice placements. The results suggest that the placement is a complex social and cognitive experience in which there are elements of situated learning. Acceptance into the community of practice is important but this can be separated, conceptually at least, into a social acceptance which might be extended to any student and professional acceptance which relies on the display of appropriate competence. The nurses described the way in which their mentors had interacted with them in terms

which suggested that cognitive apprenticeship strategies had been used to further their learning in practices. It is concluded that, in view of the central importance of the placement for training nurses, explicit use of mentoring techniques derived from situated learning and cognitive apprenticeship might be beneficial.

Bowles and Young (1999) conducted a study to get the benefits of clinical supervision and the result shows that the benefits increase with greater length of participation in clinical supervision. This means that clinical supervision needs time, and benefits increase for supervisor, Patients, supervisee and the organization as the length of time are enough? Skills in using clinical supervision develop over time.

According to Butterworth (1995) study, clinical supervision shows very little positive impact on the quality of patient care. On the other hand, he also said that happy nurse leads to happy patients which means that if the nurse feels comfortable, safe, free of stress and burnout, the impact on patient care will be obvious and will affect the quality of patient care. On the contrary, if the nurse is stressed, too busy, exhausted, fear failure and burned out, these will lead to a low morale, increase in absence rate and sickness. The impact on patient care will be negative and the quality of care will be low. So by clinical supervision, the increase in coping with stress, supports, teaching and ensure no harm will come to the patient, this will positively influence the quality of care.

Dunn and Hansford (1995) explored undergraduate nursing students' perception of their clinical learning environment. This study used mixed methods to identify factors characterizing students' perception of the clinical learning environment (CLE). The sample consisted of 229 undergraduate students in the second or third year of their biophysical nursing strand. The

five subscales of the clinical learning environment scale, staff-student relationships, nurse manager commitment, patient relationships, student satisfaction, and hierarchy and ritual, were supported by qualitative data obtained from student interviews. Interpersonal relationships among the participants in the CLE were crucial to the development of a positive learning environment. Student satisfaction with the CLE was a result of, and influential in creating, a positive learning environment. Nurse educators, clinical venues, and all others participating in the undergraduate nursing students' clinical education, must collaborate in order to create a CLE which promotes the development of well-educated registered nurses capable of providing safe, cost effective patient care.

Oermann, M. and Moffitt-Wolf (1997) conducted a study "New Graduates' perceptions of Clinical Practice". This study describes the stresses and challenges experienced by graduate nurses in clinical practice during their initial orientation period and examines the relationship of social support to these stresses. Thirty-five graduate nurses completed a modified Pagana Clinical Stress Questionnaire and social support measure during their orientation period. The graduates experienced a moderate degree of stress in their orientation. Stresses identified most frequently were: lack of experience as a nurse, interactions with physicians, lack of organizational skills and new situations and procedures. Although orientations experienced during this period, graduates reported positive emotions most frequently. Pearson correlation revealed no significant relationships between social support and stress. Significant correlations were found, however, between social support and stimulation in clinical practice ($r = 0.57, p = 0.001$) and development of self-confidence ($r = 0.39, p = 0.029$). Findings highlighted the important role of the preceptor during orientation.

Kuen (1996) in her study the perceptions of effective clinical teaching behaviors in a hospital-based nurse training programme argued that clinical teaching behavior is a critical determinant for quality clinical learning experiences of student nurses. It is believed that better understanding of the perceptions of clinical teaching behaviors between student nurses and nurse educators will enhance clinical teaching. This study examined the perceptions of effective clinical teaching behaviors of educators will enhance clinical teaching. This study examined the perceptions of effective clinical teaching behaviors of nurse educators by student nurses (n=81) and nurse educators (n=10) in a hospital-based 3-year general nurse training programme in Hong Kong. Knox & Mogan's Nursing Clinical Teacher Effectiveness Inventory (NCTEI) (1985) was adopted. The respondents were asked to rate the importance of each discrete behavior on a seven – point scale. It was found that there was greater agreement in the 10 most important behaviors than the 10 least important behaviors among the four groups: students, junior students, senior students and nurse educators. No statistically significant difference could be identified in the perceptions between the nurse educators and students as well as between the junior and senior students regarding the five behavioral categories. The nature and the student status of the nursing programme were accountable for most of the discrepancies between the findings of this study and those of past studies.

Dunn and Burnett (1995). In their study they emphasized that within nursing, there is a strong demand for high-quality, cost-effective clinical education experiences that facilitate student learning in the clinical setting. The clinical learning environment (CLE) is the interactive network of forces within the clinical setting that influence the students' clinical learning outcomes. The identifications of factors that characterize CLE could lead to strategies that

foster the factors most predictive of desirable student learning outcomes and ameliorate those which may have a negative impact on student outcomes. The CLE scale is a 23-item instrument with five subscales: staff-student relationships, nurse manager commitment, patient relationships, interpersonal relationships, and student satisfaction. These factors have strong substantive face validity and construct validity, as determined by confirmatory factor analysis. Reliability coefficients range from high (0.85) to marginal (0.63). The CLE scale provides the educator with a valid and reliable instrument to evaluate affectively relevant factors in the CLE, direct resources to areas where improvement may be required, and nature those areas functioning well. It will assist in the application of resources in a cost-effective, efficient, productive manner, and will ensure that the clinical learning experience offers the nursing student the best possible learning outcomes.

The researcher concluded that thoughtful and well-informed development of the CLE will enhance the student's learning opportunities and facilitate the achievement of optimum learning outcomes. In order to begin this process, it is essential to have a good understanding of the characteristics that describe the environment and the factors most predictive of student learning outcomes. The development of a valid and reliable instrument is needed to enable the clinical educator to evaluate relevant factors affectively in the CLE, direct resources to areas where improvement may be required, and nature those areas functioning well. The CLES provides the educator with such a tool. It will assist in the application of resources in a cost-effective, efficient, productive manner and will ensure the clinical learning experience offers the nursing student the best possible learning outcomes

A review of the literature in Australia revealed only two recent studies aimed at developing and/or testing an instrument to evaluate student

perceptions of the clinical education environment. The first focused on developing of a tool to measure nursing students' perception of their learning environment in a psychiatric rotation, Farrel & Coombes (1994). The Student Nurse Appraisal of Placement (SNAP) inventory consisted of nine semantic differential items addressing physical resources, learning opportunities, availability of staff, opportunities to practice interpersonal and technical skills, and overall student perceptions. Although no support for validity or reliability of the instrument was presented in the article, Farrel and Coombes stated that the instrument did reveal evaluation differences between clinical sites.

The second study, conducted by Dunn and Burnett (1995) measured student perceptions of the applied component of nursing education using the Clinical Learning Environment Scale (CLES) inventory. Authors reported revising 55 items from Orten's Ward Learning Climate Survey into a final 23 item instrument having five sub-scales measuring student-staff relationships, nurse manager commitment, patient relationships, interpersonal relationships, and student satisfaction. They administered the instrument to 423 nursing students and faculty at an Australian university. The authors claimed construct validity of the instrument as determined by the confirmatory factor analysis. Reported reliability alpha coefficients for the factors were 0.63 to 0.85. Several items in Dunn and Burnett's tool might be appropriate for an instrument designed to assess the clinical learning environment in the United States. However, other items seemed either too general or unrelated to the current clinical nursing environment in the United States. Examples of such items were (a) the amount of ritual on the ward, (b) whether this was a happy ward, and (c) whether this was a good ward for learning. It was apparent after review of the literature that although the clinical education environment was acknowledged

as critical component of nursing education, there was no comprehensive tool that concisely measured student perceptions of the clinical learning environment in nursing.

Wilson (1994) conducted a study about Nursing Student Perceptive of Learning in a Clinical Setting. The purpose of this qualitative study was to explore and describe nursing students' experience of learning in a clinical practice setting where the students learned to provide care for actually ill infants. Data were collected using the techniques of observation and ethnographic interviewing. The findings included a nursing student perceptive of learning in a clinical setting and consisted of six goals: to do no harm to a patient, to help patients, to integrate theory-based knowledge into clinical practice, to learn clinical practice skills, to look good as a student, and to look good as a nurse. Within this perceptive, the students also defined roles for themselves, their instructors, and the staff nurses in the clinical setting. The students defined the learning environment and then used the definition to shape their responses to the educational programme.

Chapter Three

Methodology

This chapter outlined the population, the sample, the instrument, validity and reliability of the test, and data analysis.

Population:

The population of this study consisted of all the senior nursing students in the four Palestinian universities in West-Banck. The number of the senior nurses in these universities was 80 students: 20 at Hebron university, 18 at Bethlehem university, 20 at Al-Quds university, and 22 at Ibn Sina nursing college. The researcher collected these numbers from the registration offices in the four universities.

Table (1): Distribution of population according to the gender

Sex	frequency	Percent
Male	23	29%
Female	57	71%
Total	80	100%

Sample of the study:

The sample of the study was a stratified sample. and it counted 79% of the population and was 63 students. The sample consisted of (22)male nursing students, and (41) female nursing students. Almost all the students who received the questionnaires had returned them. The percentage of the correspondences was 95%.

Table (2):Sample distribution according to the gender

Sex	frequency	Percentage
Male	22	34.9%
Female	41	65.1%
Total	63	100%

Table (3): Sample Distribution According to the University

University	Frequency	Percentage
Hebron university	13	20.2%
Bethlehem university	14	22.2%
Al-quds university	17	27%
Ibn-sinaa nursing college	19	30.2%
Total	63	100%

Table (4): Sample Distribution According to Cumulative Average

Cumulative Average	Frequency	Percentage
60-69	4	6.3%
70-79	38	60.3%
80-89	17	27%
90-100	4	6.3%
Total	63	100%

The variables of the study:

The independent variables:

- 1-gender.
- 2-university.
- 3-GPA range (60-69, 70-79, 80-89, 90-100)
- 4-clinical setting, and clinical instructor.

The dependent variable:

The Palestinian senior nursing students' perception of clinical setting and clinical instructor.

Research instrument:

The research instrument consisted of two parts, the first part is the demographic section, the second part is a questionnaire developed by the researcher, with reference to a questionnaire developed by (Sand-Jecklin, 2000).

The questionnaire consisted of two parts (clinical instructor and clinical setting) and having 27 items. (appendix 1)

Likert scale of five options was used. It was as follows:

*strongly agree(5points)

*agree(4points)

*neutral(3points)

*disagree(2points)

*strongly disagree(1point)

Validity of Instrument

Reliability and validity are related in that validity leads to reliability, not the opposite, (Jack and Clerke, 1998).

After giving the questionnaires to the supervisor and a number of juries, and after their confirmation of its validity, the researcher used them.

Reliability of the Questionnaire

The researcher distributed six questionnaires to six senior nursing students at Bethlehem university, and he distributed another six questionnaires to six senior nursing students at Hebron university, and he collected them. After three weeks he did the same.

The reliability of the questionnaire was calculated by using test-retest, and the reliability value was 0.7.

Data Distribution and Collection:

Questionnaires were distributed and collected by the researcher at the four universities (Hebron university, Bethlehem university, AL-Quds university, Ibn-Sinaa).

The questionnaires rate was 95%.

Statistical Analysis:

After collecting the data, they were analyzed statistically by the Statistical Package for Social Science (SPSS) using, means, standard deviations, One Way Analysis of Variance (ANOVA), and independent t-test were processed so that each hypothesis was investigated.

Chapter Four

Analysis of the findings

The researcher presented the findings of this study in this chapter. The results of the study were based on the findings of the questions and the hypotheses of the study.

1. results related to the first research question:-

What is the senior nursing students' perception towards clinical instructor and clinical setting?

To answer this question, the researcher used and calculated the mean and percentage of each domain of the questionnaire (table 5 and table 6 show these results).

Table (5): Student's perception towards clinical instructor.

No.	Items	n	min	max	mean	Std. deviation
1	My clinical instructor was available to answer questions and to help with patient care.	63	1	5	4.08	0.94
2	I felt comfortable asking questions of my clinical instructor.	63	1	5	4.08	0.89
3	My instructor encouraged me to identify and pursue opportunities for learning in this environment.	63	1	5	4.03	0.88
4	As my skills and knowledge increased, my instructor allowed me more independence.	63	1	5	4.02	0.98
5	My clinical instructor provided adequate guidance as I learned to perform new skills.	63	1	5	3.92	1.08
6	The instructor provided me with adequate guidance as I learned new skills.	63	1	5	3.90	0.91
7	My instructor supported me in applying new knowledge/ learning new skills.	63	1	5	3.89	0.94
8	My clinical instructor was positive about serving as a source to nursing students.	63	1	5	3.86	0.80
9	My clinical instructor talked with me about new developments related to my patient's care.	63	1	5	3.81	0.93
10	The instructor encouraged students to assist each other and to share learning experiences.	63	1	5	3.81	1.09

11	Instructor demands for performance in this setting were realistic.	63	1	5	3.81	1.03
12	The clinical instructor provided sufficient feedback about my clinical performance early enough within the rotation to allow for corrective actions.	63	1	5	3.81	1.00
13	My instructor was available to answer questions and to provide assistance.	63	1	5	3.73	1.18
14	My instructor served as a positive role model for professional nursing.	63	1	5	3.71	1.16
15	My instructor provided constructive feedback about my nursing actions in this setting.	63	1	5	3.71	1.04
16	High clinical instructor workload negatively impacts my experience at this agency/ department.	63	1	5	3.06	1.16

As shown in (table 5) the highest value was for the items (my clinical instructor was available to answer questions and to help with patient care) with mean of 4.08 and the item (I felt comfortable asking questions of my clinical instructor.) with mean of 4.08, and the lowest value was for the item (high clinical instructor workload negatively impacts my experience at this agency/department) with mean of 3.06.

Table (6): Student’s perception towards clinical Setting

1	Items	n	min	max	mean	sd.
2	One-to-one interaction with clients provided sufficient opportunities for skill development.	63	1	5	3.98	0.75
3	A wide range of learning opportunities was available at this agency/ department.	63	1	5	3.78	0.83
4	There was adequate time in this clinical rotation to meet my learning goals.	63	1	5	3.75	1.00
5	In this setting, I was allowed to perform “hands on” care at the level of my clinical abilities.	63	1	5	3.70	1.01
6	This agency/department had an adequate number and variety of patients appropriate for my clinical nursing abilities.	63	1	5	3.67	1.32
7	The student to faculty ratio in this setting provided adequate supervision and support for me to take advantage of most learning opportunities at the site.	63	1	5	3.59	1.07
8	The nursing staff in this department served as a positive role model for professional nursing	63	1	5	3.56	1.24

9	Equipment, supplies, and material resources needed to provide patient care and teaching were available in this agency/ department.	63	1	5	3.52	1.11
10	This clinical setting provided adequate opportunities for application of information gained in the classroom setting.	63	1	5	3.51	1.18
11	The nursing staff provided constructive feedback about my nursing actions in this setting.	63	1	5	3.46	1.09
12	Nursing staff in this department informed students of potential learning experiences	63	1	5	3.44	1.15

As shown in this (table 6) the highest value was for the item (one, to, one interaction with clients provided sufficient opportunities for skill development) with mean of 3.98. And the lowest value was for the item (nursing staff in this department informed students of potential learning experiences) with a mean of 3.44.

2. Results related to the second research question

Does the clinical setting provide adequate opportunities to practice nursing procedures, which were learned in the classroom?

To answer this question the researcher used and calculated the mean and the percentage of the related items (table 8).

Table (7): opportunities provided by clinical setting for application of information gained in classroom.

Item	n	Mini	Max	mean	sd
This clinical setting provided adequate opportunities for application of information gained in the classroom setting.	63	1	5	3.51	1.18
Total	63				

As shown in (table 9) the mean for the related item which is (this clinical setting provided adequate opportunities for application of information gained in the classroom setting) was 3.51 and percentage of 70.2.

3. results related to the third research question

What are the obstacles facing senior nursing students in the clinical learning environment?

To answer this question, the researcher reviewed all the means and percentages of all the items of the two domains, the clinical instructor domain and the clinical setting domain. The results revealed that:

- A. 12.7% of the students didn't agree and strongly disagreed that the clinical setting provided adequate opportunities for the application of information gained in the classroom setting.
- B. 11.1% of the students didn't agree and strongly disagreed that their instructor served as a positive role model for professional nursing.
- C. 38.1% of the students agreed that high clinical instructor workload negatively impacted their experience in the clinical setting.
- D. 9.5% of the students emphasized that there was no adequate time in their clinical rotation to meet their learning goals.
- E. 12.7% of the students claimed that their instructor didn't encourage them to identify and pursue opportunities for leaning in the learning environment.
- F. 14.3% of the students claimed that their clinical setting had not an adequate number and a variety of patients appropriate for their clinical nursing abilities.
- G. 11.1% of the students didn't agree that their instructor was available to

answer questions and to provide assistance.

- H. 12.7% of the students claimed that the equipment supplies, and material resources needed to provide patient care and teaching were not available in their clinical setting.
- I. 12.7% of the student didn't agree that their instructor provided them a constructive feed back about their nursing actions in the clinical setting.
- J. 20.6% of the students claimed that the nursing staff in the clinical setting didn't serve as a positive role model for professional nursing.
- K. 11.1% of the students didn't agree that their instructor encouraged them to assist each other and to share learning experiences
- L. 14.3% of the students didn't agree that nursing staff had provided them with a constructive feedback about their nursing actions in the clinical setting
- M 9.5% of the students claimed that the student to faculty ratio in the clinical setting didn't provide them with adequate supervision and support to take advantage of most learning opportunities at the clinical setting.

For more details see appendix (3).

Although these percentages are not too high but the researcher believed that nurses deal with humans and any small mistake could lead to a major disaster with patients. This is why the researcher considered these percentages as important obstacles.

Results related to the first hypotheses:

The hypotheses stated that there were no significant differences at ($\alpha = 0.05$) in students perception means toward clinical setting due to gender.

Independent t-test was used to test these hypotheses as shown in the following table:

Table (8): independent t-test results for differences in students' perception means towards clinical setting according to gender variable.

	Sex	N	Mean	SD	df	t	Sig.
Clinical Setting	Male	22	61.6	7.05	61	1.45	0.15
	Female	41	59.04	6.55			

Results of t- test indicated that there were no significant differences between male and female in relation to their perception toward clinical setting at ($\alpha = 0.151 > 0.05$).

Results related to the second hypotheses:

The hypotheses stated that there were no significant differences at ($\alpha = 0.05$) in students perception means toward clinical instructor due to gender.

Independent t-test was used to test these hypotheses as shown in the following table:

Table (9): independent t-test results for differences in students' perception means toward clinical instructor according to gender variable.

	Sex	N	Mean	SD	df	t	Sig.
Clinical Instructor	Male	22	63.68	8.09	61	1.659	0.102
	Female	41	59.83	9.73			

Results of t- test indicated that there were no significant differences between male and female in relation to their perception towards clinical instructor at ($\alpha = 0.102 > 0.05$).

Results related to the third hypothesis

The hypothesis stated that “There were no significant differences at ($\alpha = 0.05$) in students' perception means towards clinical setting due to the university.

One Way ANOVA test was used to test this hypothesis, the results are shown in (table 10).

Table (10): One Way ANOVA results for differences in students' perception means towards the clinical setting according to university.

	<i>Sum of squares</i>	<i>Mean squares</i>	<i>df</i>	<i>F</i>	<i>Sig</i>
Between groups	359.77	119.92	3	2.833	0.046
Within groups	2497.08	42.32	59		
Total	2856.857	<i>Mean squares</i>	62		

The results of analysis indicated that there were significant differences between the university that the student allocated in and students' perception means toward clinical setting at ($\alpha = 0.046 < 0.05$).

To determine which universities made these differences, Tukey (HSD) test (high significant difference) was used and result shown in (table 11).

Table (11): Tukey test results for differences among the universities according to the clinical setting domain.

(I)name of the university	(J)name of the university	Mean Difference(I-J)	Sig.
Hebron University	Bethlehem University	6.91	0.038
	Al-Quds University	2.35	0.75
	Iben Sena College	1.82	0.86
Bethlehem	Hebron University	6.91	0.038
	Al-Quds University	4.55	0.22
	Iben Sena College	5.09	0.12
Al-Quds	Hebron University	2.35	0.75
	Bethlehem University	4.55	0.22
	Iben Sena College	0.35	0.99
Iben Sena College	Hebron University	1.82	0.86
	Bethlehem University	5.09	0.12
	Al-Quds University	0.53	0.99

The results of (table 11) showed the followings:

There were significant differences at ($\alpha = 0.05$) in students' perception means toward clinical setting between Hebron university and Bethlehem university for the favor of Bethlehem university. And there were no significant differences at ($\alpha = 0.05$) in students' perception toward clinical setting between Hebron university and Al Quds university, and between Hebron university and Iben Sena.

Results related to the fourth hypothesis

The hypothesis stated that "There were no significant differences at ($\alpha = 0.05$) in students' perception means towards clinical instructor due to the university. One Way ANOVA test was used to test this hypothesis, the results are shown in (table 12).

Table (12): One Way ANOVA results for differences in students' perception means toward clinical instructor according to university.

	<i>Sum of squares</i>	<i>Mean squares</i>	<i>df</i>	<i>F</i>	<i>Sig</i>
Between Groups	740.8	246.935	3	3.120	0.032
Within Groups	4656.6	78.926	59		
Total	5397.42		62		

The results of the table showed that there were significant differences at ($\alpha = 0.05$) in students' perception means towards clinical instructor due to the university. ($\alpha = 0.032 < = 0.05$).

To determine between which universities these differences were, Tukey (HSD) test was used.

Table (13): Tukey test results for differences among the universities according to the students' perception means related to clinical instructor domain.

(I)name of the university	(J)name of the university	Mean Difference(I-J)	Sig.
Hebron University	Bethlehem University	8.87	0.05
	Al-Quds University	9.05	0.03
	Iben Sena College	6.81	0.15
Bethlehem	Hebron University	8.87	0.05
	Al-Quds University	0.18	1.00
	Iben Sena College	2.06	0.91
Al-Quds	Hebron University	9.05	0.03
	Bethlehem University	0.18	1.00
	Iben Sena College	2.24	0.87
Iben Sena College	Hebron University	6.81	0.15
	Bethlehem University	2.06	0.91
	Al-Quds University	2.24	0.87

The results of (table 13) showed there were significant differences at ($\alpha = 0.05$) in students' perception means toward clinical instructor between Al-Quds university and Hebron university for favor of Al-Quds university . In addition, there were no significant differences between Hebron University and Bethlehem University. However there were no significant differences at ($\alpha = 0.05$) in students' perception toward clinical instructor between Hebron university and Ibn Sena College.

Results related to the fifth hypothesis:

The hypothesis stated that “there were no significant differences at ($\alpha = 0.05$) in students' perception means towards clinical setting due to the hospital. Independent t-test was used to test this hypothesis as shown in tables (14).

Table (14): Independent t-test results for difference in students' perception means toward clinical setting according to the hospital.

	Hospital	N	Mean	SD	df	T	Sig.
Clinical Setting	Governmental	42	39.90	7.22	61	0.665	0.509
	Private	21	41.18	4.29			

The results of analysis indicated that there were no significant differences between type of hospital and students perception means towards clinical setting ($\alpha = 0.509 > 0.05$).

Results related to the sixth hypothesis:

The hypothesis stated that “there were no significant differences at ($\alpha = 0.05$) in students' perception means towards clinical instructor due to the hospital. Independent t-test was used to test this hypothesis as shown in tables (15).

Table (15): Independent t-test results for differences in students' perception means towards clinical instructor according to the hospital.

	Hospital	N	Mean	SD	df	T	Sig.
Clinical Instructor	Governmental	42	62.57	9.22	61	1.242	0.219
	Private	21	59.44	6.56			

The results of analysis indicated that there were no significant differences between place of students clinical practice and students perception means towards clinical instructor ($\alpha = 0.219 > 0.05$).

Results related to the seventh hypothesis:-

The hypothesis stated that: “there were no significant differences at ($\alpha = 0.05$) in students' perception towards clinical instructor due to their total GPA.

One Way ANOVA was used to test this hypothesis as shown in the following (tables 16).

Table (16): One Way ANOVA results for differences in students' perception means towards the clinical instructor according to the GPA.

	<i>Sum of squares</i>	<i>Mean squares</i>	<i>df</i>	<i>F</i>	<i>Sig</i>
Between groups	512.99	128.248	4	1.523	0.207
Within groups	4884.45	84.214	58		
Total	5397.43		62		

The results of the table showed that there were no significant differences in students perception means toward the clinical instructor due to their total GPA, ($\alpha = 0.207 > 0.05$).

Results related to the eighth hypothesis:-

The hypothesis stated that: “there were no significant differences at ($\alpha = 0.05$) in students’ perception towards clinical instructor due to their total GPA.

One Way ANOVA was used to test this hypothesis as shown in the following (table 17).

Table (17): One Way ANOVA results for differences in students' perception means toward the clinical setting according to their GPA .

setting1					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	116.095	4	29.024	.614	.654
Within Groups	2740.762	58	47.255		
Total	2856.857	62			

The results of the table showed that there were no significant differences in students' perception means towards the clinical setting due to their total GPA, ($\alpha = 0.654 > 0.05$).

Conclusion

The main purpose of this study was to find out the perception of senior nursing students toward clinical instructor and clinical setting, and to find out the obstacles facing students in the clinical learning environment

- 1- Research has shown that senior nursing students' perception toward clinical instructors was positive and falls between neutral (3) and agree (4) on the scale (1-5) as the mean was (3.8), also the research has shown that the senior nursing students' perception towards clinical setting was between neutral and agree as the mean was (3.6) supported by the result that showed the availability of clinical instructor in the clinical setting, in spite of that 11% of the respondents disagreed with the availability of the instructor, and the students felt comfortable to ask questions. The results also showed that the work load in the clinical instructor was high which negatively impacted clinical experience of the students. In relation to the clinical setting one to one interaction with clients provided sufficient opportunities for skills development.
- 2- This research proved that there was adequate time in the clinical rotation to meet the students learning goals beside the clinical setting provided adequate opportunities for application of information gained in the class settings which there was a matching between theory and practice.

- 3- However there were many obstacles facing senior nursing students in the clinical learning environment such as work over-load for the clinical instructor, failure of some instructors to serve as a role model for professional nurses and inadequate lack of constructive feedback about students nursing actions from the clinical instructors about students' nursing actions in the clinical setting. There was a negative perception toward clinical setting such as lack of equipment supplies and material resources needed to provide patient care, negative role model of nursing staff in the clinical setting, and student to faculty ratio was negative which affected students' performance as clinical setting did not provide them with adequate supervision and support to gain the advantages of most learning opportunities at the clinical setting.
- 4- There were no significant differences at ($\alpha=0.05$) in students perception means toward clinical instructor and clinical setting due to gender.
- 5- There were significant differences at ($\alpha = 0.05$)in students' perception means toward clinical instructor and clinical setting due to the name of university.
- 6- There were no significant differences at ($\alpha =0.05$) in students' perception means toward clinical instructor and clinical setting due to the hospital.
- 7- There were no significant differences at ($\alpha=0.05$) in students' perception toward clinical instructor and clinical setting due to their total GPA

Chapter Five

Discussion of results and Recommendations

In this chapter the researcher discussed the findings and presented the conclusions and the recommendations that came out from this study's results. In this chapter, the researcher also discussed the results of the questions and the hypotheses of his study.

Discussion of results related to the first question:

"What is the senior nursing student perception towards clinical instructor and clinical setting?"

Investigating this question was based on finding the means, and percentages of senior nursing students' perception towards clinical instructor domain and clinical setting domain.

1. Discussion of results related to the first domain (clinical instructor).

Results showed that the highest value was for the item (my clinical instructor was available to answer questions, and help with patient care) with a mean of 4.08 and the item (I felt comfortable asking questions of my clinical instructor) with a mean of 4.08. This could be explained by the importance of availability of clinical instructor in the clinical field to support the students in delivering nursing care, to be a role model for them. Student/instructor ratio should be within the international standard limit (1/4-6).

While the lowest value was for the item (high clinical instructor workload negatively impacted my experience at this agency) with a mean of 3.06.

Overload uncontrolled and decrease support to students can affect the quality of patient care.

These results were supported by the findings of (Laurent, and Weidner, 2001). They found that modeling professional behavior is perceived by students and clinical instructors to be the most helpful category of clinical instructor characteristics in students learning.

2. Discussion of results related to the second domain (clinical setting)

Results showed that the highest value was for the item (one –to-one interaction) with clients provided sufficient opportunities, for skill development with a mean of 3.98. The researcher believed that nursing in general is a science and an art. Adult learning (one-to-one) gives the student more chances in skill development, also it increases control on patient care and decreases the harmfulness for patients. The lowest value was for the item (nursing staff in this department informed students of potential learning experience) with a mean of 3.44. Students emphasized that nursing staff should play a major role in supporting them during their learning experience and developing nursing care by giving them the chance to practice the nursing procedures, encouraging and supporting them. However, the financial deficit and overload in these hospitals play a major obstacle in student support related to shortage of staff. These results were supported by (Sand-Jecklin, 2002) study which found that students evaluated their clinical learning environments relatively positive, also Daley (2001) indicated that clinical nursing practice facilitates both personal and professional development of nursing students.

Discussion of results related to the second question :

"Do the students have enough time in the clinical setting?"

Investigating this question based on findings of the means, percentages and standard deviations for the item (there was an adequate time in this clinical rotation to meet my learning goals) with mean of 3.75 and std. deviation 1.1. Increasing length of time of clinical supervision gave the students and the clinical instructors the opportunity to know each other, decrease tension and stress, increase their experience and give them the opportunity for professional development. This result is supported by (Bowles and Young, 1999) who found that the benefits of clinical supervision increases with greater length of participation in clinical supervision and clinical supervision needs time, and benefits increase for supervisor, patients and supervisee.

Discussion of results related to the third question:

"Does the clinical setting provide adequate opportunities to practice nursing procedures which are learnt in the classroom?"

Investigating this question based on findings the means, percentages, and standard deviations for the item, (this clinical setting provided adequate opportunities for application of information gained in the classroom setting) with a mean of 3.51 and st. deviation 1.18. Although there is a gap between theory and practice, clinical setting provide the student the chance to apply most of the procedures they learned in the classroom

Discussion of results related to the fourth question.

“What are the obstacles facing senior nursing students in clinical learning environment.

Obstacles Related to The Clinical Instructor

Clinical instructor should play as a role model in his or her professional actions. However the result showed that around 10% of the students claimed that their instructors were not a positive role model, also high instructor workload negatively impacted their role in the clinical setting which impacted students outcomes in the clinical setting as more than one third of the students agreed that the clinical instructor workload negatively impacted their experience in the clinical setting. The fundamental roles of the clinical instructor are to give a constructive feedback about the students performance in the clinical setting in order to make any correction in their behaviors or acts. However around 13% of the students were not provided with a constructive feedback by their clinical instructors in the clinical setting. The instructor must be available in the clinical setting at any time he or she is needed to support and to answer any question that the student may ask, while 11.1% of the students claimed that their clinical instructor was not available to answer their questions and to provide his/her with assistance .The instructor should encourage his/her student to work as a team in order to provide high quality of nursing care and this could be reflected by the assignments and clinical work. However 11% of the students did not agree that their instructor encouraged them to assist each other and share learning experiences.

Obstacles Related to The Clinical setting

Clinical setting should be occupied and provided with the needed supplies the students use in their clinical work. 12.7% of the students claimed that the equipment supplies, and material resources needed to provide patient care and teaching were not available in their clinical setting. Theory

and practice should be matched to achieve the course outcomes, so the clinical setting should provide students the opportunity to apply the protocols and theories that they learn in the educational setting. However 12.7% of the students didn't agree and strongly disagreed that the clinical setting provided adequate opportunities for the application of information gained in the classroom setting. Nurses in the clinical setting should play a positive role-model and show a commitment to their profession to encourage the students to follow them and to encourage the students to continue in this profession. Bad working conditions and the work overload could be a reason to 20.6% of the students claimed that the nursing staff in the clinical setting didn't serve as a positive role model for professional nursing.

Results related to the first hypothesis:

The first hypothesis in this study stated that: " There are no significant differences in students' perception toward clinical setting at ($\alpha = 0.05$) due to their gender"

To test this hypothesis the researcher used independent t- test which indicated that there were no significant differences between male and female in relation to their perception toward clinical setting at $\alpha = 0.151 > 0.05$.. This result means that there were no significant differences at $\alpha = 0.05$ in students' perception means toward clinical setting due to their gender variable.

Results related to the second hypothesis:

The first hypothesis in this study stated that: " There are no significant differences in students' perception towards clinical instructor at ($\alpha = 0.05$) due to their gender"

To test this hypothesis the researcher used independent t- test which indicated that there were no significant differences between male and female in relation to their perception towards clinical instructor at $=0.102 > 0.05$). This result means that there were no significant difference at $\alpha = 0.05$ in students perception means toward clinical instructor due to their gender variable. From the above results, gender does not play a major role of the students' perception toward clinical instructor and clinical setting, which means female and male have the same perception toward clinical instructor and clinical setting. This was supported by Hamayel (2003) who revealed that there were no significant difference at $\alpha = 0.05$ in students' perception of the laboratory environment due to gender.

Results related to the third hypothesis:

The third hypothesis of this study stated that:

“There are no significant difference at ($\alpha = 0.05$) in students' perception means towards clinical setting due to university.

As shown in table (11) the researcher used One Way ANOVA to test the difference at ($\alpha = 0.05$) in students' perception means towards clinical setting due to the university. The result analysis of this hypothesis domain showed that the significant differences were $\alpha = 0.046$ which means that there were significant differences in students perception means at ($\alpha = 0.05$) toward clinical setting due to the university and to differentiate between which university these differences were, Tukey (HSD) test was used. (Table 12) (Tukey HSD) showed that:

There were significant differences at ($\alpha = 0.05$) in students perception means toward clinical setting due to the university between Hebron university and Bethlehem university for favor of Bethlehem university, and there were no

significant differences at ($\alpha = 0.05$) in students' perception means towards clinical setting due to university between Hebron university and Al –Quds university , and between Hebron university and Ibn Sena College .

Results related to the fourth hypothesis:

The fourth hypothesis of this study stated that:

“There are no significant difference at ($\alpha = 0.05$) in students' perception means towards clinical Results of instructor due to university.

One Way ANOVA for difference in students' perception means toward clinical instructor due to the university. Table (13) showed that the significant difference was (0.032) which means that there were signification differences at ($\alpha = 0.05$) in students' perception means toward clinical instructor due to the university and (table 14) showed that there were significant differences at ($\alpha = 0.05$) in students' perception means towards clinical instructor between Hebron university and Al-Quds university for favor of Al-Quds universuty . And there were no significant difference at ($\alpha = 0.05$) in students perception means toward clinical instructor between Hebron university and Ibn Sena College. And there were no significant difference at ($\alpha = 0.05$) in students perception means toward clinical instructor between Hebron university and Bethlehem university.

The variation of perception of these students in relation to their university support the idea of the differences in experience, programme, and qualifications of clinical instructors which means the clinical instructors in some universities may make the clinical environment acceptable to the students while other instructors failed to make it acceptable, and this could be explained by the history of each university and their ability to select their instructors. This can be supported by (khatib, 2003) who found that there

was a significant difference at ($\alpha = 0.05$) in English majors' attitudes in the Palestinian university toward teaching.

Results related to the fifth hypothesis:

The fifth hypothesis of this study stated that:

“There are no significant difference at ($\alpha = 0.05$) in students' perception means towards clinical instructor due to the hospital.

The above hypothesis was confirmed by using the independent t- test for the clinical instructor .

The researcher found that 42 students had most of their clinical practice in governmental hospitals while 21 students had most of their clinical practice in private hospitals.

Results of analysis in (table 15) showed that there were no significant differences between type of hospital and students perception means toward clinical instructor ($\alpha=0.219>0.05$) which means that there were no significant differences at ($\alpha = 0.05$) in students' perception means toward clinical instructor due to the hospital.

Results related to the sixth hypothesis:

The sixth hypothesis of this study stated that:

“There are no significant difference at ($\alpha = 0.05$) in students' perception means toward clinical setting due to the hospital.

Results of analysis in (table 16) showed that there were no significant difference between type of hospital and students' perception means towards clinical setting ($\alpha=0.509>0.05$). which means that there were no significant differences at ($\alpha = 0.05$) in students perception means towards clinical setting due to clinical practice variable .Although the majority of the students applied their clinical practice in governmental hospitals (66.7%). Statistically

there was no difference between students who applied their clinical practice in governmental hospitals or private hospitals. However, most of the health institutions have the same situation and obstacles related to political conflict, so most of the nursing students from the different Palestinian universities implement their nursing practice in almost the same hospitals, for example, all students implement their psychiatric practice in the same hospital which is located in Bethlehem.

These findings supported by Daley (2001) findings revealing that clinical nursing practice facilitates both personal and professional development of nurses. Also, this study was supported by (Hamayel, 2003) finding results which indicated that there were no significant relationship between students' perception in the laboratory environment and their attitudes toward laboratory work practice. On the other hand, these findings were different from the study Sand- Jecklin (2000) which demonstrated significant difference based on the clinical site being evaluated.

The researcher believed that these results were expected because most of the nursing students from the different Palestinian universities implement their nursing practice in almost the same hospitals, for example, all students implement their psychiatric practice in the same hospital that is located in Bethlehem.

Results related to the seventh hypothesis:

The seventh hypothesis states that:

“There are no significant difference at ($\alpha = 0.05$) in students' perception means towards clinical instructor due to their total GPA.

The above hypothesis was confirmed by using One-Way-ANOVA for the clinical instructor variable.

Table (17)showed that the significant difference was ($\alpha= 0.207$) which means that there were no significant difference at ($\alpha = 0.05$) in students' perception means towards clinical instructor due to their GPA.

Results related to the eighth hypothesis:

The eighth hypothesis states that:

“There are no significant difference at ($\alpha = 0.05$) in students' perception means towards clinical setting due to their total GPA.

The above hypothesis was confirmed by using One-Way-ANOVA for the clinical setting variable.

Table (18) showed that the significant difference was ($\alpha=0.65$) which means that there were no significant differences at ($\alpha=0.05$) in students' perception means towards clinical setting due to their GPA. According to the results, students' achievement does not play a major role on the perception of students toward both clinical instructor and clinical setting and this could be explained by the fact that students with low achievement and students with high achievement have a positive perception toward clinical instructor and clinical setting

The results of this study supported by Hamayel (2003) findings which stated that English majors' attitudes toward teaching were not affected by the achievement Variable.

Recommendations

Due to the results of the current research the researcher recommended the followings:

Recommendations for the universities

It is recommended that:

- 1- Recruitment of high quality of clinical instructors.
- 2- Assigned more clinical instructors from the clinical setting to decrease work load and provide opportunities for availability of clinical instructors.

Recommendations for clinical instructors

It is recommended that the clinical instructor:

- 1- Serve a positive role model for professional nursing.
- 2- Give constructive feedback to the students in order to improve the quality of service and to do a correction for unaccepted student conduct.
- 3- Be available to answer questions and support the students in the clinical setting.
- 4- To search for opportunity for application of theory that is learnt in the classroom.
- 5- Apply principles of adult learning.

Recommendations for management in the clinical setting

It is recommended that:

1. Nursing staff should play a positive role model for professional nursing.
2. Provide students with the equipments and resources needed in the teaching learning process.
3. Cooperation and coordination with the universities to have congruent objectives and aims.

Recommendations for further research

It is recommended that:

1. Replication of the same study with large sample and different instrument such as interview, and observation.
2. Perceptions of clinical instructors towards students in the clinical setting.
3. To do a qualitative study to investigate students perception towards clinical instructor and clinical setting.
4. Conduct a study about the ability of the available clinical instructors to use adult learning principles. Encourage team work and the principles of group dynamic in the clinical setting.
5. To search for opportunity for application of theory that being learnt in the classroom.
6. Apply principles of adult learning.
7. Encourage team work and the principles of group dynamic in the clinical setting.

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APPENDICES

(1)
Questionnaire to Participants

Dear colleagues:

I am a health care professional working in the field of ophthalmology. I would like to conduct a study as part of my course requirements for Master degree in teaching methods at Al - Quds University. The main purpose of this study is to find out the perception of senior Palestinian nursing students toward clinical instructor and clinical setting , and to detect the obstacles that facing students in the clinical learning environment.

Your participation in this study is voluntary and you can withdraw or refuse to continue at any time during this study.

Your co- operation will be very much appreciated.

Researcher

Waleed Khatib.

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STUDENT EVALUATION OF CLINICAL EDUCATION ENVIRONMENT

Please circle the right answer:

* gender.

1. Male

2. Female

* university.

1. Hebron University. 2. Bethlehem University.

3. Al-Quds University. 4. Iben Sena Collage.

* GPA.

1. 60-69

2. 70-79

3. 80-89

4. 90-

100

* The percentage of most of your clinical practice was:

1. -----% Governmental hospitals.

2. -----% Private hospitals.

* Where your clinical instructor is assigned from?

1. From university.

2. From clinical setting.

Please put tick to the number that best represents your answer to the following questions:

Key:

1. = Strongly Disagree

2. = Disagree

3. = Neutral

4. = Agree

5. = Strongly Agree

Key		1	2	3	4	5
1.	My clinical instructor was available to answer questions and to help with patient care.					
2.	A wide range of learning opportunities was available at this agency/ department.					
3.	I felt comfortable asking questions of my clinical instructor.					
4.	As my skills and knowledge increased, my instructor allowed me more independence.					
5.	My clinical instructor talked with me about new developments related to my patient's care.					
6.	This clinical setting provided adequate opportunities for application of information gained in the classroom setting.					
7.	My instructor served as a positive role model for professional nursing.					
8.	High clinical instructor workload negatively impacts my experience at this agency/ department.					
9.	There was adequate time in this clinical rotation to meet my learning goals.					
10.	My instructor encouraged me to identify and pursue opportunities for learning in this environment.					
11.	My clinical instructor provided adequate guidance as I learned to perform new skills.					
12.	This agency/department had an adequate number and variety of patients appropriate for my clinical nursing abilities.					
13.	My instructor was available to answer questions and to provide assistance.					
14.	Equipment, supplies, and material resources needed to provide patient care and teaching were available in this agency/ department.					
15.	My instructor provided constructive feedback about my nursing actions in this setting.					
16.	The instructor provided me with adequate guidance as I learned new skills.					

17.	Nursing staff in this department informed students of potential learning experiences.				
18.	In this setting, I was allowed to perform “hands on” care at the level of my clinical abilities.				
19.	My instructor supported me in applying new knowledge/ learning new skills.				
20.	The nursing staff in this department served as a positive role model for professional nursing.				
21.	One-to-one interaction with clients provided sufficient opportunities for skill development.				
22.	The instructor encouraged students to assist each other and to share learning experiences.				
23.	The nursing staff provided constructive feedback about my nursing actions in this setting.				
24.	The student to faculty ratio in this setting provided adequate supervision and support for me to take advantage of most learning opportunities at the site.				
25.	Instructor demands for performance in this setting were realistic.				
26.	My clinical instructor was positive about serving as a source to nursing students.				
27.	The clinical instructor provided sufficient feedback about my clinical performance early enough within the rotation to allow for corrective actions.				

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