

Development of a Tool to Assess Clinical Educator Role Perceptions

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Background: Globally, nursing programs partner with healthcare institutions such as hospitals to provide practice settings for baccalaureate nursing students. In one model, full time faculty or adjunct faculty are employed by academic institutions to teach in the clinical setting. In another model, the healthcare institution such as a hospital provides nurses to function as the clinical instructor. With the nursing faculty shortage in the USA and across the globe, an approach to transforming practice may be to decrease the need for full time faculty employed by the academic setting to teach clinicals and rely more on healthcare institution partners to provide experienced nurses who work in the setting to teach the clinicals. This transformation in practice leads to the question, does the clinical educator's work role perspective differ based on the partnership framework under which the instructor is employed (i.e., primary employer is an educational institution versus health facility)?

Purpose: To develop a tool to measure clinical educator perspectives of work roles and compare educator perspectives based on primary employer, hospital-based facility compared to university-based facility.

Method: This was a cross-sectional, descriptive study. In a previous study, researchers conducted focus groups with clinical educators in Israel to describe the various roles of the clinical educator in undergraduate nursing programs. Based on the results of the focus groups, researchers then developed a tool, Nursing Clinical Instruction Role Assessment Tool (N-CIRAT), to measure clinical educators' perceptions of three main roles of the nurse educator: educator role, hospital partner role, and patient advocate role. The N-CIRAT had 25 items on 3 subscales measured using a 5-point Likert type scale with one (1) indicating least importance and five (5) indicating highest importance. Through an international collaboration from contacts at an international nursing research conference as well as existing student exchange programs, site coordinators were identified and data was collected from nursing clinical instructors in a total of five sites in three countries (Israel-1 site, Norway-1 site, and USA -3 sites). The inclusion criteria were nurses currently teaching clinical to baccalaureate nursing students. Site coordinators recruited a convenience sample of subjects (n=135) using snowball sampling, emailing the survey link to undergraduate program directors and nursing faculty between April 2014 and January 2015. The N-CIRAT was distributed primarily via an email link to an online survey with one site using a paper and pencil format.

Results: Based on the results, the N-CIRAT demonstrated good reliability (Cronbach alpha=0.87) across global sites. Based on factor analysis, one item was removed from the scale and excluded in further data analysis, resulting in a 24-items scale (educator role 10 items, hospital partner role 8 items, patient advocate role 6 items). Based on regression models, comparisons were made across employer type, and results indicated clinical educators employed by a healthcare institution placed a higher value on the hospital partner role compared to those employed by an academic institution ($p<.05$). Both groups of clinical educators placed a similar high value on the educator role. Likewise, both groups placed a high value on the patient care role with hospital-based clinical educators placing a slightly higher value ($p<.05$).

Due to the similarity of partnership models within the samples from each country, it was not possible to compare partnership models across global sites. For example, all subjects in Norway reported a hospital-based employer model while nearly all subjects in the USA reported a university-based employer **model**.

Conclusion: Clinical educators employed by the hospital and those employed by the university place a high level of importance on the key role of educator and patient advocate. The educators perceived the role of hospital partner differently based on employer model. Further research is needed to test the N-CIRAT in a variety of partnership models globally to further assess differences across countries and partnership models.

Title:

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Keywords:

clinical education, instrument development and role perceptions

References:

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Abstract Summary:

The development of the Nursing Clinical Instruction Role Assessment Tool (N-CIRAT) will be discussed. This discussion will include validity and reliability of the newly developed tool based on use across three countries with differing approaches to clinical education: hospital-based faculty compared to university-based faculty. The development of the Nursing Clinical Instruction Role Assessment Tool (N-CIRAT) will be discussed. This discussion will include validity and reliability of the newly developed tool based on use across three countries with differing approaches to clinical education: hospital-based faculty compared to university-based faculty.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to state the three factors/subscales of the Nursing Clinical Instruction Role Assessment Tool (N-CIRAT)	Present a list of the three factors (educator, hospital partner, patient advocate) including items in each factor.
The learner will be able to list the two main models of clinical education employment assessed using the N-CIRAT	Provide results from use of N-CIRAT across three countries and model types (hospital-affiliated vs. university-affiliated) used primarily by sample from each country.

Slot:

C 03: Friday, April 8, 2016: 3:15 PM-4:30 PM

