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Vietnamese Clinical Nurse Educators' Perceived Role Confidence: Reflection From a Cross-Sectional Study

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Background: The current picture of nursing in Vietnam is characterised by three main factors: multiple levels of undergraduate education, the absence of a functional licensing mechanism, and only a small percentage of the nursing workforce educated to baccalaureate level (World Health Organisation, 2013). The shortage of nurses appropriately qualified to teach nursing in Vietnam is apparent and has led to the entrenched culture of physicians taking the role of nurse educator. Reliance on physicians and other non-nurse health professionals in nursing education mirrors that of some other Asian countries such as China (Wang, Whitehead, & Bayes, 2016) and may have a profound impact on the professional identity of nurses and the quality of the student learning experience in clinical settings.

Clinical practice experience for students is an essential component of every nursing curriculum. Through clinical placements, students learn to integrate theoretical knowledge into the planning and implementation of patient care; develop therapeutic communication and psychomotor skills; practise ethical decision-making; socialise to the workplace environment; and function as a member of the healthcare team (McKenna, McCall, & Wray, 2010). The recruitment and preparation of qualified, confident and competent clinical nurse educators (ClnEs) is therefore essential to the quality of clinical learning and ultimately the education of capable future nurses.

Aim: To explore (i) how Vietnamese ClnEs are recruited to the role, (ii) nurse educators' perceived confidence in clinical teaching and (iii), the association between perceived confidence and the professional background of the ClnEs.

Design and methods: Descriptive cross-sectional survey design was used to conduct the study. Both web-based and paper-based surveys were used to collect data during 01/2015 to 03/2015. The surveys contained two parts. Part A included questions about demographic and background information and recruitment methods. Part B of the survey contained the 24 Likert-scale questions of the Clinical Nurse Educator Skill Acquisition Assessment tool (CNESAA).

Instrument: The use of the CNESAA tool was to measure clinical nurse educators' perceived confidence in their role. The reliability and validity of this tool was established in the Vietnamese setting (Nguyen, Forbes, Mohebbi, & Duke, 2017). The CNESAA comprised 24 Likert-scale items and five domains: (1) *Enhancing student learning*, (2) *Relating theory and practice*, (3) *Engaging in scholarship*, (4) *Functioning as a leader* and (5), *Participating in professional development*.

Sample and setting: 334 ClnEs from 19 institutions in Vietnam.

Findings: ClnEs in Vietnam were recruited from three sources: (1) new graduates for the Bachelor of Nursing degree, (2) experienced nurses or nurse educators and (3) those who did not have a background in nursing (mostly physicians). Regardless of the recruitment background participants perceived their confidence in clinical teaching at moderate to high levels.

Experienced nurses rated their confidence lower than all other groups, including those who did not have any clinical nursing experience prior to commencing the clinical educator role.

Discussions:

The varied levels of perceived confidence among participants with different professional backgrounds reflects the influence of the Dunning–Kruger effect. This term describes an effect whereby those lacking competence in a particular area of expertise may not be able to recognise the limitations of their knowledge and skills (Kruger & Dunning, 1999; Schlosser, Dunning, Johnson, & Kruger, 2013), and thus, may over estimate their ability. Relevant literature suggests that top performers tend to underestimate their confidence levels and vice versa (Burson, Larrick, & Klayman, 2006). In the research context of Vietnam, participants who had prior experience of practice and/or teaching nursing had the lowest perceived confidence levels as compared to other participants. This result suggests that their greater exposure to the reality of nursing practice and clinical teaching, has made them aware of the many challenges. Non-nurses are unlikely to fully appreciate the complexities of person-centred caring approaches to the planning, implementation and evaluation of patient care. CliNEs recruited immediately on graduation from their Bachelor of Nursing degree may also be unaware of their responsibilities to ensure the needs of both patients and students are met, as they have had limited exposure to practice and have not yet fully developed their own professional identity.

The recruitment of non-nurses to teach nursing students is particularly worrying in the context of a country such as Vietnam that is striving to professionalise its nursing workforce. The literature reviewed for this study has clearly demonstrated that it is the CliNE's responsibility to facilitate students' professional socialisation by engaging them in the culture of professional nursing (Strouse & Nickerson, 2016), helping them to obtain and internalise the professional values of nursing (Dinmohammadi, Peyrovi, & Mehrdad, 2013) and providing them with relevant role models (Brown, Stevens, & Kermode, 2012; de Swardt, van Rensburg, & Oosthuizen, 2014; Goodare, 2015; Walker et al., 2014). Physicians, and perhaps even new Bachelor of Nursing graduates, clearly do not have sound understanding of what it is to be a professional nurse and therefore are unlikely to provide the appropriate professional role-modelling that is deemed necessary to assist student socialisation to the nursing profession.

Conclusions: This study has contributed important insights into the current situation surrounding nursing education in Vietnam. For the focus on student development of professional identify, the recruitment of non-nurses without exposure to clinical practice should be limited and eradicated as soon as conditions permit. Recruitment of experienced nurse clinicians and the implementation of the preceptorship model of clinical nursing education should be fast tracked to address the shortage of nurse educators. In the meantime, appropriate training should be provided to non-nurse CliNEs to familiarise them with the person-centred holistic approach to practice of nursing.

Key words: Nurse professionalisation, nursing education, nurse educator, confidence, clinical teaching, Vietnam.

Title:

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Keywords:

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Abstract Summary:

This abstract reports reflection from a cross-sectional study on human resources to teach clinical nursing. Clinical nurses educators in Vietnam were recruited from both nursing and non-nursing

backgrounds. Necessary changes are required as educators' professional backgrounds may have profound impacts on student learning and development of professional identity.

Content Outline:

I. Introduction

- Clinical practice experience for students is an essential component of every nursing curriculum.
- The shortage of nurses appropriately qualified to teach nursing in Vietnam is apparent and has led to the entrenched culture of physicians taking the role of nurse educator.
- The recruitment and preparation of qualified, confident and competent clinical nurse educators (CliNEs) is essential to the quality of clinical learning and student's development of professional identity.

II. Body

a. Aim, design and method

- This study aimed to explore (i) how Vietnamese CliNEs are recruited to the role, (ii) nurse educators' perceived confidence in clinical teaching and (iii), the association between perceived confidence and the professional background of the CliNEs.
- Descriptive cross-sectional survey design was used.
- The Clinical Nurse Educator Skill Acquisition Assessment tool (CNESAA) was used to measure clinical nurse educators' perceived confidence in their role.

b. Sample

- 334 clinical nurse educators from 19 institutions in Vietnam participated in this study.

c. Result

- CliNEs in Vietnam were recruited from three sources: (1) new graduates for the Bachelor of Nursing degree, (2) experienced nurses or nurse educators and (3) those who did not have a background in nursing (mostly physicians).
- Participants perceived their confidence in clinical teaching at moderate to high levels.
- Experienced nurses rated their confidence lower than all other groups, including those who did not have any clinical nursing experience prior to commencing the clinical educator role.

d. Discussion

- The varied levels of perceived confidence among participants with different professional backgrounds reflects the influence of the Dunning–Kruger effect which often relates to "they don't know what they don't know".
- The recruitment of non-nurses to teach clinical nursing may not be helpful for student development of professional identity as competent nurses.

III. Conclusion

- This study has contributed important insights into the current situation surrounding nursing education in Vietnam.
- For the focus on student development of professional identify, the recruitment of non-nurses without exposure to clinical practice should be limited and eradicated as soon as conditions permit.
- Recruitment of experienced nurse clinicians and the implementation of the preceptorship should be fast tracked to address the shortage of nurse educators.

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