Level of Competencies of Clinical Instructors of the College of Nursing in a State University in the Philippines: An Assessment

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Abstract:

The main objective of this descriptive-correlational study is to assess the level of competency of clinical instructor in terms of planning and preparation, communication and interaction, teaching for learning, managing the learning environment, and assessment of student learning based on the perception of the student-nurses and the clinical instructors. Three hundred fifty (350) students who are officially enrolled in the College of Nursing and Midwifery and sixty-five (65) clinical instructors who are actually either full time or part time faculty members in the college during the conduct of the data gathering were chosen as respondents using stratified random sampling technique. To test the significant difference between the assessments of the two groups of respondents on the level of competency of clinical instructors, the t test was used. In view of the findings of the study, it was concluded that the majority of the student-nurses belong to the 18 years old bracket and female second year nursing students. On the other hand, majority of the clinical instructors belong to the 26-30 years old bracket, married, female, and already earned their material units, and have been serving the public through the teaching profession for more than a year. The efficiency of clinical instructors, as assessed by the student-respondents, were rated above expectations in terms of planning and preparation, communication and interaction, teaching for learning, managing the learning environment, and assessment of student learning. As assessed by the clinical instructors, their efficiency was above expectations in terms of planning and preparation and communication and interaction, and excellent in terms of teaching for learning, managing the learning environment, and assessment of student learning. Finally, there is a significant difference between the assessments of the two groups of respondents on the level of competency of clinical instructors.

1. Introduction

Competency in clinical instructors is judged on models, methods, and strategies, utilized by clinical instructors in the delivery of lessons and how it is perceived by the students in an actual classroom situation. Most often clinical instructors' competency strongly affects the student's morale, emotional bearing, motivation and learning in an arena of academic pursuit in a traditional teaching situation since their role is very apparent as far as imparting knowledge is concerned (Bisholt et al., 2014). Clinical instructors direct the class from beginning towards the attainment of the desired goals. Hence, competency is always a two-way concern involving clinical instructor and student. However, it is always students' feedback and judgment that matter most. The amount of learning that students learned about facts, theories, application and problem-solving and communication skills depends more on clinical instructor's competency in the matter of lesson delivery (Yanhua and Watson, 2011). At present, students are no longer simple but complex Today outside school, students are treated on computer games, counter strikes, robotics, remote control toys, dolby sound movies and others. In the classroom, students are expecting the same. As such, clinical Instructors are expected to be modern, innovative, student-centered and less bossy. These are how modern students perceived a competent clinical instructor.

There is a huge amount of frustration and dissatisfaction with existing methods of formal clinical instructor performance evaluation and appraisal Regardless of whether the approach is based on rating scales, competency assessment, objectives, key performance indicators, or other performance standards, rankings, 360-degree feedback, or the balanced scorecard, the problem appears to be the same (Garside and Nhemachena, 2013). While they all appear to work well enough in theory, to a greater or lesser extent they all tend to fail in practice. They just don't seem to measure up to the expectations that administrators, academic deans, department chairs, and institutions alike have for them. This appears to be the case even when the implementation of a given method is well managed and accompanied by proper training on how it should be used.

The problem is not limited to formal clinical instructors' performance evaluation and appraisal systems. Institutions encourage, even urge, their department chairs to talk informally with their teachers about their performance on an on-going basis. However, this rarely happens. Moreover, even if it does occur, the discussion itself and the results it achieves are often less than ideal. Despite our best efforts to date, department chairs still report that they are uncomfortable giving feedback and discussing performance with their clinical instructors, especially if poor performance is a factor (Jervis and Tilki, 2011). Consequently, they avoid the situation, or fudge the facts, whenever possible. The reasoning behind formal or informal clinical instructors' performance evaluation and appraisal is laudable; however, the methods currently used do not achieve the results wanted (Eleigil and Sari, 2008). The bottom line is that open and honest communication remains elusive. The problem is real and pervasive and every organization seems to be struggling with it.

While it is difficult to quantify the negative effect that such a problem must have within an organization, but all knows that it is probably staggering performance evaluation, regardless of whether it is done formally or informally, only about 10 percent of the supervisory population have a natural ability to discuss performance with their clinical instructors in an effective way (Huntly, 2010). Since it is likely that this population follows a normal statistical distribution, it means that, for the remaining 90 percent of supervisors, giving feedback and discussing performance with clinical instructors remains a task that is easier said than done. This appears to be the case regardless of whether or not they have previously received any training in how to do it properly.

Aside from the obvious negative consequences that a problem of this magnitude has on the institution's productivity, the costs on a human level in terms of low morale and poor motivation may be equally devastating (Kelly, 2006) While this cost is not necessarily quantifiable, it is definitely reflected in the bottom line. Not being open and honest with clinical instructors about their performance, how they are perceived by management, and what such a perception means for the future, raises some important moral and ethical questions around an organization's responsibility for, and often-stated commitment to, developing clinical instructors' competency (Hanson and Stenvig, 2013). In the light of the aforementioned background of this study, the researcher attempted to delineate the levels of competency of clinical instructors at the College of Nursing in a state university.

2. Methodology

The present study is a systematic inquiry where the independent variables cannot be directly controlled since manifestations have been acquired before or they are in themselves manipulable. As called for by the nature of the research problems, the descriptive survey method was used. As we all know the descriptive method is an appropriately designed tool in investigating and gathering information about the present existing conditions. The principal aims in employing this method is to describe the nature of a situation as it exists at the time of the study and to explore the causes of particular phenomena (Rush et al., 2013). A descriptive approach consisted of gathering of new sets of information, analyzing, summarizing and interpreting along certain lines of thoughts for the pursuit of specific

purposes. This is complemented by library resources. According to an authority, descriptive method is a research methodology used to discover facts which professional judgment could be based.

Samples were selected randomly, so variables were not controlled. The subjects are of different characteristics. This study involves the students and Clinical Instructors at the College of Nursing of the Bataan Peninsula State University. Among the two thousand (2000) nursing students of the Bataan Peninsula State University, three hundred fifty (350) students who are officially enrolled in the College of Nursing and Midwifery and sixty-five (65) Clinical Instructors who are actually either full time or part time faculty members in the college during the conduct of the data gathering were chosen as respondents. This was obtained with the use of the Slovin's formula, a kind of statistical tools used in determining the actual size of samples within the given population (Field, 2014). Notice that the student respondents are bigger as compared to that of the clinical instructors.

Frequency and percentage were used to answer Part I of the questionnaire which was done to describe the profile of the respondents in terms of some selected variables. Ranking was also used as another descriptive statistics for the different sizes and magnitudes of the weighted mean. It was used to describe the positional importance of the items discussed. Since the responses of the groups were assigned points, the weighted mean was used as a measure of central tendency. To test the significant difference between the assessments of the two groups of respondents on the level of competency of clinical instructors, the t test was used. It is a statistical test that allows you to compare means of two groups (Field, 2014).

3. Results

It can be deduced from Table 1 the profile of the respondents in terms of age, gender and year level. The table only shows the majority frequency and percentage among the student-nurses.

Table 1: Personal Profile of the Student-Nurses

Personal Profile	Frequency	Percentage
Age (18 years old)	113	32%
Gender (Female)	301	86%
Year Level (Second Year)	115	33%

It can be shown from the table that majority of the student-nurses or 113 out of the 350 or 32% are 18 years of age. This is the ideal age of students who are enrolled in a baccalaureate degree. As for the gender, majority of the student-nurses who are enrolled in the program are female or 301 out of 350 (86%). This proves the long-standing condition of the nursing program as a female-dominated profession. While all year levels are equally represented in the study, there is a big number of student-nurses who are in their sophomore years or 115 out of 350 (33%).

Relative to Table 1, the personal profile of the clinical instructors were revealed in Table 2. When it comes to age, majority of the respondents or 27 (42%) out of 65 are within the age range of 26 years old to 30 years old which means the clinical instructors are young and are in early adulthood stage. Most of them are females (46 or 71%) which is not surprising since female nursing graduates usually outnumbered the male while a big majority are married (43 or 66%). As to the highest educational attainment, most clinical instructors are presently taking their master's degree (38 or 59%). The master's degree is a requirement for permanency as well as for teaching in the higher education institution. Finally, majority of the clinical instructors have already rendered at most 5 years in service (31 or 48%) as a faculty member of the college.

Table 2: Personal Profile of the Clinical Instructors

Personal Profile	Frequency	Percentage
Age (26 years old to 30 years old)	27	42%
Gender (Female)	46	71%
Civil Status (Married)	43	66%
Highest Educational Attainment (with MA units)	38	59%
Years in Service as Teacher (5 years and below)	31	48%

Table 3 presents the level of competency of clinical instructor in terms of planning and preparation, communication and interaction, teaching for learning, managing the learning environment, and assessment of student learning based on the perception of the student-nurses.

Table 3: Student-Nurses' Assessment on the Level of Competency of Clinical Instructors

Level of Competency	Mean	Descriptive Rating
Planning and Preparation	3.74	Above Expectation
Communication and Interaction	3.87	Above Expectation
Teaching for Learning	3.79	Above Expectation
Managing the Learning Environment	3.86	Above Expectation
Assessment of Student Learning	4.00	Above Expectation
Mean Average	**3.85**	**Above Expectation**

It was revealed in the study that the level of competency of clinical instructor in terms of planning and preparation (3.74), communication and interaction (3.87), teaching for learning (3.79), managing the learning environment (3.86), and assessment of student learning (4.00) based on the perception of the student-nurses was all above expectation. In general, it was revealed that the level of competency of clinical instructor was above expectation as revealed by the mean average of 3.85.

Table 4 presents the level of competency of clinical instructor in terms of planning and preparation, communication and interaction, teaching for learning, managing the learning environment, and assessment of student learning based on the perception of the clinical instructors themselves.

Table 4: Clinical Instructors' Assessment on their Level of Competency

Level of Competency	Mean	Descriptive Rating
Planning and Preparation	3.98	Above Expectation
Communication and Interaction	3.97	Above Expectation
Teaching for Learning	4.00	Above Expectation
Managing the Learning Environment	4.16	Above Expectation
Assessment of Student Learning	4.12	Above Expectation
Mean Average	**4.05**	**Above Expectation**

It can be deduced from the table that the level of competency of clinical instructor based on their perception was above expectation as revealed by the mean average of 4.05 which is slightly higher than the perception of the student-nurses. Likewise, it was revealed in the study that the clinical instructors perceived their level of competency in terms of planning and preparation (3.98), communication and interaction (3.97), teaching for learning (4.00), managing the learning environment (4.16), and assessment of student learning (4.12) bas above expectation.

Table 5. Significant Differences between the Assessment of Student-Nurses and Clinical Instructors in the Latter's Level of Competency

Competency Indicators	Average Weighted Mean		Mean Diff.	SD_x	Computed t-value	df	Decision
	Student-Nurses	Clinical Instructors					
Planning and Preparation	3.74	3.98	0.24	0.02	12.1 (2.145)	14	p< .05 Significant
Communication and Interaction	3.87	3.97	0.10	0.01	7.14 (2.179)	12	p< .05 Significant
Teaching for Learning	3.78	4.00	0.22	0.07	3.14 (2.038)	28	p< .05 Significant
Managing the Learning Environment	3.86	4.16	0.30	0.01	30.00 (2.447)	14	p< .05 Significant
Assessment of Student Learning	4.00	4.12	0.12	0.00	24.00 (2.447)	6	p< .05 Significant

Table 5 shows the summary of values showing the results of t-test for the significant difference between the student and clinical instructor respondents' assessment on the level of competency of clinical instructors with respect to the different clinical instructor competency indicators. Testing the hypothesis of no significant difference between the assessments of the two groups of respondents on the level of competency of clinical instructors, it obtained a computed t-values of 12 1 for planning and preparation, 7.14 for communication and interaction, 3.14 for teaching for learning, 30.0 for managing the learning environment, and 24.0 for assessment of student learning at 5 % probability level in their corresponding degrees of freedom. Hence, all the computed t-values are all greater than the tabular values. Therefore, the null hypothesis of non-significance of difference is rejected. Therefore, there is a significant difference on the assessment of the student-respondents and clinical instructor-respondents on the level of competency of clinical instructors at the College of Nursing of the Bataan Peninsula State University in terms of planning and preparation, communication and interaction, teaching for learning, managing the learning environment, and assessment of student learning.

4. Discussion

Findings showed that the level of competency of clinical instructors in terms of planning and preparation was found to be above expectations in the eight planning and preparation indicators. It implies that most of the clinical instructors used information about students to plan and organize instruction to accommodate differences in developmental and individual needs. Furthermore, most of them uses knowledge of students' needs, interests, and experiences, and specifies content materials and media for lessons. Perhaps, because clinical instructors gain mastery on integrating knowledge from several subject areas as manifested in their specific and selective teaching procedures for lessons (Davis, Taylor and Reyes, 2014). Also, the assessment of the student respondents on the level of competency of clinical instructor in terms of communication and interaction revealed to be above expectations in the seven communications and interaction indicators. It implies that clinical instructors provide opportunities for students to cooperate, communicate, and interact with each other to enhance learning and listens to students and demonstrates interest in what they are saying by responding appropriately. Furthermore, clinical instructors communicate high expectations for learning to all students and build and sustain a classroom climate of acceptance (O'Connor, 2014).

On the other hand, findings showed that the level of competency of clinical instructors at in terms of teaching for learning found to be above expectations in the fifteen teaching for learning indicators. It implies that clinical instructors give timely feedback on academic performance and discusses corrective procedures to be taken and adjusts strategies in response to learner's feedback and encourages students to expand on and support their responses (Sudh, 2013). Furthermore, clinical instructor projects enthusiasm for teaching and learning and gives directions appropriate for carrying out instructional activities as well as concrete examples to clarify when necessary, aside from appropriate questioning to identify misconceptions or confusion in order to enhance student learning. The same can be said about the level of competency of clinical instructors in terms of managing the learning environment which was found to be above expectations in the eight managing learning environment indicators. It implies that clinical instructors attend to organizing time, space, activities, and materials to provide equitable engagement of students in productive tasks, analyzes the classroom environment and makes adjustments to enhance social relationships, student motivation, and learning. Perhaps, because clinical instructors are able to established efficient routines for procedural tasks in order to achieve a positive interactive learning environment (Toelke, 2012).

Data also showed that the level of competency of clinical instructors in terms of assessment of student learning found to be above expectations. It implied that clinical instructor encourages students to assume responsibility for learning and to engage in self-evaluation, maintains records of student work and performance and communicates student progress to students, parents, and colleagues. Perhaps, because clinical instructors always communicate and discuss their assessment criteria and performance standards to their students and uses different varieties of formal and informal performance assessments (Gaberson, Kathleen and Oermann, 2010).

Meanwhile, findings showed that the level of competency of clinical instructor in terms of planning and preparation found to be above expectations in the planning and preparation indicators based on their own assessment. It implied that clinical instructors specifies or selects materials and procedures for assessing learner progress and uses information about students to plan and organize instruction to accommodate differences in developmental and individual needs, Perhaps, because clinical instructors uses knowledge of students' needs, interests, experiences, and planned lessons that will integrate knowledge from several subject areas (Zygmont and Schaefer, 2006). In terms of communication and interaction, the clinical instructors rated themselves as above expectations in the seven communications and interaction. indicators. It implies that clinical instructors establish relationships with parents and guardians, communicates high expectations for learning to all students, and listens to students and demonstrates interest in what they are saying by responding appropriately. Perhaps, because clinical instructor builds and sustains a classroom climate of acceptance, encouraging creativity, and inquisitiveness (Badran, 2014).

Additionally, the level of competency of clinical instructors in terms of teaching for learning was found to be above expectations in the seven teaching for learning indicators. It implies that clinical instructors projects enthusiasm for teaching and learning, adjusts strategies in response to learner's feedback, and encourages students to expand on and support their responses. Perhaps, because clinical instructors always give directions appropriate for carrying out instructional activities and uses concrete example to clarify when necessary (Sabog, Caranto and David, 2015). The clinical instructors also rated themselves above expectations in terms of managing the learning environment. This means that clinical instructors monitor students' participation and interpersonal interactions in learning activities, establishes efficient routines for procedural tasks and delegates to students, and applies the principles of effective classroom management using a range of strategies to promote cooperation and learning. Perhaps, because clinical instructor utilized individual and group responses to pace learning and attends to organizing time, space, activities, and materials to provide equitable engagement of students in productive tasks in order to achieve a positive interactive learning environment. Finally, findings

showed that the level of competency of clinical instructors in terms of assessment of student learning was found to be above expectations in the four assessments of student learning indicators. It implies that clinical instructors communicate assessment criteria and performance standards to the students, maintains records of student work and performance and encourages students to assume responsibility for learning.

5. Conclusion and Recommendation

In view of the findings of the study, it was concluded that the majority of the student-nurses belong to the 18 years old bracket and female second year nursing students. On the other hand, majority of the clinical instructors belong to the 26-30 years old bracket, married, female, and already earned their masteral units, and have been serving the public through the teaching profession for more than a year. The efficiency of clinical instructors, as assessed by the student-respondents, were rated above expectations in terms of planning and preparation, communication and interaction, teaching for learning, managing the learning environment, and assessment of student learning. As assessed by the clinical instructor-respondents, the efficiency of clinical instructors was above expectations in terms of planning and preparation and communication and interaction, and excellent in terms of teaching for learning, managing the learning environment, and assessment of student learning. Testing the hypothesis of no significant difference between the assessments of the two groups of respondents on the level of competency of clinical instructors, it obtained computed t-values greater than the tabular values. Therefore, the null hypothesis of non-significance of difference is rejected. Hence, there is a significant difference on the assessment of the student-nurses and clinical instructors on the level of competency of the latter in terms of planning and preparation, communication and interaction, teaching for learning, managing the learning environment, and assessment of student learning.

In the light of findings and conclusions of the study, it was recommended that clinical instructors should understand how to look into themselves and become aware on the significance of planning and preparation, communication and interaction, teaching for learning, managing the learning environment, and assessment of student learning. They should also know themselves more fully in order for them to overcome the difficulties involves in planning and preparation, communication and interaction, teaching for learning, managing the learning environment, and assessment of student learning. They should likewise develop a deep sense of responsibility and self-confidence and trust for others and at the same time seek ways in improving their weakness or share what they think they excelled. Also, Nurse Supervisors, Department Chiefs, and Academic Deans must design a well balance scheduling to assure quality services. Clinical Instructors, Department Chairs, and Academic Deans should cooperate in the coordination of effective teaching strategy in line with the institution mission and vision. Clinical Instructors must be given insights into the best position to assume the role of a psychological educator. Finally, further studies of the same nature are highly encouraged to strengthen the efficiency of clinical instructors.

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