LEARNING TO EDUCATE: A BASIC QUALITATIVE STUDY OF THE
EXPERIENCES OF TRAINING FROM PROFESSIONAL NURSES

by

Shanda June Clark

JULIA BRONNER, PhD, Faculty Mentor and Chair
ADAIR WHITE-JOHNSON, PhD, Committee Member
EDNA HULL, PhD, Committee Member

Amy Smith, PhD, Dean, School of Education

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Abstract

The basic qualitative research design allowed for the discovery of how professional nurse participants interpret their experiences about learning how to educate students in the clinical setting. The population studied were professional nurses who teach students in the clinical setting in a Southwestern state. Research findings indicated the experiences regarding their preparation to instruct students in the clinical learning environment were significantly lacking. Professional nurses may be considered experts in the application of patient care; however, they continue to lack formal training preparing them to educate nursing students. The experiences of professional nurses indicated little communication occurs between them and nursing schools about the critical role they play in the education of students, the necessity of teaching the nursing students to practice safely, the implementation of theory into clinical practice, and how to meet the learning needs of students during their experiential learning experience.
Dedication

I would like to dedicate this dissertation to my children, Rani and Caleb, who have witnessed my success, disappointments, and failures through this entire process. Your support was invaluable to my success. Thank you for the encouragement, love, and kindness shown to me throughout this process. Always remember: If it does not challenge you, it does not change you. I have been forever changed. I love you two immeasurably, Mom.
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A nursing student's clinical education is paramount to preparing them for entry into practice and is considered the core of nursing education (Madhanpraphakaran, Shukri, and Balachandran, 2014). To assist with the application of academic content in the clinical settings, nursing schools frequently place students with a professional nurse. For the purpose of this research, the term professional nurse refers to registered nurses who are employed as staff nurses by the clinical setting. Nursing students are placed with the professional nurses in the clinical setting as an extension of the academic setting (Ahonen & Quinlan, 2013). Professional nurses are not compensated by the nursing schools but assist with teaching nursing students in addition to their regular patient care assignment.

Experiential learning is a requirement in all nursing schools and is necessary when considering nursing as a practice discipline (American Association of Colleges of Nurses [AACN], 2012). Relating to for the practice discipline of nursing, experiential learning may include clinical experiences, clinical learning opportunities, clinical strategies, and clinical activities (AACN, 2012). These learning settings assist students in preparing for practice.

Nursing students may be placed with professional nurses, who care for patients but lack the background of educational practices (Jokelainen, Tossavainen, Jamookeelah, & Turunen, 2013b). The lack of formal training in educational practices creates uncertainty when providing feedback to students (Kubin, Fogg, Wilson, & Wilson, 2013). Baker, Perreault, Reid, and Blanchard (2013) found pedagogical feedback to students should be provided promptly, be specific, and provide a way to reach a learning goal. This may not be evident to the professional nurse who has had no formal teaching preparation.
In the clinical setting, the clinical educator may be responsible for eight nursing students. For safety and educational purposes, the student may be paired with a professional nurse (Ahonen & Quinlan, 2013). Kavanagh and Szweda (2017) specify the need to prioritize the assessment, development, and the validation of clinical learning to confirm nursing students are competent to care for patients in the clinical setting. A study regarding the educational preparation of professional nurses would discover if they are equipped to implement educational practices. Further research may indicate the need for additional education preparation of professional nurses to assist students in the clinical setting (McClure & Black, 2013). This dissertation explored the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting.

**Background of the Study**

The clinical setting is one of the most significant environments used to teach nursing students how to implement hands-on instruction learned in the academic setting (Bisholt, Ohlsson, Engstrom, & Johansson, 2014; Sundler et al., 2014). Clinical education for the undergraduate nursing student is necessary for the success of the educational theory to practice paradigm (Kavanagh & Szweda, 2017) The experiences of professional nurses regarding their preparation to educate nursing students in the patient care setting has not been studied. The responsibilities of professional nurses in the clinical environment, overseeing the undergraduate nurses’ clinical education, can be overwhelming and confusing, making support for them essential (Jokelainen et al., 2013a).

Jokelainen et al., (2013b) found if professional nurses receive guidance about the implementation of teaching, giving feedback, and completing assessments, they can give better support to nursing students and improve clinical education. To ensure the educational needs of
students are met, the process of educating professional nurses’ who teach in the clinical setting should be studied (McClure & Black, 2013). Exploring the experiences of professional nurses concerning their preparation to teach in the clinical setting is necessary and may improve the ability of schools to meet their educational goals.

The goal of nursing education is to prepare students to safely practice nursing in the clinical setting upon graduation (Chuan & Barnett, 2012). If nursing programs are to realize this educational goal, they must recognize their dependence on professional nurses in the clinical setting (Chuan & Barnett, 2012). Facilitating the application of classroom education from theory to practice is paramount to a nursing students’ successful education. Professional nurses who educate students in the clinical setting are critical to schools and the professional nursing practice (Bisholt et al., 2014). Professional nurses are considered experts in the application of patient care; however, they lack formal training in educational teaching practice (Kubin et al., 2013). Despite the lack of formal training regarding educational teaching, professional nurses continue to teach students to care for patients.

These staff nurses participate in the clinical educator role are not only responsible for educating but assessing student learning and abilities, ensuring clinical outcomes are met and substantiating that students are prepared for entry into the nursing practice (Helminen, Tossavainen, & Turunen, 2014). Jokelainen, et al. (2013a) found professional nurses provide the most influential support for students. To facilitate learning, professional nurses should be able to interact and communicate with students in a positive way while educating and assessing competencies (Jokelainen et al., 2013b). Nursing students indicate professional nurses, in the clinical setting motivate and teach them how to adapt to a continually changing, fast-paced nursing environment, (Kaihlanen, Lakanmaa, & Salminen, 2013). Interactions with these staff
nurses assisting the learning paradigm impact the students’ ability to progress in the nursing program and ultimately influence patient care.

While considered experts in clinical practice, professional nurses are not formally trained educators and may not understand what students require to develop clinical skills (Kubin et al., 2013). Educating nursing students in the patient care environment can be challenging due to different learning styles, the emotional reaction to new events, and the lack of student preparation to learn in the clinical setting (Seurynck, Buch, Farrayie, & Murphy, 2014). Jamshidi, Molazem, Sharif, Torabizadeh, and Kayani (2016) found students are inadequately prepared to enter the clinical environment despite learning in the academic setting. Nursing graduates report that they were unable to apply knowledge in an unstructured clinical environment despite high academic achievement in nursing school (Kavanagh & Szweda, 2017). The lack of student preparation to learn in the clinical environment coupled with professional nurses’ lack of preparation to teach may lead to a decrease in meeting entry-level clinical competencies.

Professional nurses in the clinical setting, role model and prepare students to enter the practice of nursing (Jokelainen et al., 2013a). Nursing schools need to recognize how dependent they are on professional nurses to teach students to safely implement nursing practices (Chuan & Barnett, 2012). The recognition of dependence on professional nurses in the clinical setting may spark the discussion to improve the preparation of clinical education educators.

Preparing nursing students to enter a high-stakes fast-paced professional practice where grief, vulnerability, and death occur is an overwhelming responsibility (Kavanagh & Szweda, 2017). The responsibility for the success or failure in preparing nursing students for the responsibility of providing safe, effective patient care is shared by students, faculty, and clinical setting educators (Kavanagh & Szweda, 2017). Due to the importance placed on an undergraduate nursing clinical
education, professional nurses should have support and training focusing on proper educational practices.

The importance of preparing nursing students for clinical practice makes the findings of the dissertation topic, exploring the experiences of professional nurses regarding their preparation to teach nursing students in the clinical setting, significant to nursing education. Findings will contribute needed information to the literature and may assist in developing new educational standards concerning the preparation of professional nurses. The development of a new standard may assist the improvement of experiential learning experiences for nursing students. Ultimately, clinical learning may be improved. Also, results may aid in decreasing the nursing educational practice gap, which will positively impact patient care outcomes.

**Theoretical Framework Introduction**

The theoretical framework chosen for the study was Benner’s theory novice to expert. Benner’s theory considers several different stages of development in the nursing practice starting with the novice nurse and ending with an expert (Benner, 1982). The novice nurse is considered a beginner with no experience while the expert nurse has a career founded on various experiences and can fully understand the situation and implementations needed (Benner, 1982). Novice to expert is based on the application of nursing principles in patient care settings.

Many professional nurses may be considered expert clinicians but lack the training of the nurse educator (Hunt, Curtis, & Sanderson, 2013). The lack of training concerning how to educate students in the clinical setting indicates professional nurses are novice educators yet expert nurses. Benner’s theory novice to expert (1982) states novices can only digest and assess small situations occurring around them because the situation is new.
Understanding how the clinical experience is related to nursing theory is an essential part of educating nursing students (Davidson & Rourke, 2012). The lack of background knowledge concerning the relationship between theory and clinical puts nursing students at risk for using poor judgment and poor development of critical thinking skills (Davidson & Rourke, 2012). A study conducted by David and Rourke (2012) indicates professional nurses in the clinical setting may need additional preparation when teaching students because they may be novices in nursing education and unable to implement proper educational practices.

Applying Benner’s theory to the preparation of professional nurses to educate students in the clinical setting indicates they may be novice nursing educators. Understanding the importance to advance novice nursing educators to experts demonstrates the need for professional nurses to be instructed how to apply educational theories and practices.

**Need for the Study**

Many professional nurses are considered experts in the implementation of patient care. However, many have no formal training on the implementation of educational practices to student learning (Hunt et al., 2013). The lack of formal educational training may have left professional nurses unprepared to give meaningful feedback to students in a way that reflects an understanding of andragogical principles (McClure & Black, 2013). Clinical educators are considered a significant support to students, which makes them optimal to provide learning opportunities through constructive and timely feedback in the clinical setting (Jokelainen, et al., 2013a). Duffy (2013) indicated constructive feedback during a clinical rotation assisted nursing students in their clinical development and improved skills necessary for safe and effective patient care that will prepare them for entry into the nursing practice. However, nursing students are
placed with professional nurses who lack understanding about the importance of the need to implement instructive practices in the clinical setting (Jokelainen et al., 2013b).

The lack of formal training may foster uncertainty when providing feedback to students (Kubin et al., 2013). Professional nurses do more than allow students to meet clinical outcomes. They are exemplars in nursing and influence the perceptions of nursing and future career choices (Carlson & Idvall, 2014). Kaihlanen et al. (2013) indicates that nursing students believed the way clinical educators give feedback in the clinical setting significantly impacted the development of self-confidence. Jokelainen et al. (2013b) found students in the clinical environment believed that properly preparing to practice as a nurse is an outcome due to the guidance, teaching, feedback, and assessments provided by professional nurses.

Students stated a good professional nurse teaches how to think critically and adapt to new situations in the clinical setting (Kaihlanen et al., 2013). A poor learning environment can have an adverse effect on nursing students’ professional development (Jamshidi et al., 2016). The influence that professional nurses have on students demonstrates the importance of providing them with opportunities to advance their educational practice skills.

A large part of nursing education is carried out in complex clinical surroundings and considered an integral part of nursing education programs (Jamshidi et al., 2016). Hunt et al. (2013) indicated that professional nurses are valued contributors to nursing education and must have the necessary resources to instruct and evaluate students. Various models for preparing these staff nurses to teach student in the clinical setting are reported in the literature with little consensus or research (Reid, Hinderer, Jarosinki, Mister, & Seldomridge, 2013). Nursing schools rely on professional nurses to help educate students throughout every phase of their clinical education. to implement what is learned in the classroom and help prepare them to practice as a
professional nurse (Chuan & Barnett, 2012). Without the assistance of professional nurses to educate students on the implementation of patient care in the clinical setting, nursing education is unable to reach the goal of preparing students to safely practice patient care (Chuan & Barnett, 2012).

Nazari and Mohammadi (2015) interviewed ten clinical instructors and twelve students and determined that both believed excellent communication skills were an important attribute for a clinical instructor to have. The study did not include the importance of the communication skills of the professional nurse when educating students in the clinical setting. The reliance of nursing schools on professional nurses to prepare student for professional practice and the lack of research about the experiences of professional nurses concerning their preparation to teach indicates a need to explore their experiences about preparing to teach clinical setting.

Preparing competent professional nurses who provide effective clinical instruction requires detailed planning and development. These clinical educators are not hired by the institutions of nursing. They are staff nurses employed by the clinical setting and assigned a student to accompany them during the working shift. Their educational background may not have included educating students. McClure and Black (2013) specified current practices of professional nurses’ preparation must continue to be examined to ensure that processes adequately meet the needs of the nursing education. The way nurses care for patients and make clinical decisions has changed, indicating the need to ensure professional nurses are updated on clinical, educational practices (Institute of Medicine, n.d.). Due to the impact clinical education has on students, and the need to implement safe clinical practices, nursing education must ensure those who instruct students in the clinical setting are prepared for this critical role. Because of the reliance nursing schools have
on registered staff nurses to teach in the clinical setting, the experiences of professional nurses regarding their preparation to teach nursing students is needed.

**Purpose of the Study**

Nursing students in the clinical setting apply academic knowledge of patient care and may be taught by professional nurses who have no formal training in educational practices (Kubin et al., 2013). Kubin et al. (2013) found registered nurses are considered experts in the application of patient care but have little training in educating nursing students. McClure and Black (2013) discussed how current practices of preparing professional nurses to educate students in the clinical setting needs to be regularly studied to ensure professional nurses are prepared for this critical role. The purpose of the basic qualitative study was to discover the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting.

Multiple researchers including Bisholt et al. (2014) and Sundler et al. (2014) believe the clinical environment plays an important role and is central to a nursing students’ education. Learning and interacting with professional nurses in the clinical setting is vital to understand all aspect of safe patient care (Madhavanpraphakaran et al., 2014). While learning in the clinical setting, nursing students place the most value on instruction, supervision, encouragement, feedback, new clinical learning, and assessment completed by the professional nurse (Foster, et al., 2015).

In a 2015 study Foster et al. nursing students stated professional nurses hired by the clinical setting needed additional support and increased engagement from didactic educators. The study also found professional nurse interviews indicated interactions with nursing faculty would ensure regular academic updates and training days were scheduled (Foster et al., 2015). Hunt et al. (2013) indicated guided mentoring from educational faculty may develop the professional nurse.
There is very little research regarding the experiences of professional nurses’ preparation to teach in the clinical setting.

**Significance of the Study**

The findings of this basic qualitative research may help to advance the science of nursing education and may decreasing the educational-practice gap. The goal of nursing education is to prepare students to safely practice nursing in the clinical setting (Chuan & Barnett, 2012). Professional nurses are relied upon by nursing schools to educate and guide students in the clinical setting. These staff nurses employed by the clinical setting may not have any traditional teaching background. The understanding of the experiences of a professional nurses’ preparation to teach will impact the clinical setting environment and the preparation for teaching in the clinical setting.

**Research Question**

The research question for this study were based on the noted knowledge gap associated with identifying the experiences of professional nurses regarding their preparation to teach nursing students in the clinical setting. The chosen question was developed to stimulate the rich data collection of qualitative research.

**Central Research Question**

What are the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting?

**Definition of Terms**

The following terms are directly related and used throughout the research. The terms are defined to provide conceptual clarity to the reader and avoid the ambiguity of the meanings. By defining these terms, the reader will understand how the terms align with the research topic
discussed. Some terms are used solely for this research and may have different meanings when applied to other areas.

Clinical Setting

Clinical setting refers to practice experiences requiring experiential learning in any healthcare setting that requires nursing students to integrate new practice-related knowledge and skills in relation to patient care (American Association of Colleges of Nursing [AACN], 2012). Experiential learning in nursing is often referred to as a clinical experience, clinical opportunities, clinical strategy, and/or a clinical activity (AACN, 2012). This is a learning practice area that exists outside the academic classroom and laboratory.

Experiential Learning

Experiential learning is the process of students learning and develop skills, values, and knowledge from direct experiences outside the traditional academic setting (University of Colorado, n.d.) A nursing students’ experiential learning includes participating in direct patient care under the supervision of a professional nurse in the clinical setting and the watchful eye of the nursing faculty. Well planned, supervised and assessed programs can promote interdisciplinary learning, career development, and leadership (University of Colorado, n.d.). Learning that is experiential contains reflection, critical analysis and synthesis, opportunities for students to take the initiative, make decisions, engage intellectually, and allows students to learn from natural consequences, mistakes, and successes (University of Colorado, n.d.).

Course Documents

Course documents are documents indicating a course on adult education was taken by the interview participant. The documents used in the research will contain some information about the method professional nurses use to teach nursing students in the clinical setting: what is taught
in the course, expectations of nursing students and professional nurses, theories in nursing or education, how to give students feedback, contact information for questions, information about other educational courses, the length of the course, what is to be taught during clinical, or how to deal with incivility. The course documents could include a syllabus, agenda, assigned articles, assignments, pamphlets, certificates, or documents for online courses

*Professional Nurse*

For the purpose of this research, the term professional nurse refers to registered nurses who are employed as staff nurses in the clinical setting. The clinical setting directly employs the staff nurse. A clinical affiliation agreement sets parameters for the clinical activity and may allow staff nurses to be assigned a student during their shift. Nursing students are placed with the professional nurses in the clinical setting during their regular shift for experiential learning. Professional nurses are not compensated by nursing schools but assist with teaching nursing students as part of their workload. The goals of both the educational institution and the clinical setting is to improve learning, implement safe patientcare and move from theory to practice efficiently.

The following is an example of items included in a clinical affiliation agreement between a school of nursing and a clinical setting (as indicated by an organization’s clinical affiliation agreement).

1. Factors that may influence the start dates, program length and student numbers in the clinical setting may include: the number of staff nurses available to train students, the work load of staff nurses, and vacation schedules of students.

2. The nursing school must coordinate supervision of each student’s clinical experience with the clinical setting.
3. The nursing school will only assign those students to the clinical setting that have satisfactorily completed the prerequisite didactic portion of the curriculum prior to clinical assignments, school will provide a competency assessment of each student that addresses the student’s knowledge of age specificities, infection control, safety, and emergency procedures.

4. The clinical setting shall coordinate supervision of each student’s clinical experience with the nursing school.

Open-coding

A process of analyzing contextual data and includes labeling concepts, defining and developing categories or themes based on their properties and dimensions. Open-coding is used to analyze data and is a part of many qualitative data analysis methodology (Gibb, 2013).

Research Design

The basic qualitative research design was utilized to identify the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting. The basic qualitative research design allows for the discovery of how participants interpret their experiences and how they construct their world, and the meaning attributed to those experiences (Merriam & Tisdell, 2016).

A basic qualitative methodology implements multiple ways to gather data from the research participants. How a researcher chooses to proceed primarily depends on the purpose, characteristics of participants, view of the investigator, and the audience the research is intended to reach (Maxwell, 2013; Ritchie, Lewis, Nicholls, & Ormston, 2013). The need to examine multiple realities of participants led to the implementation of a nonprobable purposeful sampling study design.

The purposeful selection of participants helps to understand further and answer the research question (Bloomberg & Volpe, 2012). Participants who are professional nurses and have taught
or are currently teaching nursing students in the clinical setting were purposefully selected to participate in the research. These participants were hired by the clinical setting and not by the academic institution. Semistructured, in-depth, topicly guided, open-ended questions were used to gather contextual and experiential information about the research topic, which provided rich and meaningful data (Bloomberg & Volpe, 2012). One-on-one interviews were recorded, then analyzed and categorized to determine common themes within the data.

Triangulation was implemented to determine the consistency of the information gathered during the semistructured interviews. Triangulation implemented a second method of data procurement to analyze and explore different levels and perspectives on the research topic (Fusch & Ness, 2015). Relevant documents were the second data collection method used for triangulation of the information received from the in-depth interviews and increased the credibility of the study (Merriam & Tisdell, 2016). The participants were asked to bring any documents received from any courses taken that helped prepare them to teach nursing students in the clinical setting. Member checking was the third method utilized to determine the accuracy of the research findings (Ang, Embi, & Yunus, 2016). The participants were offered the results and their specific interview to check the accuracy of the findings.

**Assumptions and Limitations**

Assumptions are items that are accepted as truth and do not need verification; however, assumptions must be supported. Assumptions discussed in the research include methodology, theoretical, and topic assumption. Limitations disclosed in the dissertation are potential weaknesses of the research. Limitations discussed include design flaw limitations and delimitations.
Assumptions

The researcher made the following assumptions:

1. It was assumed that the participants would share their professional experience with interactive teaching strategies in an open bias-free manner.

2. It was assumed that the interview guide was a valid and comprehensive enough to promote substantive answers to the research question.

3. It was assumed that adult learning theories apply to nursing education.

4. It was assumed the participants were all registered nurses working for a clinical setting.

5. It was assumed that in basic qualitative research, the goal is to understand the meaning of the item studied and how it relates to the participant and how one’s reality may be independent of others.

6. In addition, basic qualitative research assumes the researcher is the research instrument with knowledge about the subject studied and will have interactions with the participants (Patton, 2015).

Limitations

The researcher identified the following limitations:

1. The limitations of this research include a small, purposeful sampling of homogeneous participants.

2. The delimitations of the research have been narrowed by including only professional nurses who teach nursing students in the clinical setting and are not affiliated with nursing schools.

3. Nursing schools are not included in this study because the research explored the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting. The study was not meant to discover if the nursing schools or healthcare facilities had an impact on the professional nurses’ preparation to teach students in the clinical setting and doing so would change the research topic and question.

4. The researcher, having preunderstanding of the research topic chosen, may have a bias which becomes a limitation to this study. The understanding is a reflection of the researcher being a nursing educator who has experienced educating nursing students in the clinical setting. The biases were set aside concerning the topic during the interviews and the writing of the dissertation.
Organization of the Remainder of the Study

Chapter 1 encompasses an introduction and background of the research problem along with the research question and methodology. The research question, what are the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting, is presented in this chapter and includes the significance, need, and purpose of the research. The research methodology for the study was basic qualitative research.

The basic qualitative design brings about the understanding of details associated with the educational process. The basic qualitative design also allowed for the discovery of how participants interpreted experiences and the meaning of those experiences (Merriam & Tisdell, 2015). Benner’s theory novice to expert was introduced and used as a theoretical framework for the study. To conclude, study assumptions and limitations were addressed. The remaining chapters of this basic qualitative research, which discovered the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting, are reviewed below.

Chapter 2 includes a literature review related to the research topic and includes the methods of discovery. The literature review discusses how the clinical setting is one of the most critical environments used by nursing schools to educate students to implement what is learned in the classroom (Bisholt et al., 2014; Sundler et al., 2014). The literature demonstrates the reliance of nursing schools on professional nurses in the clinical setting to teach students and how professional nurses are considered experts in patient care but lack formal training in applying educational practices (Chuan & Barnett, 2012; Kubin et al., 2013). McClure and Black (2013) specify current practices of professional nurses’ preparation to teach students in the clinical
setting must continue to be examined to ensure that processes adequately meet their needs, further indicating a need for the study.

Included in Chapter 2 is an in-depth look at the theoretical framework, novice to expert, outlined in the study and the relationship between the chosen theory and the research. Novice to expert considers several different stages of development in the nursing practice, starting with the novice nurse and ending with an expert (Benner, 1982). A review of the literature associated with the topic of the experiences and preparation of clinical faculty is provided. Many professional nurses may be considered expert clinicians but lack the training of the nurse educator (Hunt et al., 2013). Due to the lack of training surrounding how to educate nursing students in the clinical setting indicates professional nurses are novice educators. Also, presented in Chapter 2 are the ethical considerations use to conduct the research.

Chapter 3 of the dissertation discusses the research design and methodology. Information in Chapter 3 introduces a description of the basic qualitative research design utilized to answer the research questions. The population studied was professional nurses who educate students in the clinical setting. The nonprobable purposeful sampling led to the discovery of the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting. Chapter 4 presents the research findings and discusses the application of the research methodology to data analysis. In the final chapter, Chapter 5, a discussion of the implication of the research takes place and includes the study limitations and recommendations for further research.
CHAPTER 2. LITERATURE REVIEW

The purpose of the basic qualitative research explores the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting. The research literature on educating students in the clinical setting indicates professional nurses are considered experts in the application of patient care but lack formal training in educational practices (Kubin et al., 2013). Due to the lack of training, professional nurses are unprepared to give meaningful feedback to students in the clinical setting in a way that reflects an understanding of educational principles (McClure & Black, 2013).

Helminen, Tossavainen, and Turunen (2014) found understanding the different learning styles of students is essential for professional nurses who teach in the clinical setting. Foster, Ooms, and Marks-Marlan (2015) discuss the need for further investigation to determine the support needed by professional nurses when educating students in the patient care environment. McClure and Black (2013) specify that current practices of the professional nurses’ training to teach students in the clinical setting must periodically be examined to ensure that processes adequately meet their needs. Undiscovered in the literature are the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting, presenting a gap in the literature. A literature review is presented in the chapter and discusses the pertinent literature on professional nurses’ preparation to teach in the clinical setting, providing justification for the research. Chapter 2 also provides a closer look at the theoretical framework that provides the foundation for the study and the importance of applying the correct theoretical framework.

Benner’s theory novice to expert considers several different stages of development starting with student nurses who are novices and then progress to expert nurses who have several years of
experience and higher-level critical thinking skills (Alligood, 2014). Although some nurses may be considered experts in the clinical setting, this does not equate to expertise in nursing education (Ramsburg & Childress, 2012). Teaching in the clinical setting is an essential component of nursing programs and give students real-world experience (Davidson & Rourke, 2012). Professional nurses are requested by nursing schools’ clinical faculty to educate students in the clinical setting while caring for patients (Bisholt et al., 2014).

**Theoretical Orientation for the Study**

The implementation of a theoretical framework is necessary when exploring the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting. Choosing the right theory is essential to the foundation and the progress of the research. The correct theoretical framework assists in the development of specific interview questions, data analysis, and the research process (Merriam & Tisdell, 2016). Implementing the correct theoretical framework ensured the proper development of research protocols to assist with the discovery of information about the study topic. The theoretical framework chosen for the dissertation topic is Benner’s theory novice to expert.

Merriam and Tisdell (2016) believe a theoretical framework helps to determine the purpose of the study, write specific interview questions, comprehend the timeline of events, and evaluate data analysis. Selecting the appropriate theoretical foundation for the study contributes to furthering the research and keeps focus on the topic (Merriam & Tisdell, 2016). Prior to choosing a theoretical framework, the purpose of the study, and how the theory novice to expert impacts the goals of the study was taken into consideration.

The nursing education research question explored the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting. Chuan and Barnett
(2012) describe the goal of nursing education is preparing students to deliver safe patient care, and nursing schools reliance on professional nurses to teach students in the clinical setting. The preparation level of professional nurses teaching students in the patient care setting is critical to nursing schools meeting their goals. Furthermore, to ensure professional nurses receive adequate preparation to instruct students, research needed to be conducted to explore the experiences of professional nurses.

Patricia Benner developed the theory novice to expert in 1982 after witnessing the need for more highly specialized nurses to deliver highly sophisticated care to sicker patients (Benner, 1982). Benner (1982) believed to understand the necessity for ongoing career development in nursing and the importance of understanding the differences between a new nurse and a seasoned nurse. Understanding the differences was necessary to change management’s view of professional nurses from one of interchangeable to one of developed expertise, making the nurse a valuable asset to health care (Benner, 1982). To help explain the differences between a new nurse and an experienced nurse, Benner developed the theory of novice to expert. The theory establishes that all nurses are at various levels of expertise depending on their education and experience (Alligood, 2014).

Benner (1982) found as nurses apply their education to direct patient care, new skills are acquired, knowledge is enhanced, and the level of development increases. The theory has five levels of development: novice, advanced beginner, competent, proficient, and expert (Alligood, 2014). Benner's theory is not solely reliant on experience to move from each level but directs nurses to incorporate life-long learning and improve their formal education (Alligood, 2014).

According to the theory, professional nurses cannot move to the next level until gaining new knowledge through experience and education (Alligood, 2014). When nurses gain new insights
into patient care, critical thinking skills improve along with patient outcomes. Although experience is necessary to improve patient care, nurses cannot solely rely on experience for expertise. Professional nurses should have a combination of both education and experience if they are to become an expert nurse.

The theory novice to expert identifies different levels of expertise held by professional nurses in the clinical setting (Benner, 1982). The theory helps determine the level of expertise the professional nurse has as an educator by discovering the experiences that prepare them to teach students in the experiential learning environment. The theory novice to expert is easily applied to nursing education and easily adapted to discuss the novice and expert levels of professional nurses who teach students in the clinical setting. Using the theory also strengthens the nursing education research practice by using a theoretical concept grounded in nursing.

Sampoornam (2012) indicated nurses need to link research and practice to nursing theories because doing so will strengthen the practice of nursing. Nursing research must build a body of scientifically tested theories, and use the theories as a basis for concepts and principles for nursing education (Sampoornam, 2012). Benner (2012) believes increasing the amount of research that uses nursing theory will help decrease the education-practice gap and improve the nursing profession.

The theory novice to expert does not change the focus of the research but adds depth and merit to the study. The focus of the research was to discover the experiences of professional nurses concerning their preparation to teach nursing students. These experiences indicate what level of teaching expertise the professional nurse has developed when the theory novice to expert is applied and whether further development is needed. Although some nurses may be considered an expert in bedside nursing, this does not equate to expertise in nursing education (Ramsburg &
Childress, 2012). Teaching in the clinical setting is a critical component of the nursing students’ education and gives them the opportunity to apply academic learning to actual patient care (Davidson & Rourke, 2012). Nursing schools’ clinical faculty place students with professional nurses in the clinical setting who can assist and observe them on how to apply what is learned in the classroom to actual patient care (Bisholt et al., 2014).

The basis of the theory novice to expert centers on gaining experience through the application of nursing principles in the clinical setting. Through the application of these principles, the nurse gains insights in understanding situations and how to plan appropriately for events that occur (Alligood, 2014). The same is true for professional nurses who instruct students in the clinical setting. Gaining experience and knowledge to apply educational principles, professional nurse’s level of expertise improves when teaching nursing students. The theory novice to expert is readily adaptable for use in the nursing education setting and will help identify the expertise of professional nurses concerning the implementation of educational practices.

**Methods of Searching**

Professional nurses play an essential role in preparing nursing students to practice as professional nurses after graduation. Due to the importance of education to the professional nursing role, the dissertation topic explores the experiences of professional nurses and their preparation to teach students in the clinical setting. The following data basis was used to conduct a literature search to find pertinent information for the study: CINHAL Complete, Dissertations at Capella, EBSCO Host, Elsevier, Ovid, ProQuest, and PubMed. The key terms used to search for relevant literature include *nursing students and clinical education, clinical learning environment, nursing education, preparing to teach, clinical setting importance, nursing*
mentors, clinical mentors, nursing student's experiences, student's views and mentors, and clinical preceptor.

Papstavrou, Lambrinou, Tsangari, Saarikoski, and Lenio-Kilpi (2010) suggest more examination and understanding of the characteristics that play a role in helping nursing students learn in the clinical environment is needed. Huybrect, Loeckx, Quaeyhaegens, Tobel, and Mistiaen (2011) conducted a study at a Belgium hospital and found more teaching of nursing students occurred in the clinical setting when training courses were given to professional nurses about teaching students. Helminen et al. (2014) believes understanding the different learning styles of students is essential for the professional nurses who teach them in the clinical setting and will improve learning. Bennett and McGowan (2014) considers the assessment of nursing students in the patient care setting to be a new role for the professional nurse who felt unprepared to function in the role. McClure and Black (2013) specified existing practices of the training of professional nurses to teach students in the experiential learning environment must continue to be studied to confirm that processes are adequately meeting the needs.

The basic qualitative study filled a gap in the existing literature by discovering the experiences of the professional nurse concerning their preparation to teach nursing students in the clinical setting.

Review of the Literature

The body of literature existing on the topic indicates the importance of professional nurses and the clinical environment in the development of nursing students. Multiple researchers including Bisholt et al. (2014) and Sundler et al. (2014) believe the clinical setting is the most crucial environment used by nursing schools to educate nursing students to implement what is learned in the academic setting and is essential to their education. Madhavanpraphakaran et al.
(2014) found the clinical experience for nursing students is the core of nursing education, which makes time spent in the clinical setting vital to their development.

Courtney-Pratt, Fitzgerald, Ford, Johnson, and Willis (2014) indicates the clinical and academic settings are not equal and do not produce the same level of competence. The clinical setting is an environment where the deliberate and meticulous activity of instruction is done by professional nurses, who act as a vehicle to assist nursing students in transferring what was learned in the classroom to patient care (Courtney-Pratt et al., 2014). Nursing schools should realize the crucial role professional nurses play in the clinical setting when educating students how to care for patients.

The clinical setting not only assists nursing students to meet clinical outcomes but influences their future career choices, indicating the environment is not only crucial to nursing students’ education but the nursing profession (Carlson & Idvall, 2014). Nursing students found professional nurses to be very nervous when assessing how students meet clinical objectives in the patient care environment (Helminen et al., 2014). The uncertainty of professional nurses’ ability to provide feedback may cause them to omit giving feedback depriving students of learning opportunities. Some professional nurses in the clinical setting lack the courage to fail students who perform poorly (Helminen et al., 2014). The inability to fail students who do not demonstrate satisfactory progression in the clinical setting contributes to the ever-widening preparation-to-practice gap (Kavanaugh & Szweda, 2017) Bennett and McGowan (2014) found the assessment of nursing student to be a new role for professional nurses; however, they felt unprepared to function in the role.

Requiring professional nurses to understand how nursing theory relates to the curricula, learning outcomes, and expectations of the nursing schools are essential and allow for
appropriate learning in the clinical setting (Jokelainen et al., 2013a). Nursing academia has and always will be linked to the professional practice of nursing, which stresses the importance of nursing students understanding the realities of the working environment (Papathanasiou et al., 2014). Challenges faced by professional nurses are not only related to understanding the nursing school’s curriculum and how to teach but in understanding the learning needs of the nursing students (Myler, Burch, Hagerty, Farrari, & Murphy 2014). Meeting the educational needs of nursing students in the clinical setting is essential and will help them meet clinical outcomes. Equally important is placing nursing students with a professional nurse who knows how to implement educational practice to meet the nursing students’ needs.

Ensuring nursing students are placed with the correct professional nurse is vital to a successful experiential learning in the clinical environment. Undergraduate nursing students rate the correct placement with the right professional nurse as critical when learning in the patient care setting (Jokelainen et al., 2013b). Kaihlanen, Lakanmaa, and Salminen (2013) found students believe professional nurses could have either a favorable or debilitating effect on their future practice as professional nurses. A favorable effect may lead to the improvement of patient care and a desire to continue their formal education in the nursing practice. Whereas a debilitating effect may cause nursing students to become disinterested in learning to care for patients and they may eventually leave the nursing practice.

Professional nurses may be prepared to care for patients in the clinical setting. However, this does not mean they are prepared to care for students’ education in the clinical setting. Kubin et al. (2013) indicated professional nurses may be considered experts in the application of patient care but have not completed any formal training in the implementation of educational practices. Despite the lack of training, in the educational setting, professional nurses help instruct nursing
students to apply skills, care for patients, and integrate them into the professional practice of nursing (Bisholt et al., 2014). Interactions with professional nurses can impact the student’s future in the nursing practice and may affect their ability to progress in the nursing program and care for patients.

Professional nurses are instrumental in preparing students for the professional practice of nursing. Jokelainen et al. (2013a) found students in the clinical setting believed they are prepared for the professional setting due to the guidance, teaching, feedback, and assessments completed by professional nurses; therefore, professional nurses need excellent educational skills. Understanding how to implement educational skills and interact with students while teaching in the clinical setting is critical. When nursing students’ learning needs are met by professional nurses, learning improves (Jokelainen et al., 2013b). The improved learning indicates the importance of professional nurses understanding how to apply educational practices to meet the needs of students appropriately, thus, improving students’ education and better preparing them to enter the nursing practice.

The majority of clinical education models in nursing programs use professional nurses who have no formal training to educate and evaluate students in the clinical environment (Seurynck, et al., 2014). Professional nurses believe assessing students in the to be a new role they are unprepared for (Bennett & McGowan, 2014). The responsibilities of professional nurses in the clinical setting, overseeing the undergraduate nurses' clinical education, can be overwhelming and confusing with no formal training (Jokelainen et al., 2013b). Broadbent, Moxham, Sanders, Walker, and Dwyer (2014) indicates nursing schools’ involvement in the training of professional nurses is microscopic, and some professional nurses do not have the experience in the clinical setting for what they are expected to teach nursing students. The lack of preparation and training
of professional nurses to teach in the clinical setting indicates the absence of involvement from the nursing profession.

The nursing profession must realize the responsibility of preparing nursing students to practice should not be the sole responsibility of nursing schools. Once the nursing profession, in its entirety, takes responsibility for preparing nursing students for clinical practice will the nursing theory-practice gap begin to close, improving the nursing profession (Benner, 2012). Kavanaugh and Szweda (2017) specifies health care leaders in academia and professional nurses must work together to prepare the future caregivers to critically think, make decisions, and deliver safe and effective patient care. Foster et al. (2015) discusses the need for further investigation to determine the support needed by professional nurses when instructing students. Helminen et al. (2014) explain the need to conduct more research concerning clinical education.

Measuring, developing, and validating clinical competency must be completed and used by the nursing practice to protect patients by preventing health care errors and improving patient care (Kavanagh & Szweda, 2017). Also, McClure and Black (2013) found the current practices of preparing professional nurses to educate students in the patient setting need to be repeatedly examined to confirm the needs of professional nurses are met. In turn, meeting the needs of professional nurses will help meet the educational needs of nursing students.

The basic qualitative research has filled an existing gap by discovering the experiences of professional nurses concerning the preparation to teach nursing students in the clinical setting. The introduction of new research findings from the dissertation will move the scholarly dialogue forward and help the nursing profession begin to solve the problems concerning the preparation of professional nurses to teach students in the experiential learning environment. Additionally,
the study has laid the groundwork for new research to be conducted on the quality of nursing students’ clinical education.

**Synthesis of the Research Findings**

The dissertation focuses on the experience of professional nurses concerning their preparation to teach nursing students in the clinical setting. The topic is important because a clinical education is the primary source of real-life experience for nursing students (Romig, Maillet, Chute, & McLaughlin, 2013). Nursing students are placed in the clinical setting to practice applying academic knowledge to patient care. Moreover, students are taught by professional nurses who have no formal training in educational practices, creating suboptimal conditions for learning (Kubin et al., 2013). The practice of placing students in the clinical setting with professional nurses who have no educational experience is inefficient, especially when considering how critical the clinical setting is to nursing education.

The goal of nursing education is to prepare students to practice nursing safely, and if nursing schools are to realize this goal, they need to recognize they are dependent on the professional nurses to properly educate students in clinical settings (Chuan & Barnett, 2012). The reliance of nursing schools on professional nurses to teach in patient care environments should be an indication that they need to be prepared to take on the responsibility of preparing nursing students. However, professional nurses are unprepared to give meaningful feedback to students in a way that reflects an understanding of andrological principles (McClure & Black, 2013).

Research about the clinical setting in nursing education is prevalent. The trend in research shows the clinical setting is one of the most critical environments used by nursing schools to educate students to implement hands-on learning in the academic setting of nursing school (Bisholt et al., 2014; Sundler et al., 2014). Concerns about the inappropriate clinical education
students are receiving in clinical settings is warranted. The concern is driven by the challenging aspects of nursing education and the continual changes made to the clinical environment to make improvements and reach outcomes (Seurynck et al., 2014.) The clinical atmosphere has many facets to focus research and discover how to improve nursing students’ clinical education.

Research to discover the experience of professional nurses concerning their preparation to teach nursing students in the clinical setting is needed. Findings may be used to start a new scholarly dialogue to support improved teaching in the experiential learning environments. Making improvements is necessary, especially considering the level of education nursing students in the clinical setting has not changed (Niederhauser, Schoessier, Gubred-Howe, Magmissen, & Codier, 2012). However, healthcare is continually evolving and changing the nursing practice, which requires a professional nurses’ education to advance continually. An ever-evolving professional nursing practice should initiate changes to improve the clinical instructional practices for nursing students.

Professional nurses should be able to evaluate nursing students in clinical environments appropriately. An effective education and an accurate evaluation in patient care settings are essential because the environment helps students incorporate the latest scientific knowledge into their nursing practice (Papathanasiou, Tsaras, & Sarafis, 2014). An accurate evaluation will allow students to make improvements, ensure knowledge is obtained, and build confidence creating a positive learning experience. Papathanasiou et al. (2014) found nursing students want a positive environment that includes individualized learning to improve the ability of the individual students to reach their learning goals, creating a positive environment. A positive learning experience during experiential learning not only influences the clinical outcomes but future career choices (Carlson & Idvall, 2014).
Currently, most clinical education models use professional nurses, who are not trained to instruct and evaluate students in the clinical environment (Seurynck et al., 2014). Broadbent et al. (2014) found nursing schools’ involvement in the training of professional nurses was microscopic, and some did not possess the experience in the patient care setting for what they are expected to teach students. Professional nurses believe assessing students to be a new role they are unprepared for (Bennett & McGowan, 2014). The above findings indicate nursing academia needs to be more involved in preparing professional nurses to educate students.

All who are involved in nursing students’ education need to have clearly defined expectations that are aligned with the nursing program outcomes and objectives that provides an appropriate clinical education to ensure students are prepared for professional practice (Adelman-Mullally, Mulder, McCarter-Spalding, Hagler, & Gaberson, 2013; Hunt et al., 2013; Suplee, Gardner, & Jerome-D’Emilia, 2014). Much research has been done about the need for training of professional nurses, and the value they have while teaching in the clinical setting. Findings overwhelmingly indicate professional nurses need more support and training, making the outcome of the current trend valuable and worthwhile. However, nursing education must first explore the experiences of professional nurses about their preparation to teach students in the clinical setting. The introduction of new research will advance scholarly dialogue forward to help nursing academia to begin to solve the problem of the lack of training of professional nurses, improving nursing education.

The nursing profession must realize the responsibility of preparing nursing students to practice should not be the sole responsibility of nursing schools. The responsibility for educating nursing students should be in the hands of all nurses, nurse educators, professional nurses, and nurse administrators. Once the nursing profession takes responsibility for preparing nursing
students for clinical practice will the nursing theory-practice gap begin to close, improving the nursing profession (Benner, 2012).

**Summary**

The clinical environment plays a significant role and is central to nursing education and helps students incorporate the latest scientific knowledge into their nursing practice and improves critical thinking (Bisholt et al., 2014; Papathanasiou et al., 2014). Nursing students believe the best clinical environment is one that includes professional nurses teaching, explaining, and supporting the nursing student in achieving their clinical outcomes and improving critical thinking skills (Foster et al., 2015). Nursing students look forward to a positive learning environment that is often set by professional nurses.

The positive learning environment inspires nursing students and influences their potential career choices. (Carlson & Idvall, 2014). Professional nurses play a pivotal role in the education of nursing students and contribute directly to their education (Henderson & Eaton, 2013). Yet, students find professional nurses to be very nervous when assessing how they meet clinical objectives (Helminen et al., 2014). Bennett and McGowan (2014) discovered the assessment of students in the clinical environment to be a new role for the professional nurses, a role which they felt unprepared for the responsibility.

Schools need to recognize their dependence on professional nurses to prepare students to work as professionals and focus on ensuring they are equipped to confidently teach clinical concepts to students (Chuan & Barnett, 2012). Professional nurses who have no formal training in clinical concepts that are outside of their specialty creates suboptimal conditions for learning (Kubin et al., 2013). The nursing profession should prepare the future nurses with proper
knowledge and skills, by preparing professional nurses who teach them with the required training (Kubin et al., 2013).

Professional nurses and nursing academia will always be closely linked to preparing nursing students to practice safe patient care and understand the realities of the working environment (Papathanasiou et al., 2014). Professional nurses must have support if they are going to help students improve critical thinking skills and meet clinical outcomes (Bennett & McGowan, 2014). Exploring the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting was an initial step to improving the experiential education of students and the nursing practice.
CHAPTER 3. METHODOLOGY

Chapter 3 discusses the research methodology chosen to answer the research question for the dissertation topic which explored the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting. A basic qualitative design was chosen to study the research topic to bring understanding to details associated with education. The design allows for the discovery of how participants (professional nurses) interpret their experiences and the meaning of those experiences associated with preparing them to teach students in the clinical setting (Merriam & Tisdell, 2016).

The chapter not only discusses the research design but the target population, participant selection, and protection as well as the inclusion of data collection and analysis, role of the researcher, guiding interview questions, and ethical considerations.

Purpose of the Study

Nursing students in the clinical setting apply academic knowledge of patient care and may be taught by professional nurses who have no formal training in educational practices (Kubin et al., 2013). Kubin, et al. (2013) found professional nurses are considered experts in the application of patient care but have little training in educating nursing students. McClure and Black (2013) discussed how current practices of preparing professional nurses to educate students in the clinical setting needs to be regularly studied to ensure professional nurses are prepared for this critical role. The purpose of the basic qualitative study was to discover the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting.
Research Question

The research question was: What are the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting? The research did not focus on the opinions of professional nurses who educate students in the clinical setting. The focus was on the experiences of professional nurses concerning the training received to prepare them to instruct nursing students in the patient care environment.

Research Design

A basic qualitative design was utilized for the study to discover how participants interpret their experiences, how they construct their world, and the meaning they attribute to those experiences (Da Costa, Hall, & Spears, 2016). A basic qualitative research design brings the understanding of details associated with an educational or leadership process. The dissertation topic is grounded in nursing education, implying the implementation of a basic qualitative methodology was correct. A basic qualitative methodology also implements multiple ways to gather data from the research participants.

When deciding to implement a qualitative research design initially, lack of understanding led to the belief that there was one way of applying the method of qualitative research. Ritchie et al. (2013) indicated multiple ways exist for performing and implementing the tenets of qualitative research. How a researcher chooses to proceed primarily depends on the purpose, characteristics of participants, view of the investigator, and the audience the research is intended to reach (Ritchie et al., 2013; Maxwell, 2013). The experiences included in the research were from the participants’ perspective, making qualitative research subjective.

The purpose of this qualitative research was to explore the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting. The methodology is
affected by the purpose of the research (Patton, 2015). The study topic and the researcher's relationship to the topic indicated a qualitative design was required and a basic methodology.

Arghode (2012) discusses methodology as research structure used in qualitative research and uses fundamental assumptions and principles. When choosing the methodology for the research, the underlying assumption of multiple realities existing in a study is taken into consideration. The multiple realities captured in the study are from the research participants. In the case of the study, the multiple realities came from professional nurses. The need to examine multiple realities of participants led to the implementation of a nonprobable purposeful sampling study design.

According to Patton (2015), decisive sampling strategically selects information-rich cases for a precise purpose. The purposeful selection of participants helped to understand further and answer the research question (Bloomberg & Volpe, 2012). The selection of participants who are nurses and have taught or are currently teaching nursing students in the clinical setting was necessary. However, the specific number of participants in purposeful sampling is reliant on the purpose of the study (Patton, 2015).

There are no rules for sample size in basic qualitative research; sample size depends on the studies purpose (Patton, 2015). If a detailed study is sought, the sample size will be small and use in-depth questioning to gather information (Patton, 2015). The research was seeking in-depth information about experiences concerning the preparation of professional nurses who teach students in the clinical setting. Therefore, ten participants who met the research criteria were interviewed. The interview process continued until data saturation occurred and a detailed description from participants obtained (Mason, 2010).
A semistructured method for the interview was chosen to gather detailed information because of prior knowledge on the topic (Dikka, 2016). As a professional nurse and nursing faculty member at a university, the investigator has previous experience with the topic.

Semistructured, in-depth, topical guided, open-ended questions were used to gather contextual and experiential information about the research topic, which provided rich and meaningful data (Bloomberg & Volpe, 2012). The semistructured interview set a sequence to the interview questions but was altered to allow the asking of appropriate follow-up questions (Dikka, 2016). The benefit of using semistructured interview questions was that the method allowed for the asking of follow-up questions if it were believed a more in-depth answer from the professional nurse would provide a better description of the experience. The possible need for the follow-up questions indicated a full understanding of the topic. Previous knowledge of the subject established the qualifications for asking appropriate follow-up questions (Merriam & Tisdell, 2016).

Triangulation was implemented to determine the accuracy of the information gathered from participants during the semistructured interviews. Triangulation used a second method of data procurement to analyze and explore different levels and perspective on the research topic (Fusch & Ness, 2015). Merriam and Tisdell (2016) indicates a second data collection method used to validate the information received from the in-depth interviews increases the credibility of the study. To triangulate information gathered during the semistructured interviews, participants were asked to bring any documents received from any courses taken that helped prepare them to teach nursing students in the clinical setting. Merriam and Tisdell (2016) found the use of documents in qualitative research is not very different from using interviews to gather detailed information. The documents collected were physical evidence of what the participants revealed
in the in-depth semistructured interviews (Merriam & Tisdell, 2016). Member checking was implemented to determine the accuracy of the qualitative research findings (Ang, Embi, Yunus, 2016). The participants were offered the results and their specific interview to check the accuracy of the findings.

**Target Population and Sample**

Qualitative research has the value of exploring a phenomenon from a position of depth. The chosen population should be well defined and purposeful. A target population of professional nurses was chosen. The target population represented a sample of professional nurses that characterized the experiences of the population for the basic qualitative research (Asiamah, Mensah, & Oteng-Abayie, 2017). The following section details the achievement of selecting the target population and a sample from that population.

**Population**

The population studied was professional nurses who care for patients at the bedside and are employed by the clinical setting. To further clarify; the professional nurses are payed by the clinical setting because they are staff nurse employees working their regular shift caring for patients. Nursing students attend clinical settings to participate in a clinical rotation for nursing school. The students meet the faculty clinical instructor who takes them to a floor then finds the charge nurse and asks them what professional nurse they are to be placed with. The faculty clinical instructor proceeds to the professional nurses and places a student with them while they are working their regular shift.

To participate in the study, the professional nurse must have had experience assisting nursing schools to educate students in the clinical setting while caring for patients. Clinical settings are defined as health care facilities where nursing educators are responsible for nursing students’
practicum, but nursing students may be placed with professional nurses while caring for patients. Professional nurses help to educate students through hands-on instruction while caring for their patients in the clinical setting.

**Population Exclusion Criteria**

Professional nurses were excluded from participating in the research if they work or had worked for any nursing school adjunct, part-time, or full-time as a clinical, lab, or didactic instructor. Furthermore, the participant could not work or have worked as a dean or manager of any nursing program. The study only included individuals who met the criteria for participation.

**Sample**

The study design was a nonprobable purposeful sampling. Purposeful sampling selects information-rich cases strategically for a certain purpose (Patton, 2015). However, the specific number of participants in purposeful sampling depends upon the purpose of the study (Patton, 2015). According to Patton (2015), there are no rules for sample size for basic qualitative research but is dependent on the study’s purpose.

An in-depth study was chosen, meaning the sample size was small allowing for in-depth questions to be asked (Patton, 2015). For the study, ten professional nurses participated in an in-depth interview. Questions asked were to derive in-depth information about experiences concerning the preparation of professional nurses to teach students in the clinical environment. The 10 study participants allowed for the gathering of rich and thick descriptions of study information (Mason, 2010).

To assist in locating participants for the study, third-party recruiters were used. Capella University indicated third-party recruiters are individuals who act as a liaison between the participants and the researcher. The third-party recruiters’ responsibility was to describe the
study, using a prepared script, to potential participants. They would also provide contact information to those who may be interested in participating in the study. Using third-party recruiters allowed for the purposeful sampling of several professional nurses from a variety of patient care settings (Bloomberg & Volpe, 2012).

**Procedures**

**Participant Selection**

Advertisements for participants were done by using third-party recruiters, as suggested by the Capella University *Recruitment Strategies* section of the IRB page. Third-party recruiters agreed to act as a liaison between the participants and the researcher. The third-party recruiters helped recruit participants by describing the information on the flyers and pamphlets, provided to them, and given to potential participants. The flyers invited registered nurses who have taught students in the clinical setting while caring for patients to participate in the study. Contact information including phone and email were provided at the bottom of the flyers and pamphlets. If participants indicated they were interested in participating in the research, they were asked to provide their contact information to the third-party recruiter and told they would be contacted.

The first of the 3 third-party recruiters was a former nursing student of the researcher. The former nursing student graduated from nursing school six years ago in a Southwestern state. The researcher was unaware of the former nursing student, now a registered nurse, until they reached out using a social media site. No previous contact with the former student occurred until being contacted. The researcher had only lived in the Southwestern state for 11 months and was not working as a professional nurse but as an associate professor of nursing at a university. The professional nursing community was not well known, and the former student offered to assist with recruitment for the study. The first third-party recruiter was not coerced in any manner.
The second third-party recruiter was a professional nurse who attends the same church as the researcher. The researcher was introduced to this individual by another member of the same church. The researcher is not good friends with or in a supervisory role over the second third-party recruiter, indicating no coercion occurred when the professional nurse was asked to participate in this role. The professional nurse is a member of the nursing community in a Southwestern State.

The last third-party recruiter worked with the researcher at a university as an adjunct clinical and lab nursing instructor. The nursing educator was known for only nine months prior to asking the individual to act as a third-party recruiter for the study. This third-party recruiter worked as a professional nurse for 20 years prior to teaching and knows several professional nurses in the area. Also, this individual does not hold any supervisory position at the university or any clinical facility. The researcher does not supervise or manage this individual at the university. As previously stated, this individual is a lab and adjunct clinical instructor and the researcher is an academic nursing educator.

No coercion of any of the third-party recruiters took place when asking for their assistance in recruiting professional nurses to participate in the study. None of the third-party recruiters were compensated for participating in this role.

To participate in the research, professional nurses must have actively participated in teaching students in the clinical setting. The participants could not work or have worked for any nursing school adjunct, part-time, or full-time as a clinical, lab, or didactic instructor, nor work or have worked as a dean or manager for any nursing program. The names and contact information of 13 professional nurses who were interested in participating in the research were received from the third-party recruiters. Attempts were made to contact all 13 of the interested professional nurses...
either by phone or email. Contact was made successfully with 10 of the 13 professional nurses. After questions were answered about the research arrangements were made for the interviews.

**Protection of Participants**

Confidentiality and anonymity of participants were maintained by limiting access to the data, placing numerical codes, encrypting, and securing the data with a password. To protect the study participants personal information an informed consent was obtained after the researcher explained the purpose of the research, process of obtaining data, continentalism, and anonymity. LoBiondo-Wood and Haber (2014) indicates informed consent is a legal principle that means the participants understand the consequences of the research and they knowingly agree to participate. The informed consent also contained the purpose of the study: what the participant will do, the length of time the research will take, and any risks they will take because of the study (Langford & Young, 2013). An informed consent was created using the template provided by Capella University. Document procurement and the topically guided in-depth interview did not begin until after the consent was signed and dated. All participants were volunteers with the known ability to self-remove from the study at any time.

Documents brought by the participants were copied prior to the interview, which allowed for later analysis. The originals were given back to the participant. The participants were assured no names or personal information were on the documents, ensuring the anonymity. The personal information was redacted either by removing the information and giving their portion back to the participant for them to destroy or by going over information with a black marker. The method used to remove the information produced the best results, ensuring confidentiality of the participants.
A numerical code was used to provide anonymity for the participants (Gibbs, 2013). To keep the documents and audio files from the interview confidential; a matching numerical code was placed on the documents and the audio file. The gathered data was stored on a computer and downloaded to an external hard drive to ensure that if the computer broke down the data will not be lost (Gibbs, 2013). Access to the data was encrypted and secured with a password. Access to the data was limited to the researcher, the institutional review board (IRB), and the dissertation committee at Capella University. Data collected was free from any identifying information and will be kept confidential in a secure area for seven years. After seven years the data will be destroyed in a manner that would guarantee anonymity to the participants.

Field Testing

Content experts included a nursing theory professor and a nursing clinical faculty were consulted as part of the process to review the interview questions for clarity and content. Both individuals had experience in the implementation of and an understand of the importance of a nursing student’s clinical education. Both content experts agreed that open-ended, in-depth topically guided semistructured interview questions identified the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting.

Data Collection

Semistructured, in-depth personal interviews were one of the methods implemented to collect data on the research topic. This method is the most common method of data collection. The second method chosen for data collection included documentation procurement to obtain information to answer the research question and triangulate information gathered from the interviews (Bloomberg & Volpe, 2012). Documents were used as physical evidence of professional nurses having experiences about their preparation to teach students in the
experiential learning environment. The documents accepted from participants included a syllabus, agenda, assigned readings, assignments, pamphlets, certificates, or documents for online courses.

To obtain the research data needed the participants were interviewed one at a time in a private interview room located in a public library. The interviews were audio recorded to ensure the accuracy of the data collected. Langford and Young (2013) indicates that creating an audio file of the interviews helps to preserve the nature, context, and essence of the information.

The interviews were semistructured and used in-depth topical guided open-ended questions to gather contextual and experiential information about the research topic (Bloomberg & Volpe, 2012). The interview questions were directly related to the research question. All interview questions were answered in-depth by the participants, and follow-up questions were implemented if needed to gather more in-depth information (Bloomberg & Volpe, 2012; Langford & Young, 2013).

Prior to the beginning of the interview, the participants were reminded the purpose of the study and the role of the investigator, which ensured professional boundaries were in place (Langford & Young, 2013). Ensuring a professional relationship kept information gathered reliable. The interviews were only conducted once, and the length varied from thirty minutes to two hours depending on the answers provided by the participants and if follow-up questions were needed (DiGicco-Bloom & Crabtree, 2006).

Data Analysis

Analysis of the data began after each interview. The information gathered during the interview process was transcribed than interpreted using Open-coding. Open-coding allows for
the focus to be placed on the text, making Open-coding an appropriate way to analyze data for the study (Merriam & Tisdell, 2016).

The audiotape of each interview was transcribed into text. After the transcription, the audio tape was listened to while reading the text to ensure the accuracy of the transcription. The transcription of the interview along with the audio file was then downloaded to computer software to assist with qualitative data analysis (CAQDAS). The CAQDAS chosen to use was NVivo. Coding software, such as NVivo, processes an attached name to a passage of text or audio recording. However, the software is limited as it cannot interpret the data (Gibbs 2013). Once the data was collected from all participants, the NVivo software was used to assist with coding and storing the data.

The data analysis was reported by using themes, coding, and annotations, which the software kept records of all activities used during data analysis (Gibbs, 2013). After NVivo assisted with coding the data, the codes attached to the data were reviewed to detect if the themes identified were accurate or if changes needed to be made. The NVivo software allows for new codes to be added or changed if considered necessary. The program searches all the data and recodes it where needed (Gibbs, 2013).

The information received from the NVivo software, in the forms of codes and themes, was analyzed and used to answer the research question. The findings are presented stating each theme using the related quote from the participants for support (Gibbs, 2013.). To present the findings at a glance a concept map was created to demonstrate the relationship between the themes found in the text. The codes and themes were used to gather the information from the interviews.
Document Analysis

The participants were asked to bring any documents received from any courses taken that helped prepare them to teach students in the clinical setting to triangulate information gathered from the semistructured interviews. Merriam and Tisdell (2016) found the use of documents in qualitative research is not very different from using interviews to gather detailed information. The documents collected were physical evidence of what the participants revealed in the in-depth semistructured interviews (Merriam & Tisdell, 2016).

Documents brought by two participants to triangulate the study were a course syllabus and course content from the same course that was taken at different times and locations. The course taken by the participants was an instructional course given at their church. The course was entitled Teaching in the Savior’s Way from The Church of Jesus Christ of Latter-Day Saints. The course documents were accepted because although the course was not specific to nursing students, the course may have contained information that was relevant to teaching adults and may have contributed to the understanding of learning theory.

The documents added additional sources of data to generate findings and provide stronger support for information gathered during the semistructured interviews (Olsen, McAllister, Grinnell, Walters & Gehrke, 2016). The documents were analyzed for content and provided data of what educational experiences two professional nurses participated in. Although the course was not specific to educating nursing students in the clinical setting, it was the belief of the two participants that the course helped to prepare them to teach nursing students.

Open-coding was used to analyze the course documents of the two participants and helped in the development of codes and themes that captured the relevance of the documents (Merriam & Tisdell, 2016). The codes and themes generated from the documents were compared to the
interview data to see if there were any similarities with the codes and themes generated. Comparing codes and themes with the semistructured interviews allowed for the triangulation of the research to ensure accuracy.

**Limitations of Research Design**

Some may consider the small sample sized a limitation in the basic qualitative research design; however, researchers are seeking rich descriptive data rather than a large amount of data. Data was collected until saturation was reached. This meant the data kept repeating itself. Saturation concludes that new information is not gained from further repetitive interviewing of the research participants (Merriam & Tisdell, 2016).

**Instruments**

In qualitative research, the researcher is the primary instrument used to collect data from the participants (Peredaryenko & Krauss, 2013). The point of qualitative research is to understand how people interpret their surroundings, and the ability of the researcher to understand the topic. Using the researcher as an instrument can improve the ability to gather data and bring awareness to the research (Peredaryenko & Krauss, 2013).

**The Role of the Researcher**

The role of the researcher is not limited to be the research instrument for the basic quantitative study that explores the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting. The researcher must also ensure credibility, transferability, and ethical research standards are maintained. Merriam and Tisdell (2016) found these qualities to be essential in all research because the researcher must be trusted to carry out the research with ethical integrity.
Qualitative research assumes the researcher has prior knowledge of the research topic (Maxwell & Chmiel, 2013). The prior knowledge may unintentionally introduce bias in the research (Peredaryenko & Krauss, 2013). Participants share personal stories they may not have shared with anyone else and sharing them may create a bond between researcher and participant creating a bias in the research (Langford & Young, 2013). Bias can lead to unethical decision making affecting research results (Lampe & Engleman-Lampe, 2012). To help prevent unintended bias, the novice researcher kept a self-reflective journal and entered information in a self-reflective journal after every interview allowing for clarity of emotions or opinions that emerged while conducting interviews (Peredaryenko & Krauss, 2013).

Credibility

Credibility is concerned with how much the research findings match and deals with the integrity of the researcher (Patton, 2015). Credibility is established by explaining experiences, bias, and assumptions regarding the research, which allows for an understanding of how the data is interpreted (Maxwell, 2013; Merriam & Tisdell, 2016; Patton, 2015). There is preunderstanding of the dissertation topic. The preunderstanding stems from the researcher being a nursing educator and educating nursing students in the clinical setting.

Transferability

Transferability refers to the ability of the research to be used in other situations (Patton, 2015). For generalizability to occur, the research must first be credible, or transferability is worthless (Merriam & Tisdell, 2016). The study established credibility by implementing data triangulation, which also ensures transferability of the findings. Also, to confirm transferability of the data, enough descriptive data was supplied by illustrating the findings from the study may be applied to similar, but not identical, situations.
Guiding Interview Questions

A semistructured interview method was used to obtain information from the participants in the study. Langford and Young (2013) believed interviewing is a practical way to gather information about a topic. Interviewing professional nurses using open-ended, in-depth topical guiding questions about their experiences in the clinical setting is an efficient way to obtain information.

Ensuring the questions were open-ended allowed for the exploration of professional nurses’ experiences concerning the research topic (Langford & Young, 2013). Follow-up questions were added if the participants wanted to state further experiences. Follow-up questions allowed for clarification, deepening, expanding, and focusing information gathered from the in-depth topically guided interviews (Patton, 2015; Merriam & Tisdell, 2016).

The following is a list guiding questions prepared for the semistructured personal interviews.

Questions

1. Please describe any previous experience you have had learning how to teach adults?

2. How have you been prepared to implement what nursing students are learning in their courses prior to you teaching them in the clinical environment?

3. How have the nursing schools prepared you to teach nursing students to safely practice in the clinical setting?

4. How have nursing schools prepared you and made you aware of the important role you play when teaching nursing students?

5. Will you describe your experiences with nursing schools in preparing you to meet the learning needs of the adult learner when teaching clinical setting?

6. Please describe any experiences that have prepared you to implement nursing theory or the nursing process when teaching nursing students during clinical?
Ethical Considerations

The research study gained approval from the Institutional Review Board (IRB) at Capella University. To protect the rights of the research participants each individual was fully informed of the study’s purpose, intended use of the information collected, the benefits and the potential risks, the right to terminate participation in the study, and the estimate of the time involved to participate in the research. All of this information was provided on the informed consent that the participant signed prior to the start of the research.

Study participants were also informed that only the researcher new the identities of the participants. The assurance that all data collected, including quotes to illustrate themes, would remain anonymous was given. Any data collected during the research was free from any identifying information and kept confidential in a secure location for seven years. Results of the study were shared with the participants. A phone number and email were provided to the participants if they decided to view the results at a later date. Confidentiality was provided by ensuring that only the researcher had access to the actual names of the participants.

Summary

A basic qualitative study was conducted to explore the experiences of professional nurses’ concerning their preparation to teach nursing students in the clinical setting. IRB approval was obtained from Capella University to conduct the basic qualitative research. Utilizing purposeful sampling techniques, 10 professional nurse participants were identified. After informed consent was obtained, semistructured interviews using topically guided questions were conducted to obtain data. Interviews were conducted, audiotaped, transcribed, and transferred to NVivo. The documents were coded using NVivo where themes and subthemes began to emerge. Documents of educational experiences associated with learning how to teach adults were coded, and
emerging themes were also identified. The research was completed in hopes that information obtained by interviewing participants to discover the experiences of professional nurses about their training to teach students in the clinical environment yielded useful data.
CHAPTER 4. PRESENTATION OF THE DATA

The chapter presents the results gathered from the interviews regarding the exploration of professional nurses about their preparation to instruct students in the experiential learning environment. The basic qualitative study was conducted with nurses who actively teach students in a clinical setting. The research was completed to bring an understanding of these experiences and to use the data gathered to improve the preparation of students to practice in a patient care environment upon graduation and licensure. Chapter 4 will include a description of the sample used in the study, the process of data analysis and the results of the analysis.

Introduction: The Study and the Researcher

The topic emerged from a personal interest that stemmed from observation of professional nurses interacting with nursing students in the clinical setting. Upon leveraging the topic in the literature mentoring and precepting with professional nurses is well researched but not the experiences of the professional nurse learning to teach in the clinical setting. What needs to be realized is that professional nurses teaching in the clinical setting may affect the success of students. The basic qualitative study focused on answering the research question: What are the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting? After obtaining informed consent, the research participants were interviewed one at a time in a public library of their choosing. In-depth information about experiences regarding training to educate nursing students in the clinical setting was pursued.
The participants were asked the following in-depth topically guided questions during a personal interview.

1. Please describe any previous experience you have had learning how to teach adults?

2. How have you been prepared to implement what nursing students are learning in their courses prior to you teaching them in the clinical environment?

3. How have the nursing schools prepared you to teach nursing students to safely practice in the clinical setting?

4. How have nursing schools prepared you, making you aware of the important role you play when teaching nursing students?

5. Will you describe your experiences with nursing schools in preparing you to meet the learning needs of the adult learner when teaching in the clinical setting?

6. Please describe any experiences that have prepared you to implement nursing theory or the nursing process when teaching nursing students during clinical?

**Description of the Sample**

The basic qualitative study design included a nonprobable purposeful sampling. According to Patton (2015) purposeful sampling selects information-rich cases strategically for a specific purpose. However, the specific number of participants in purposeful sampling depends upon the purpose of the study (Patton, 2015). All of the participants in this research study were nursing staff working in a clinical setting with a student nurse. Ten nurse professionals, who met the definition for the study, were interviewed. Data saturation was determined when no new contributing information was found (Creswell, 2014). The interviews were transcribed verbatim for full analysis. No participants withdrew prior to the study. The study only included individuals who met the criteria for participation.
Interviews were conducted with 10 professionals who taught students while caring for patients in a clinical setting. To participate the professional nurse must have worked with nursing students in the clinical setting while caring for their patients. Professional nurses were excluded from participating if they worked or were currently working for any nursing school adjunct, part-time, or full-time as a clinical, lab, or didactic instructor. Also excluded were professional nurses who worked or are currently working as a dean or manager of any nursing program.

According to Patton (2015), there are no rules for sample size for basic interpretive qualitative research but depends on the study’s purpose (Patton, 2015). To be consistent with qualitative research methodology and to maintain compliance with ethical procedures study participants interviews and information was de/identified. The consenting study participants who met inclusion criteria for participation were nurses.

The participant interviews were recorded and completed one at a time after the informed consent was signed. The informed consent contained the purpose of the study, that the participants agreed to be recorded during the interview, the length of time the research will take, and the opportunity to not participate at any time (Langford & Young, 2013).

The study design was nonprobable purposeful sampling and only included those individuals who met the criteria for participation. In-depth information about experiences concerning the development of professional nurses to teach students in the clinical setting was wanted; therefore, three to six participants were desired for interviews. The interview process continued until saturation of the data occurred and the information gathered began to repeat, providing a rich and thick description of events from participants (Mason, 2010).

Repetitions of themes were noticed at interview four; however, interviews continued to assure saturation of data was reached. Ten in-depth topically guided interviews to gather data for
this study were completed. It was determined that no new or valuable insights into the understanding of the research question would occur beyond the completion of the tenth interview.

**Research Methodology Applied to the Data Analysis**

The design of the research was basic qualitative and allowed for the discovery of how participants interpreted their experiences, constructed their world, and attributed those experiences to the research question (Merriam & Tisdell, 2015). A basic qualitative research design brought about the understanding of details associated with the educational process of professional nurses teaching students in the clinical setting. The research did not focus on the opinions of professional nurses who educated students in the clinical setting, but instead focused on the experiences of professional nurses concerning training received that prepared them to teach nursing students in clinical environments.

Qualitative researchers use a basic methodology when trying to understand how people interpret their experiences, how people construct their worlds, and how they attribute meaning to those experiences (Merriam & Tisdell, 2016). According to Patton (2015) there are three kinds of qualitative data: interviews, observations, and documents. The basic qualitative study used personal interviews to collect data and documents to triangulate the information collected from the interviews. Patton (2015) described the semistructured interview for qualitative research as using open-ended questions that yield some in-depth responses concerning the individuals’ experiences, perceptions opinions, feelings, and knowledge. The interpretation of the data gathered from the interviews contains quotes and detailed context (Patton, 2015).
Semistructured Interview Analysis Methodology

The goal of data analysis was to make sense of the data, which involves merging, reducing, and interpreting what the participants have said (Merriam & Tisdell, 2016). The process used to analyze the data collected from interviews was Open-coding using narrative or themes. To create themes, the interviews were read and reread. Words, observations, or ideas that seemed relevant to the study were noted. Open-coding allowed focus on the text to be focused on in order to make sense of the data gathered through the interviews (Merriam & Tisdell, 2016).

Additionally, Open-coding looked for a unit of data gathered in the interview process. A unit of data can be a small word or a combination of words the participant used to describe a feeling or an event. A code, or unit of data, can be the smallest word but must be able to describe something on its own and have meaning (Merriam & Tisdell, 2016).

A search was performed throughout the text looking for repeated codes or words. Eventually, these words developed into themes. Themes are patterns across data sets and are essential to the description of the event and are associated with the research question (Patton, 2015).

From all the codes discovered, categories or themes were created that brought the codes together (Merriam & Tisdell, 2016). To assist with the process of coding, the recorded interviews of participants were downloaded to computer assistive qualitative data analysis software (CAQDAS). The CAQDAS chosen to use was NVivo.

The audio files from the interviews were downloaded after the completion of every interview. The NVivo software helped to organize, manage, and store the analytic thoughts created (Gibbs, 2013). NVivo is not an approach to analyzing the data collected during the interviews (Gibbs, 2013). Gibbs (2013) indicated the use of CAQDAS, such as NVivo, makes
sense if the data collected in digital format. The interviews with participants were recorded audio files. Thus, NVivo software was used in this research.

Once the data was collected from all participants, the NVivo software was used to assist in coding the data. Coding software, such as NVivo, was merely used for the process of attaching a name to a passage of text or audio recording (Gibbs, 2013). The software cannot interpret the data (Gibbs, 2013). The interpretation of the data was completed and put into themes, codes, and annotations (Gibbs, 2013).

The data analysis was reported using themes, coding, and annotations. After coding the data stored in NVivo, the codes were reviewed, and if the themes identified by the coding were accurate, no changes were made. After the data was coded, NVivo software was used to create an organization or concept map, referred to as nodes by NVivo (Gibbs, 2013). The concept map allowed the hierarchical arrangement to be displayed and included the connection of each code or theme to the data (Gibbs, 2013). A concept map was used to identify the primary codes or themes located in the data. The study findings were reported in narrative form; grouping shared experiences of professional nurses together.

**Document Analysis Methodology**

According to Merriam and Tisdell (2016), documents are readymade sources of data. Using multiple sources of data to triangulate findings gave stronger support for information gathered from participants during interviews (Olsen et al., 2016). Two participants produced the same documents from a course they attended at their church at different times. The course, *Teaching in the Savior’s Way* (The Church of Jesus Christ of Latter-day Saints, 2015).

The course *Teaching in the Savior’s Way* was analyzed for content. Through analysis, it was discovered the course was not specific to teaching nursing students or teaching adults. However,
when the two participants were asked if the course prepared them to teach in the clinical setting, the two participants believed the course improved their ability to instruct students. The course discussed teaching but focused on teaching *the gospel*.

It was determined the course did meet the criteria for data inclusion. The inclusion criteria were based on the first question asked during the semistructured interviews: Please describe to me any previous experience you have had learning how to teach adults. The course included how to teach individuals of all ages. Even though the course was not specific to adults, it was believed the course was relevant because it included adults.

**Presentation of the Data and Results of the Analysis**

Semistructured interviews with topically guided questions were used to gather data from ten professional nurses. The data obtained attempted to answer the primary research question: What are the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting? The data obtained from the semistructured interviews were analyzed individually. Once the data from all participants were analyzed, themes were created from the repeating patterns from all 10 participant interviews. Four themes were created as an interpretation of the meaning of the information gathered from the population. The themes included Preparation to Teach, Communication, Knowledge Deficit, and Awareness of Important Roles. The responses are provided for each of the questions. Participants are numbered P1 through P10.

**Question 1: Please describe any previous experience you have had learning how to teach adults.**

The question leads to the discovery of the previous experiences of professional nurses with learning to teach adults. Two participants, P9 and P10, indicated that they had taken a teacher
preparation course through their church. However, upon analysis of the course, the course was not specific to teaching adults or nursing focused. A thorough discussion of the course taken by P9 and P10 occurs in the document analysis section of the dissertation. In addition to the teacher preparation course given through church, P10 indicated that several courses were taken through universities prior to teaching nursing students in the clinical setting. P10 stated,

I think it helped me learn that adults are a little more self-motivated, learn how to assess what they already know, and know where they need further education. A lot of my students have a lot more life skills that they have developed.

The data gathered from the semistructured interviews showed a consensus among P1 to P8 identifying that they had no previous experience learning how to teach adults. The data obtained from the interview question was valuable and assisted in the creation of the theme Preparation to Teach.

**Question 2: How have you been prepared to implement what nursing students are learning in their courses prior to you teaching them in the clinical environment?**

The rationale for question 2 involved the discovery of what experiences the nurses had with nursing schools providing the information professional nurses needed to teach in the clinical setting. When asked this question P1 stated, “they haven’t.” All ten study participants indicated the information concerning what the nursing students needed to learn in the clinical setting came from the nursing students.

The data from this question assisted in the creation of the themes Preparation to Teach, Communication, and Knowledge Deficit.

**Question 3: How have the nursing schools prepared you to teach nursing students to safely practice in the clinical setting.**

The question demonstrates how professional nurses are made aware of the goals of nursing education to practice safely. How essential it is for students to reach this goal while obtaining
experience in the clinical setting. The question also indicates the professional nurses’
experiences with communication between the clinical and educational setting.

Data gathered from this question showed a consensus among the participants that the nursing
schools did not prepare them to teach nursing students to practice safety. Participant 4 stated, “I
don’t think I get prepared from the school in any way to take care of them, I think it’s my own
experience that I can share with them.” The data gathered from this topically guided question
assisted in the development of the themes Preparation to Teach and Communication.

**Question 4: How have nursing schools prepared you, making you aware of the important
role you play when teaching nursing students.**

Question 4 asked to gather data that indicated the value nursing schools place on professional
nurses when they are educating nursing students in the clinical setting. Data gathered concerning
professional nurses’ understanding of their importance to nursing schools was unanimous with
all participants, indicating the nursing schools have not made them aware of how important they
are to a nursing students’ education. P2 said, “I was never told how important the role of
teaching students is.”

Data gathered from this research question helped in the creation of the themes
Communication and Awareness of Important Roles.

**Question 5: Will you describe your experiences with nursing schools in preparing you to
meet the learning needs of the adult learner when teaching in the clinical setting?**

Question 5 was used to discover if professional nurses have had any experience
implementing adult learning theories in the clinical setting. This question also addressed the
preparation of professional nurse from nursing schools to meet the learning needs of the adult
learner.
All professional nurses who participated in the research indicated they had not had any assistance from nursing schools with learning how to meet the needs of the adult learner. Participant 1 stated, “it’s nonexistent.” The data gathered from this question helped with the development of the themes Preparation to Teach, Communication, and Knowledge Deficit.

**Question 6:** Please describe any experiences that have prepared you to implement nursing theory or the nursing process when teaching nursing students during clinical?

Question 6 assisted in discovering how professional nurses prepared to teaching nursing theory or the nursing process to students in the clinical setting. The data gathered from this question indicated that nine of the ten participants had no experiences concerning the implementation of nursing theory or the nursing process when teaching students. The term nursing theory was not defined for the participants nor did they ask for a definition. However, P8 did ask to be reminded of what the nursing process was.

Participant 8 stated, “Nursing theory, I haven’t really, it would be hard for me to come up with something, but remind me again of the nursing process?” The participant was then reminded the nursing process includes; assessment, diagnosis, plan, implement, and evaluate (Perry Potter, Stockert, & Hall, 2017). The data gathered from this question helped to develop the themes Preparation to Teach, Communication, and Knowledge Deficit.

The four themes that emerged from the semistructured interviews with the 10 professional nurse participants are Preparation to Teach, Awareness of Important Role, Communication, and Knowledge Deficit. After the creation of themes, subthemes were created to further understanding of the data. Below is a concept map that represents the themes and subthemes discovered while the researcher transcribed, read, reread, and input the data into Nvivo.
Figure 1 is a concept map that illustrates the themes and subthemes discovered during the Open-coding process. The figures at the top of the concept map represent the 10 professional nurses who participated in the research. Below these figures is the research question that was answered by the data collected during the semistructured topically guided interviews. The circles are the themes discovered using the Open-coding process. Below the circles are triangles that represent the subthemes also discovered. Arrows connect the subthemes to themes then the themes to the participants. Tables were then created for each theme and included the subthemes and a sampling of the participants’ responses to the semistructured topically guided interviews.

Figure 1
The following is a presentation of the four themes discovered from the Open-coding. The four themes include Preparation to Teach, Communication, Awareness of Important Role, and Knowledge Deficit. The data gathered is presented in tables with samples of the professional nurses’ responses.

**Theme: Preparation to Teach**

Table 1 demonstrates the theme that emerged. The theme reflected upon the experiences of the professional nurses’ preparation to teach nursing students in the clinical setting. The participant’s reflections concerning their preparation to teach nursing students in the clinical setting led to the creation of subthemes. The subthemes include Training, Adult Learning Needs, Experience, Nursing Theory, and Safety. Included in the table are samples of the participant’s responses.

Table 1: Preparation to Teach

<table>
<thead>
<tr>
<th>Subthemes</th>
<th>Sample of Professional Nurses Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td>P1 “I did have some on the job training.”</td>
</tr>
<tr>
<td></td>
<td>P2 “Well, I look back on when I was a nursing student. I think about what helped me learn when I was a nursing student. I also think about what I would have liked to happen and what I wish the nurse and teacher would have done.”</td>
</tr>
<tr>
<td></td>
<td>P2 “I had on the job training.”</td>
</tr>
<tr>
<td></td>
<td>P3 “Right now, I don’t. I have never learned how to teach adults.”</td>
</tr>
<tr>
<td></td>
<td>P6 “I teach them how I learned and how I would like to learn Like how I would want to be taught. I have had great preceptors, but I like to teach that way.”</td>
</tr>
<tr>
<td></td>
<td>P9 “Um, yeah, let’s see, through the church we have teacher’s development. I have done that a few times and then that helps with teaching the gospel, you know? Teaching all the different age levels and things like that. It’s more in tune with teaching how the savior would teach.”</td>
</tr>
</tbody>
</table>
Table 1: Preparation to Teach

<table>
<thead>
<tr>
<th>Subthemes</th>
<th>Sample of Professional Nurse Response</th>
</tr>
</thead>
</table>
| Adult Learning Needs    | P1 “I don’t remember any experiences.”  
P7 “I think you need to tell them how to do it, show them, and have them do it.”  
P9 “I’m not really into any of the different styles. Those theories are, yeah. I’m a more, I mean, a hands-on teacher. I’m more spiritual.”  
P10 “No, because that is not terribly important I have been aware in differences in how different students learned.”  
P10 “a lot of times I’ll ask the students what way they learn best.” |
| Experience              | P1 “The previous experience I have had with teaching adults how to learn is when I was teaching patients how to adapt to being on dialysis.”  
P4 “I would have to say very minimal with that, it didn’t come in nursing school.”  
P6 “I know we have a preceptor program that’s available, but we haven’t utilized it here, but I didn’t go through it.”  
P8 “I don’t really, I just started doing precepting when I started nursing.”  
P9 “I just have a natural knack for allowing people to come in and being able to show them the ropes. I just think that it’s easy for someone like me to be able to speak. I was a teachable person, so I’m able to teach sometimes a lot of my own parenting allows me to do that. I think if you just have really good communication skills. If you are personable and able to open up and showcase those skills a lot of times you are just able to teach.” |
| Nursing Theory          | P1 “I don’t remember any experiences.”  
P6 “No.”  
P8 “There is no clear communication.” |
| Safety                  | P2 “They haven’t.”  
P3 “They have never said anything about safety. I guess I never thought about teaching students to be safe while practicing.”  
P4 “I don’t think I get prepared by the schools in any way.”  
P4 “I think it’s my own experience that I can share with them.”  
P5 “they don’t say anything about safety, so you’re basically relying on your own experiences in your own practice.”  
P6 “They don’t really prepare. I don’t think they do.”  
P8 “No, they don’t.”  
P10 “I don’t know if it necessarily the schools that taught me about safety.” |
**Theme: Communication**

Table 2, the Communication theme was developed from professional nurse’s responses to the semistructured interviews and is centered around communication from the nursing schools. The subthemes are Nursing Students, Nursing Schools, and Values of Professional Nurses with a sample of the professional nurses’ responses to the semistructured interview.

**Table 2: Communication**

<table>
<thead>
<tr>
<th>Subtheme</th>
<th>Sample of Participant Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Students</td>
<td>P6” I usually ask them what they can do, what they can’t.”</td>
</tr>
<tr>
<td></td>
<td>P10 “I always ask students to give me their syllabus or course objectives, so I know what they need to learn.”</td>
</tr>
<tr>
<td></td>
<td>P10 “Mostly it’s the students.”</td>
</tr>
<tr>
<td>Nursing Schools</td>
<td>P1 “It was more like they would bring a group of students and then tell me they were learning about kidneys.”</td>
</tr>
<tr>
<td></td>
<td>P2 “They never talk come and talk to me about what the students are learning.”</td>
</tr>
<tr>
<td></td>
<td>P3 “It would help me realize how important I am.”</td>
</tr>
<tr>
<td></td>
<td>P4 “I don’t really get feedback from the schools as to what they want to get out of it.”</td>
</tr>
<tr>
<td></td>
<td>P5 “It’s nonexistent.”</td>
</tr>
<tr>
<td></td>
<td>P7 “It’s usually an information thing. You won’t find out until the morning of that you are getting a student.”</td>
</tr>
<tr>
<td></td>
<td>P7 “I’ve never really had anything, but it would be better if they gave you a paper with an objective, so you can focus on it.”</td>
</tr>
<tr>
<td></td>
<td>P8 “Usually it’s a surprise that I’m going to get students.”</td>
</tr>
<tr>
<td></td>
<td>P8 “To be honest, we don’t have the proper communication.”</td>
</tr>
</tbody>
</table>

**Theme: Awareness of Important Roles**

Table 3 demonstrates the third theme, Awareness of Important Roles, that developed from data analysis. The following table presents the information from the theme with the subthemes: Unaware of Importance and Implied Appreciation. Included in the table are samples of the participant’s responses.
Table 3: Awareness of Important Roles

<table>
<thead>
<tr>
<th>Subthemes</th>
<th>Sample of Participant Responses</th>
</tr>
</thead>
</table>
| Unaware of Importance  | P1 “I was never told how important the role of teaching students is.”  
|                        | P3 “The nursing school has never told me that.”  
|                        | P4 “There is that piece brought forward.”  
|                        | P6 “I think it’s not actually said out loud.”  
|                        | P7 “But it’s never really been said formally or been told we are an important aspect of learning.”  
|                        | P9 “Well I have noticed that they usually choose people who are very passionate about it.”  
|                        | P10 “I don’t know if I had universities that have talked about how important we are. I don’t think there was any official capacity were people have said we can’t function without you.” |
| Implied Appreciation   | P2 “They have thanked me and been very cordial.”  
|                        | P6 “I know it’s important, but as far as saying the words they appreciate us, I’m trying to think if they do.”  
|                        | P7 “It’s kind of assumed I guess.”  
|                        | P9 “They usually choose people that are very passionate about it.”  
|                        | P10 “It’s more they show appreciation.”  
|                        | P10 “I appreciated the preceptors that taught me.”  |

**Theme: Knowledge Deficit**

Table 4 is an example of the 4th and final theme, Knowledge Deficit. The following table’s theme includes the subthemes Nursing Theory and Learning Theory. Included in the table is a sample of the participant's responses.
Table 4: Knowledge Deficit

<table>
<thead>
<tr>
<th>Subtheme</th>
<th>Knowledge Deficit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Theory</td>
<td>P2 “I don’t remember any experiences.”</td>
</tr>
<tr>
<td></td>
<td>P4 “I hope they can learn that by observing me.”</td>
</tr>
<tr>
<td></td>
<td>P5 “You have the theories portion of nursing in nursing school.”</td>
</tr>
<tr>
<td></td>
<td>P9 “Nursing is something you learn in the field.”</td>
</tr>
<tr>
<td>Learning Theory</td>
<td>P2 “Let me think, I haven’t had any experiences.”</td>
</tr>
<tr>
<td></td>
<td>P3 “I have never learned how to teach adults.”</td>
</tr>
<tr>
<td></td>
<td>P4 “Very minimal.”</td>
</tr>
<tr>
<td></td>
<td>P8 “I’m just going from my experience and the knowledge of what I do and yeah.”</td>
</tr>
<tr>
<td></td>
<td>P9 “I’ve never really pushed on a way of how I should teach.”</td>
</tr>
<tr>
<td></td>
<td>P10 “I’m not really into any different styles.”</td>
</tr>
</tbody>
</table>

Data Triangulation

Data triangulation was completed by gathering information from participants through document procurement (Merriam & Tisdell, 2016). Two participants brought documents concerning one educational course they felt that assisted them to teach nursing students in the clinical setting. The documents brought by participants needed to contain information concerning any education courses participated in to prepare them to teach nursing students in the clinical setting.

Participants were informed before the interview call that they could bring any documents which provided information regarding prior teaching courses. The documents could have included a syllabus, agenda, articles assigned to read, assignments, pamphlets, certificates, or
document(s) for online courses. The documents, provided by two participants, were used as physical evidence of professional nurse’s experiences receiving preparation to teach nursing students.

Of the 10 participants interviewed, none had evidence of any courses taken that were related to the preparation of teaching nursing students in the clinical setting. However, Participant 9 and Participant 10 indicated that they had both taken the course *Teaching in the Savior’s Way* from their church and believed the course had helped them teach nursing students in the clinical setting. Participant 9 indicated the course “allows me to not be critical of what I’m teaching but more like being able to deliver the material and to make sure that it’s personable and not just focusing on teaching and getting it right.” Participant 10 discussed how the course “helped me learn that adults are a little more self-motivated, learning how to assess what they already know, and know where they need further education. A lot of my students have a lot more life skills that they have developed that make them easier to teach.”

Open-coding was implemented to analyze the course brought by Participants 9 and 10, even though the course was not explicitly used to instruct individuals in teaching nursing students in the clinical setting. Using Open-coding, it was discovered that the courses contained some information that may be transferable to teaching. However, the entire course did not discuss andragogy or pedagogy and had no information that was specific to learning how to teach in the academic setting.

The course was reviewed several times to discover the multiple themes that existed throughout the course. The themes included focus on the person and not what is being taught, teaching is an expression of love, teach by *the spirit* (Jesus Christ and the Holy Ghost), prepare yourself spiritually, live *the gospel*, and be prepared. Information provided by the course,
*Teaching in the Savior’s Way,* may provide information that is transferable to teaching nursing students in the clinical setting.

Participant 10 stated, “I have taken several courses offered through the universities that I have precepted before, but mostly through the church.” Participant 10 could not provide any documents about the courses taken through the universities. The only data that was able to be triangulated from Participant 10 is the course taken at the Participant’s church.

Nine of the 10 Participants interviewed indicated they had not taken any courses related to teaching nursing students in the clinical setting. The finding is an indication of the lack of formal teaching preparation concerning professional nurses teaching students in the clinical setting. When asked if one participant could explain any adult learning theories, the participant stated, “I’m not really into any of the different styles. Those theories are, yeah. I’m a more, I mean, a hands-on teacher. I’m more spiritual.” Participant 10 stated,

I just have a natural knack for allowing people to come in and being able to show them the ropes. I just think that it’s easy for someone like me to be able to speak. I was a teachable person, so I’m able to teach sometimes a lot of my own parenting allows me to do that. I think if you just have really good communication skills. If you are personable and able to open up and showcase those skills a lot of times you are just able to teach.

**Summary**

In summary the purpose of this basic qualitative study was to research experienced of professional nurse’s preparation to teaching students in the clinical setting. Professional nurse study participants described their experiences of preparing to teach students in the experiential learning environment. Four major themes emerged associated with the primary research question. The participants descriptions and comments provided the four themes; Preparation to Teach, Communication, Awareness of Important Roles, and Knowledge Deficit. In addition,
subthemes emerged from the rich data. This studies’ themes were supported by evidence from the participants responses in the form of direct quotations within the rich narrative.

The next chapter is the concluding chapter of the dissertation. Chapter 5 presents a discussion of the studies’ findings. The dissertation closes within an interpretation of the findings and an application of Benner’s theory. Also, the dissertation suggests recommendation for further research.
CHAPTER 5. DISCUSSION, IMPLICATIONS, RECOMMENDATIONS

Chapter 5 presents a summary of the study and associated findings. Additionally, an exploration of the results of the research provides interpretation related to the research question. Illumination of study limitations, implications of the study, and recommendations for future research conclude the chapter.

Summary of the Results

The evidence provided by the research helped to further the understanding of the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting. This data was recorded, analyzed and used to answer the original research question: What are the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting?

Evidence obtained from the research showed a consensus among the professional nurses who participated in the study, based on the interpretation of the data gathered from the semistructured interview using topically guided questions. The consensus showed that the professional nurses interviewed found they were unprepared to teach nursing students in the clinical setting.

When asked to describe experiences with learning how to teach adults, eight of the ten professional nurses interviewed indicated that they had no experiences learning how to teach adults. Two of the ten participants indicated they had taken a course offered by their church. However, the course did not discuss adult learning theories or is specific to teaching adults or teaching nursing students in the clinical setting. One of the two participants who reported having taken a course from their church also indicated they had taken several courses offered through universities about teaching nursing students in the clinical setting. However, the participant could not provide any documentation as evidence that the course was taken or about the content of the
course. Due to the inability of the participant to provide documentation of the course, it was treated as if the participant did not take the course. Meaning triangulation of the participant's statements and the document's data did not occur.

When inquiring about the nursing schools preparing professional nurses to implement safety and what is learned in the academic setting in the clinical environment, all 10 participants agreed there is no preparation of professional nurses by the nursing schools to implement safety or what is learned in the academic setting in the clinical setting. All agreed there is little communication from nursing schools to prepare them to teach nursing students in the clinical setting. Furthermore, all 10 participants indicated the nursing students are the ones telling the professional nurses what they are learning in the academic setting.

Findings from the research also indicate professional nurses are unprepared to meet the learning needs of students in the clinical environments. All participants stated they had no experiences with the nursing schools concerning meeting the learning needs of the students. A consensus of the professional nurses interviewed reported they taught the nursing students according to how they liked to be taught when they were a nursing student, were taught, or wished to be taught in the patient care setting.

The research showed no communication occurring between the nursing school and professional nurses beyond the nursing instructor bringing the nursing students to them the day they are to participate in the clinical setting. Evidence from this study also yielded data from the study participants that the professional nurses were unaware of the vital role they play when teaching nursing students in the experiential learning environment. The data also concluded that nursing schools did not inform professional nurses of their importance to the nursing program or the nursing profession.
Discussion of the Results

The clinical setting is the most significant environment used by nursing schools to educate nursing students to apply what is learned in the academic setting of nursing school (Bisholt et al., 2014; Sundler et al., 2014). Time spent in clinical is vital, and nursing students believe the clinical setting is the core of a good nursing education (Madhavanpraphakaran et al., 2014). Likewise, professional nurses play an essential role in preparing nursing students for the professional practice of nursing.

The clinical environment is where professional nurses act as a vehicle to assist nursing students in the application of academic learning (Courtney-Pratt et al., 2014). McClure and Black (2013) specifies current practices of professional nurses’ preparation to teach nursing students in the clinical setting must continue to be examined to ensure that processes adequately meet the needs of professional nurses.

The data collected from exploring the experiences of professional nurses concerning their preparation to teach nursing students in the clinical setting yields evidence demonstrating the needs of professional nurses in a Southwestern state are not being met. Kavanaugh and Szweda (2017) discusses how the increasing gap between preparation-to-practice challenges the ability of professional nurses to deliver safe, consistent, quality care in the increasingly complex clinical setting (Kavanagh & Szweda, 2017).

The goal of nursing education is to prepare students to safely practice nursing in the clinical patient care setting (Chuan & Barnett, 2012). According to the data gathered during the research, all 10 participants agreed they are not prepared by the nursing schools to implement the teaching of safety in the clinical setting. One participant stated, “They have never said anything about safety. I guess I never thought about teaching students to be safe while practicing.” According to
the data gathered from the research, purposefully educating nursing students how to practice safely in the clinical environment does not occur. Nursing schools need to recognize that not preparing professional nurses to teach students how to implement safety in clinical practice will not allow them to reach their goal. The goal nursing schools are trying to reach is preparing students to deliver safe patient care.

For nursing schools to reach the goal of preparing nursing students to practice safely, they must not only recognize the critical role professional nurses play concerning the education of nursing students but their dependence on them in the clinical setting (Chuan & Barnett, 2012). Nursing students believe professional nurse in patient care environments significantly impact their learning experiences (Kaihlanen et al., 2013). Jokelainen et al. (2013b) found students believe they are prepared for the professional nursing practice by the guidance, teaching, feedback, and assessments from professional nurses. The professional nurses participating in this study specified the nursing schools did not make them aware of the vital role they play when teaching students and the impact they have on learning. One participant stated, “When you hear that feedback, it helps you to be better.”

The research demonstrates a lack of communication and collaboration between the professional nurses and the nursing schools concerning the importance of the professional nurses, the implementation of academic learning in the clinical setting, the need to ensure students are learning to develop a safe nursing practice, and how professional nurses are implementing adult learning practices and meeting the learning need of nursing students in the clinical environment. Interprofessional collaboration is necessary to build a trusting relationship between the nursing school and professional nurses. The result of such collaboration will be
effective health care and improve nursing students’ clinical education (Cappiello, Joy, Smith, & Orgren, 2015).

Collaboration between the nursing school and professional nurses is vital because most of the nursing students’ clinical education is provided by professional nurses (Dapremont & Lee, 2013). Collaboration helps to provide continual communication between professional nurses and nursing schools, allowing nursing schools to meet their goals, improve the clinical education of nursing students, and patient outcomes.

Professional nurses are considered experts in the application of patient care but lack formal training in educational practices (Kubin et al., 2013). McClure and Black (2013) specified the necessity to frequently assess the professional nurses’ preparation to teach students in experiential learning environments. The findings from the research confirm professional nurses still lack formal training concerning the implementation of educational practices. Findings indicate not only do professional nurses lack formal training, but they are not prepared by nursing schools to meet the learning needs of students in the clinical setting. Jokelainen et al. (2013a) found if professional nurses can meet the learning needs of nursing students, learning in the clinical setting improves.

**Conclusions Based on the Results**

The conclusions based on the research conducted exploring the experiences of the professional nurse concerning their preparation to teach nursing students in the clinical setting found that professional nurses are unprepared to teach students in the clinical setting. Professional nurses lack formal education about teaching the adult learners and how to meet the need of nursing students. Professional nurses have no experiences with nursing schools informing them how essential they are to the education of the nursing students, nursing schools,
and the nursing profession. Finding from the dissertation indicate communication between professional nurses and nursing schools is mediocre at best. Additionally, professional nurses have no experiences with the nursing schools preparing them to teach students to practice safely and the implementation of academic learning in the clinical setting. Allowing unprepared professional nurses to teach students in clinical environments leads to unprepared students who become unprepared professional nurses who are unable to practice safely and meet the needs of their patients. This outcome will eventually lead the entire nursing profession to experience devastating consequences in patient care.

**Comparison of Findings with Theoretical Framework and Previous Literature**

The theoretical framework chosen for the research on exploring the experiences of professional nurses concerning their preparation to teach students in the clinical setting was the theory novice to expert. The theory novice to expert is grounded in clinical nursing and discusses the different expertise levels of professional nurses (Alligood, 2014). To help explain the differences between a new nurse and an experienced nurse, Benner developed the theory of novice to expert. The theory establishes that all nurses are at various levels of expertise depending on their education and experience (Alligood, 2014).

The theory has five levels of development: novice, advanced beginner, competent, proficient, and expert (Alligood, 2014). Benner's theory is not solely reliant on experience to move from each level but directs nurses to incorporate life-long learning and improve their formal education (Alligood, 2014). The levels of the theory are determined by the acquisition education, acquiring skills, and experience (Alligood, 2014). Novice to expert is based on the application of nursing principles in clinical settings, and through experiences, insights are gained in understanding
situations and how to plan appropriately for events that occur (Benner, 1982). Benner (1982) mentions that novices can take in little of situations occurring around them because the situation is too new. Discovering the experiences of the professional nurses concerning their preparation to teach nursing students in the clinical setting helped determine their level of expertise by applying Benner’s novice to expert theory.

To strengthen the practice of nursing Sampoorman (2012) indicated nurses need to try and link practice to nursing theories. Professional nurses who participated in the research indicated their experiences with the nursing schools about the implementation of nursing theories or the nursing process to clinical settings are nonexistent. Likewise, the experiences of nursing schools preparing professional nurses to implement the teaching of safe clinical practices while educating students are absent. The lack of experiences of professional nurses concerning the importance of implementing safety and linking theory to practice indicates professional nurses are unprepared to teach students. The goal of a nursing education is to prepare nursing students to deliver safe patient care (Chuan & Barnett, 2012). Professional nurses lacking experiences concerning the implementation of safety and linking theory to practice demonstrates nursing schools are not reaching the goal of nursing education.

According to the research findings, professional nurses also lack experiences with nursing schools helping nurses meet the needs of the adult learners in the clinical setting. One participant stated, “I don’t really get feedback from schools as to what they want to get out of it.” A consensus among participants found professional nurses have no formal education concerning teaching adults, creating suboptimal conditions for learning. Foster et al. (2015) indicated nursing students believe professional nurses need more support and increased engagement from
didactic educators, suggesting professional nurses need regular updates, study days, and assessments by nursing schools.

Professional nurses are also unaware of the critical role they play regarding educating students in the clinical setting. Findings indicate professional nurses may be told they are appreciated, however, they are not told how vital they are in assisting nursing schools in reaching their educational goals. Nursing schools need to recognize their dependency on professional nurses in the clinical setting (Chuan & Barnett, 2012). Recognizing how dependent nursing schools are on professional nurses may lead to the improved preparation concerning teaching students in the clinical setting.

Applying Benner’s theory novice to expert to the findings of the research lead to the conclusion that professional nurses should be considered novices at educating nursing students in the clinical environment. Through the experience, expertise is gained in the clinical setting. Many professional nurses may be considered expert clinicians but lack the training of a nurse educator (Hunt et al., 2013). The lack of training concerning how to educate students in clinical environments indicates professional nurses are experts in patient care yet are novice educators.

**Interpretation of the Findings**

Study participants identified professional nurses lack experiences to prepare them to teach students in the clinical setting. Part of the lack of preparation may be due to the lack of understanding how significant their role is to nursing schools and the nursing profession. A possible contributing factor is the poor communication between the nursing schools and professional nurses. The lack of discussion on not only in the understanding of their essential role, but in preparing professional nurses to teach students to implement safe clinical practices, and how to apply nursing theory to clinical practice needs improvement. Participants also
indicated they have no experiences with nursing schools regarding the implementation of educational practices to improve the students clinical learning.

Findings indicate, according to Benner’s theory novice to expert, professional nurses are novices at educating nursing students in the clinical setting. The finding, professional nurses are novice educators, is not apparent to nursing schools when considering the lack of experiences provided by the schools to the professional nurses concerning the teaching of nursing students in the clinical setting.

**Limitations**

The limitations of the research include the location of the sample. The location of the sample was limited to one Southwestern State. Findings specific to other locations may yield different results. Other limitations include possible distorted responses to the semistructured interviews caused by the personal bias of the participants and recall error from interview data (Patton, 2015). The final limitation of the research is the quality of the information obtained during the interview because of the lack of experience in qualitative research methods.

A common theme among the participants is reliance upon past experiences in nursing school to influence how they are teaching nursing students in the clinical setting. Similarly, because of the lack of experience of the researcher, this topic brought up by the participants was not researched further. Information brought forth by questioning participants on experiences with their own nursing education in the clinical setting may have brought to light new data.

**Implications for Practice**

The basic qualitative research will assist with advancing the science of nursing education by adding needed information about the experiences of professional nurses’ preparation to teach. By
discovering these experiences nursing education can begin the planning, implementing, and finally evaluating new educational practice to improve the preparation of professional nurses to teach students in the clinical setting. Improving the preparation of professional nurses to teach students may ultimately improve patient outcome.

   Professional nurses are relied upon by nursing schools to educate and guide nursing students in the clinical setting and help prepare students for the practice of nursing (Chuan & Burnette, 2012). The result of the research may assist educators to develop orientations to include staff nurses at the clinical sites. New orientation strategies include stressing to both staff nurses and nursing school faculty how valuable professional nurses are to nursing schools, the nursing profession and sharing the goal of nursing education, which is to produce professional nurses who are able to practice safely.

   Nursing education may also create standards regarding the preparation of professional nurses to teach students in the clinical setting, which may help ensure what is taught in the academic setting is solidified in the clinical setting. Improving training of professional nurses, who educate students in the clinical setting, will directly link nursing education and the practice of nursing, creating a more cohesive nursing educational process to improve clinical education. Improving the preparation of professional nurses who teach nursing students in the clinical setting should be a goal of nursing education.

       **Recommendations for Further Research**

   The research findings from the study provide information concerning the preparation of professional nurses concerning their preparation to teach nursing students in the clinical setting. Recommendations for further research on the topic stem from the findings.
1. Findings from this research suggest that some professional nurses are relying on past experiences of being taught by professional nurses in the clinical setting when they were nursing students. Future research needs to be conducted on how past experiences in nursing schools are affecting the way professional nurses teach nursing students in the clinical setting.

2. Two participants in the research stated they had both taken a teacher development course through their church. Future research needs to be completed to discover the benefits of implementing a spiritual aspect concerning teaching nursing students in the clinical setting.

3. Does the implementation of spirituality in teaching allow professional nurses to meet the learning needs of nursing students?

**Conclusion**

Professional nurses play an essential role in preparing nursing students to practice as a professional nurse and are a vital role in helping nursing schools meet their goals. Multiple researchers including Bisholt et al. (2014) and Sundler et al. (2014) believe the clinical setting is the most influential environment used by nursing schools to educate nursing students and is central to nursing students' education. The clinical setting not only helps nursing students meet clinical outcomes but influences their future career choices, indicating the clinical setting is not only important to nursing students’ clinical education but the nursing profession (Carlson & Idvall, 2014). Due to the importance of a nursing students’ clinical education, equal importance should be placed on the preparation of professional nurses to educate nursing students in the clinical setting. The dissertation topic explored the experiences of the professional nurses concerning their preparation to teach nursing students in the clinical setting. Findings from the research indicate the experiences of professional nurses concerning their preparation to educate students in clinical environments were lacking. The experiences indicated that little communication occurs between professional nurses and nursing schools about their importance.
to the nursing schools, the necessity of teaching nursing students to practice safely, the implementation of theory-to-clinical practice, and how to meet the learning needs of the nursing students during their clinical experience. Findings also reinforced earlier research findings indicating that professional nurses lack formal training in educational practices (Kubin et al., 2013). Information gathered during the research should not be wasted but used to create new standards in the nursing student clinical education arena.


Carlson, E., & Idvall, E. (2014). Nursing students’ experiences of the clinical learning environment in nursing homes: A questionnaire student using the CLES + T evaluation
scale. *Nursing Education Today*, 34, 1130-1124.

http://dx.doi.org/10.1016/j.nedt.2014.01.009


http://dx.doi.org/10.1016/j.nepr.2012.01.003


http://dx.doi.org/10.1515/1548-923x.2314


University of Colorado (n.d.) What is experiential learning? *Experiential Learning Center*

Retrieved form
http://www.ucdenver.edu/life/services/ExperientialLearning/about/Pages/WhatisExperientialLearning.aspx
STATEMENT OF ORIGINAL WORK

Academic Honesty Policy

Capella University’s Academic Honesty Policy (3.01.01) holds learners accountable for the integrity of work they submit, which includes but is not limited to discussion postings, assignments, comprehensive exams, and the dissertation or capstone project.

Established in the Policy are the expectations for original work, rationale for the policy, definition of terms that pertain to academic honesty and original work, and disciplinary consequences of academic dishonesty. Also stated in the Policy is the expectation that learners will follow APA rules for citing another person’s ideas or works.

The following standards for original work and definition of plagiarism are discussed in the Policy:

Learners are expected to be the sole authors of their work and to acknowledge the authorship of others’ work through proper citation and reference. Use of another person’s ideas, including another learner’s, without proper reference or citation constitutes plagiarism and academic dishonesty and is prohibited conduct. (p. 1)

Plagiarism is one example of academic dishonesty. Plagiarism is presenting someone else’s ideas or work as your own. Plagiarism also includes copying verbatim or rephrasing ideas without properly acknowledging the source by author, date, and publication medium. (p. 2)

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Research misconduct includes but is not limited to falsification, fabrication, plagiarism, misappropriation, or other practices that seriously deviate from those that are commonly accepted within the academic community for proposing, conducting, or reviewing research, or in reporting research results. (p. 1)

Learners failing to abide by these policies are subject to consequences, including but not limited to dismissal or revocation of the degree.
Statement of Original Work and Signature

I have read, understood, and abided by Capella University’s Academic Honesty Policy (3.01.01) and Research Misconduct Policy (3.03.06), including Policy Statements, Rationale, and Definitions.

I attest that this dissertation or capstone project is my own work. Where I have used the ideas or words of others, I have paraphrased, summarized, or used direct quotes following the guidelines set forth in the APA Publication Manual.

Learner name and date  Shanda Clark    February 1, 2018