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Clinical Instructors' Role Perception and Inter-Role Conflict

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September 2018

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INTRODUCTION

This study deals with the issue of clinical instruction roles in nursing, and the inherent conflict found in the multiplicity of clinical instruction roles. The researcher is a registered nurse, who has been practicing for the past 10 years. She has a bachelor's degree in nursing, a master's degree in health systems management; a clinical instructor and coordinator of child care in a nursing school for the last 4 years. In her role, she is a pediatric clinical instructor in a hospital in the north of Israel, and in contact with clinical instructors in other hospitals to which she assigns students to field experience in the child field.

According to Schatz-Oppenheimer, MaskitandZilberstrom (2011), intra-role conflicts and tensions derive, among other things, from contradictions in the nature of the role. The role of a clinical instructor is to provide support and assistance to students in the process of their adjustment, provide feedback, be responsible for developing students' knowledge and skills, create learning opportunities (developing role) on the one hand; and on the other hand, their role is to supervise the quality of care given by students, carry out formative assessments during and after their training, give grades that reflect their achievements, and in fact seal students' fates. While clinical instruction is considered a key component in nurses' learning process, studies conducted in the field of nursing education have shown a decline in willingness to act as clinical instructors. The aim of this research is to present, describe and lay out the inherentconflict in the role of nursing clinical instructors. The research set the goal of developing a model that will explain the inherentconflict in clinical instruction and provide tools for and help clinical instructors in their role and as such increase levels of willingness to act as nursing clinical instructors in nursing.

Research Aims

General research aim

To develop an analytical model of clinical instruction role perception in nursing.

Subsidiary research aims

1. To examine issues regarding clinical instruction roles in nursing.
2. To examine the inherent conflict resulting from multiple clinical instruction rolesin nursing.

Research Questions

1. What various roles can be identified within the role perception of clinical nurse instructors?
2. What conflicts might arise as a result of multiple roles of clinical instructors in nursing?

Gap in Knowledge

Not enough knowledge exists in the field of clinical instruction with regard to inherent conflicts between the different roles of clinical instructors: the teaching-evaluation role and the professional-nursing role.

The Importance of the Research

- Increase awareness of clinical instruction in nurse training processes.
- Increase response to compliance in clinical instruction both by clinical instructors and nursing ward managers.

Research Background

Nursing education is a multi-layered process that includes didactic and clinical instruction. While the didactic theoretical component covers facts, theory, and research studied in the classroom, the clinical component prepares students for lifelong learning practice by providing experiential learning opportunities. The clinical learning environment enables students to integrate nursing theory, practice, and research while assimilating in nursing culture. In the clinical framework, students are considered traineesled by clinical instructors. Clinical instructors have a vital role

to play: teaching students to prioritize clinical tasks while fostering flexibility and problem-solving skills.

Clinical instruction constitutes a methodical learning process, that is meant to assist learners fulfill their roles effectively, by instilling knowledge and skills, new attitudes and behaviors, instruction includes directed learning activities through which learners integrate into nursing actions by meeting needs of patients (Haukenes&Mundt,1983).

Nursing schools (AACN, 2008) describe the clinical practice environment in nursing as a "baptism of fire." During the clinical experience, students engage in real and direct treatment of patients, clinical instruction takes place in an authentic hospital environment in the real world. The "baptism of fire" places nursing students in a dynamic environment, where the pace of events is rapid and unpredictable. Several factors make these environments unpredictable: the complexity of the health service process, patients with many chronic and acute health problems, the number of patients that exceeds that of nurses, which requires nurses with excellent time management skills, and lack of socialization of students to the unit. Students depend on their instructors to integrate them into the hospital environment to guide them according to clinical instruction expectations, to help them in their socialization to the nurses' role. For these reasons, clinical instructors have a vital role to play in nurse education.

In Israel, clinical instructors work in hospital wards. In addition to being employed by the Ministry of Health as nurses, as clinical instructors theyare employed by the nursing school and at certain times during an academic year, the nursing school sends students to various wards: surgery, orthopedics, pediatrics, internal medicine, emergency medicine etc. A ward's clinical instructor is responsible for the planning and implementation of teaching while providing experiential learning opportunities, as well as for assessing students' performance. Clinical instructors must adhere to the syllabus issued by the nursing school and to the goals and objectives of the clinical experience. The nursing school's coordinator make sure to submit clinical goals of the experience to clinical instructors and is in constant contact with them during the process.

Clinical nurses are overloaded and carry out a number of roles simultaneously. In addition to being clinical instructors in charge of students' learning and success

(between 4 and 6 students per clinical experience), they are part of the nursing staff and treat patients as well as carry out routine ward tasks.

In addition to being responsible for the guidance and success of a number of students, clinical instructors feel that their responsibilities for and expectations of them are numerous, and they experience difficulty in carrying out two or more roles simultaneously, and in turn, this creates role ambiguity and role conflict.Research carried out at the University of California, Berkeley showed that even positive working conditions such as success, reward, positive work relationships were linked to burnout among nurses in a large sample, as well as negative working conditions such as conflict, overwork and responsibility for people (Stein, 2016).

CHAPTER I: LITERATURE REVIEW

The literature review chapter reviews various theories and studies in important areas underlying the research. The first part of the literature review deals with sociological aspects of clinical instruction, strengths perspective theory, role theory, role conflict and role ambiguity, and the perception of the role of clinical instruction.The second part of the review deals with aspects of instruction: definition of the term, what is effective training, what are instructional styles and what are learning styles according to McCarthy's four learner types (4MAT) model. The third part presents a historical overview of the development of the nursing profession, describes the contribution of Florence Nightingale, "The Lady with the Lamp" and the theory she developed. The fourth part integrates the first three parts and deals with clinical instruction in nursing, defining the concept, the roles and responsibilities of a clinical instructor, the goals of clinical instruction in nursing, as well as role conflict and ambiguity among clinical instructors.

Key concepts in this research: instruction, nursing, clinical instruction in nursing, clinical instructors' multiple roles, conflict in clinical instruction in nursing

Sociological Aspects in Clinical Instruction

The clinical experience enables students to apply the theory they learned in class to the real world, in an environment where they receive instruction and feedback. The relationship between the clinical instructor and the student is an essential factor in the

clinical experience in which instructors provide students with guidance and serve as role models. In many cases, the clinical teaching experience is a positive process for all involved parties, making it easier for students to learn and grow. The clinical instructors' task is to help students identify their strengths and use these strengths to reach the institution's teaching goals, and their own learning goals (Cederbaum&Klusaritz,2009).The perspective of strengths theory is based on assumptions that every person is capable of change and that learning occurs through reflection on change, irrespective of the question whether change was effective.

Empowerment is a central component in the strengths perspective, and the approach focuses on identification and use of strengths and resources in order to solve a problem and bring about change (Cox, 2001; Saleebey, 1996, 2000). The characteristics, abilities and behavior of an individual are unique, and therefore, awareness of one's strengths requires observation, listening, and understanding. In relation to practice, the strengths perspective is emphasizedin terms of discovering, confirming and improving capabilities, and an individual's interests, knowledge, resources and aims. This framework assumes that additional strengths increase the likelihood that individuals will understand the goals they set (Saleebey, 2000, 2002).Thestrengths perspective serves as a social practice and is studiedin social work programs (Cederbaum&Klusaritz, 2009).

Role Theory, Role Conflict and Role Ambiguity

Instruction practice includes complex, tense processes, some of which are the result of conflicts arising from the diverse needs of clinical instructors (Schatz-Oppenheimer et al., 2011).

Role Theory deals with people's behaviors in their social reciprocal relationships. The theory expresses various aspects of human behavior: individuals' expectations and expectations of others (role perception), the correspondence between an individual's expectations and the performance of their role, and the manner in which people learn to perform their roles (role behavior) (Yitzhaki, 2003).

Role Theory deals with the congruence and gap between individuals' expectations and those of the environment with regard to roles that individuals fulfill in an organization. The term role is defined as a person's duties in their permanent

framework.Roleperception reflects individuals' perceptions or personal understanding of the contents and ways of performing their role (Getahune, 2001.

Role theory illustrates how behaviors are often related to expectations of co-workers and management. This is likely to carry expectation that are neither consistent nor clear, which is likely to lead to role conflict and role ambiguity.

Role ambiguity encompasses uncertainty with regard to what a role holder should do, because leadership does not reflect its expectations and does not disclose information about the duties related to the role (Katz & Kahn, 1966). Ilgen and Hollenbeck (1991) defined role ambiguity as uncertainty or ambiguity regarding expectations of a particular role (Carpenter &Lertpratchya, 2016).

Role ambiguity of clinical instructors in nursing can be created when a clinical instructor serves both as a student instructor and a staff nurse in the same shift and must meet the expectations of the students and the nursing school, as well as the expectations of the nurse's department and the patients. This creates uncertainty with regard to expectations of the role.

Nursing

Model of Clinical Practice in the Development of Nurses' Work

Benner (1984) investigated the practice of clinical nursing in an attempt to discover and describe the hidden knowledge in applied nursing, in other words, the knowledge that has accumulated over time in a specific area (Tomey&Alligood, 2006).Benner contributed much to describing the knowledge of applied nursing. She argued that practical knowledge can expand or develop theory before scientific formulae

Benner's fromNovice to Expert Model in Clinical Practice

Benner (1984) developed a five-stage model of the process that nurses go through from being novices (nursing students) to experts. From this model, it emerges that nurses can go through these stages of expertise in patient care and gradually improve as a result of their practical nursing experience.

Table 5.I. *Benner'sfrom Novice to Expert Model: stages of development in nursing.*

Stage	Title	Role characteristics
I	Novice	• No experience carrying out tasks. • Carries out basic skills such as measuring blood pressure, temperature, etc. • Requires rules and guidelines such as how to carry out patients' balance of fluids. • Ability to use professional considerations and judgements at a starting level.
II	Advanced Beginner	• Ability to demonstrate marginal implementation. • Can cope with real situations and understands recurring significant circumstances.
III	Competent	• Has worked for 2-3 year in the same area. • Possess conscious and abstract thoughts about patients' problems identified and defined. • Aware of long-term aims. • Develops higher awareness of planning by analyzing own actions and thus is more efficient. • Ability to cope with managing the care of a number of cases.
IV	Proficient	• Possess ability to see the whole – holistic approach. • Profound understanding of circumstances and what is important to take into account. • Ability to change care plans as a result of sudden deteriorations in patients.
V	Expert	• Possess a lot of experience. • Operates out of a profound understanding and intuition of circumstances. • Recognizes characteristic patterns for example: "When I say to a doctor, 'The patient is psychotic,' I don't always know how to legitimize that statement. But I am never wrong because I know psychosis from the inside out. And I feel that, and I know it, and I trust it" (Benner, 1984:32).

Multiple Tasks in Nurses' Role

Hospital wards, particularly emergency wards, constitute unpredictable systems with an uncontrolled workload and high information intensity.If we add to all complex tasks that are time-critical, working in hospital wards is prone to disturbances and requires simultaneous multiple tasks management, meaning multitasking (Chisholm,Collison, Nelson, & Cordell, 2000; Chisholm, Dornfeld, Nelson, & Cordell, 2001; Laxmisan et al., 2007).

Disruptions can be defined as events that distract people from tasks they have toperform (Clyne, 2012; Stephens &Fairbanks, 2012).Studies in the field of neuropsychology indicate that rather than dealing with a number of tasks at the same

time, professionals are capable of making the transition from one task to another rather quickly. In the worst cases, their working memory and performance are affected negatively (Van den Berg, Shin, Chou, George, & Ma, 2012) and lead to cognitive overload(Coiera et al., 2002), which results in stress and low energy. Even in the best cases, multitasking means that tasks are not fully addressed and there is a risk of oversight or hasty, mindless performance (Coiera et al., 2002; Kalisch&Aebersold, 2010; Laxmisan et al., 2007).The negative effects of the combination of disruptions and multitasking pose an increased risk of error, and thus a threat to patient safety (Chisholm et al., 2001; Coiera et al., 2002; Laxmisan et al., 2007).

Clinical Instruction in Nursing

Clinical instruction is defined by Stritter as "the interaction between an instructor and learner which normally occurs in the proximity of a patient encounter, focusing either on the patient or a clinical problem associated with the patient" (1988, p. 98).

The ultimate aim of nursing studies is to allow students to apply theoretical knowledge in the treatment of patients through critical thinking skills and solving patients' problemsand using nursing processes for planning therapeutic nursing interventions and assessing their effectiveness, as well as considering the ethical implications of such interventions and nursing actions and acquiring perspective about the contextual environment of providing care. The ultimate aim of nursing studies is to train students to think critically, communicate accurately and perform nursing interventions, to implement nursing perspectives to clinical decision making and function efficiently as a member of a team in organizational structures that surround the treatment of patients. Clinical laboratories (wards) are where most of this learning takes place (O'Connor, 2015).

Tension, Conflict and Complexity in the Instruction Role

The work of instruction is a complex process, with many tensions and conflicts. Trainees have to get used to new organizational systems, cope with difficulties and emotional challenges, and structure their professional identity. In the meantime, instructors undergo a process of molding their roles (Schatz-Oppenheimeret al., 2011).

Intra-role conflicts and tensions derive, among other things, from contradictions in the character of the role. Fundamental tensions in instruction processes are found both in instructors and students, and they affect their professional development in parallel

CHAPTER II: METHODOLOGY

This research addresses the topic of clinical instructors' role perception regarding issues of involvement in clinical instruction in nursing within the inherent conflict between the multiple clinical instruction roles.

This chapter defines the research approach and explains the use of quantitative and qualitative research as mixed methodsresearch and discusses the researcher's role and involvement.

The research design section describes and explains considerations in designingthe current research and how it was constructed, including the reasons for choosing the data collection methods, showing how the two-stage research design helped to build the knowledge base for research and its adaptation. Each method is described and explained in detail. This chapter also describes the research population sampling method. In addition, a critical description of the research methods is presented, and the ethical considerations that guarantee the privacy and safety of the participants are explained. This chapter also serves as a framework for analysis methods. This research used in-depth interviews and questionnaires

Research Paradigm

This research adopted the mixed-methods approach to reach a profound understanding of the factors involved in the inherent conflict of clinical instruction in order to develop a model that will provide guidelines for work processes and thus will decrease instructors' tension and conflicts, increase willingness to engage in clinical instruction and create an effective instruction process of both instructor and students.

The Qualitative Approach in This Research

The qualitative section of this research deals with clarifying attitudes and raising issues with regard to conflicts in clinical instruction as expressed by nurses engaged in clinical instruction.

Qualitative research focuses on the human experience, of people and society in their natural surroundings. This research seeks to understand how people experience their world and the meanings they attribute to different situations and phenomena and their various attitudes towards them. The main goal of qualitative research is to capture the human experience as it is perceived and experienced by each participant. To reach this goal, the researcher carries out an in-depth examination of the researched system and examines phenomena, behaviors, events and situations that will help them reach complex and implicit insights that refer to people's beliefs, behavior patterns, feelings and thoughts ("Essence of Qualitative Research", n.d.).

In this study, the first qualitative part sought to achievea detailed review: to find out how clinical instructors perceive their role, their attitudes, the roles included within the instruction role, and the difficulties and conflicts that hinder their work as clinical instructors. The second partof the research, the interviews, sought to clarify connections between variables in the qualitative approach. The aim was to examine individuals in their natural surroundings

The Quantitative Approach in This Research

To get a broad picture from a larger population and reinforce the findings, it was decided to use quantitative methods in the second stage of the research, by administering a closed-ended questionnaire to clinical instructors. The questionnaire was developed specifically for the purpose of this research.

A quantitative research method is a means of emphasizing empirical measurement of data. This method is primarily based on statistical or numerical methods of gathering quantitative knowledge and its data to map, analyze, and even predict processes, phenomena and patterns. The principal quantitative research tools in the social sciences are various types of questionnaires distributed to many participants to reach conclusions and meaningful insights. Use of qualitative research methods is based on a comprehensive worldview that suits researching people and their complexities and uniqueness (Bar-Ziv, 2009).

The current research used a closed-ended questionnaire which was administered to 48 clinical instructors. Their answers were typed onto an Excel table and examined

statistically, to achieve empirical measurements of the data, identify correlations between variables, and draw conclusions.

Research Design

Stage	Aim	Research population	Research tools	Data analysis methods
Stage 1: Qualitative research	Examine issues that pertain to difficulties and conflicts in clinical instruction	10 nurses – clinical instructors	Semi-structured interviews	Content Analysis
Stage 2: Quantitative research	Examine the conflicts – solution-promoting and solution-hindering processes	48nurses – clinical instructors	Closed-ended questionnaire	Statistical Analysis
Stage 3: Qualitative research	Provide in-depth interpretation to quantitative findings	3 Senior clinical instructors' coordinators	Semi-structured Interviews	Content Analysis

Research Population Profile

In the first qualitative research part, interviews were conducted with tenclinical instructors, all of whom were women, from diverse ethnic backgrounds, who work in a large hospital in northern Israel, in various wardsAll clinical instructors have bachelor's degrees, have taken clinical instruction courses, most of them (6 out of 10) have taken advanced courses in various areas (specializing in a specific area). All clinical instructors serve as ward nurses in addition to their instruction role. Seven of them also have an additional management role (head nurse, shift supervisor) as described in the table summarizing the research population profile (Table 7.II).

In the quantitative part, 48 questionnaires were administered to clinical instructors,

Research Tools

Qualitative Research Tools in This Research

qualitative researchers investigate things in their natural surroundings, attempt to find meaning in or interpret phenomena in terms that people use (Creswell, 1998). Qualitative research includes gathering and using empirical materials – case studies, personal experience, introspection, life stories, interviews, observations, history, reciprocal relations and visual texts – that describe routine and problematic moments and their meaning in individuals' lives (Creswell, 1998).

In the first qualitative research part, I used in-depth semi-structured interviews. First, I conducted three pilot interviews to see if there were problems or difficulties with particular questions, and whether the language was clear.

In the second qualitative part, structured in-depth interviews were conducted with three senior clinical instructors' coordinators.

Quantitative Research Tools in this Research

When collecting quantitative data, research tools are used to measure research variables. These tools are measuring tools, observations or documentation of quantitative data. Tools are survey questionnaires, standard tests and notes that can be used for observations of teachers or students' behaviors. The researcher uses these tools to collect numerical data(Creswell, 2002). In this research, a closed-ended questionnaire that included 33 statements on a Likert scale was developed especially for this research.

Data Analysis

Qualitative Data Analysis: Content Analysis

This researchmade use of content analysis to analyze qualitative data obtained from the participants.According to the literature, qualitative research approaches strive to find subjective meaning, their principal aim is not to examine hypotheses, but to examine and reveal meanings as identified by participants. Qualitative researchers produce common meanings from participants' data in order to collect many subjective descriptions. The research focus is generally on words, texts and pictures, in contrast

to collecting numerical statistical data, and uses language focused on variables with the purpose of confirming research hypotheses.

Quantitative Data Analysis: Statistics

This research used statistical tools to analyze the data from the quantitative part. The data were typed into an excel sheet and imported to SPSS software for data processing and statistical testing.

Triangulation, Reliability, Validity and Generalizability

Triangulation is described as using a variety of methods, principally qualitative and quantitative methods, to investigate the same phenomenon in order to increase a study's reliability. Triangulation is a combination of two or more methodological approaches, of theoretical aspects and knowledge sources, of researchers and analysis methods in the same research of the same phenomenon. When we combine approaches, it is possible to neutralize the weaknesses of each method and strengthen the advantages of another in order to attain better research results. That is, in order to benefit from the advantages of two paradigms and limit the disadvantages of each of them (Hussein, 2009).

This research used methodological triangulation: qualitative research, and quantitative research. Different research toolswere used: interviews and a closed-ended questionnaire to reaffirm the findings. Finally, semi-structured interviews were conducted with clinical instructors' coordinators in a hospital in central Israel, so as to reach better research results. Furthermore, theories from the field of nursing and sociology were also used.

Reliability

In its traditional sense, reliability means the probability of reaching the same results upon repeating the research.Ifa research is reliable, other researchers who repeat the same research processes will be able to achieve the same results (Yin, 1994). In other words, reliability is the extent to which a research process yields the same results at any time and in any place whereit is implemented (Shkedi, 2003).

Validity

Validity determines whether a study really examined what it intended to study. In other words, do chosen research tools allow researchers to achieve the research aims (Golafshani, 2003).

Generalizability

Generalizability is the ability to transfer research results to other contexts andpopulations.

Since triangulation was used in this research by combining qualitative and quantitative research, the qualitative part provides validity and the quantitative stage provides reliability, thus, the research findings allow generalization onto a population.

CHAPTER III: FINDINGS

Qualitative Findings Emerging from Research Question 1: What Various Roles Can Be Identified within the Role Perception of Clinical Nurse Instructors?

Findings Emerging from Interviews with Clinical Instructors

Theme I: Clinical Instruction Roles

Categories of Theme I– 'Clinical Instruction Roles'.

Category	Quotes
Instruction	*"We start talking about all kinds of general physiological changes in pregnancy and then touch upon pathophysiology after the physiology is clear, and the whole subject of the monitor is very weak, reading a monitor, what is a monitor, bringing them strips, sitting reading them together, trying to study strips together."*
Mentoring	*"Orientation in the ward. I begin by going over the file with them, routine work. We sit at the beginning of the day, coordinate our expectations, and at the end of the day we sit and go through what went on."*
Education	*"I educate them for values."*
Mediation	*"One of my roles is also to mediate between what is going on in the ward between the field and what they know, their 'baggage', what they bring with them, as if to connect things."*
Coaching	*"If a student is weak, I sit with him every day, every day we go over it, I like talk to him in real time, what went on today and what could be improved."*

Findings Emerging from Interviews with Senior Clinical Instructors' Coordinators

Theme I: Clinical Instruction Role

Category	Quotes
Developmental mentor roles	*"…must accompany the students from the first day and lead them towards reaching the experience's roles…help them, of course."*
Instructional mentor roles	*"The clinical instructor is expected to lead them to the right materials that they have learnt, ask them relevant questions based on what they have learnt, I want the instructor to integrate all theoretical materials and what is happening in the ward."*

Perception of the Clinical Instruction Role.

Categories of Theme II – 'Perception of the Clinical Instruction Role'.

Category	Quotes
Collegiality	*"I am covering for a clinical instructor who has a day off. I can ask help from each staff member."*
Accountability	*"I have to get her to a stage where at the end of the road she will be an independent midwife with all the skills and abilities and all midwifery thinking. There is professional independence and you have to be super-professional."*

Quantitative Findings Emerging from Research Question 2: What Conflicts Might Arise as a Result of Multiple Roles of Clinical Instructors in Nursing?

Distribution of respondents' answers regarding reasons that might lead them to quit clinical instruction.

Reason	No.	% of respondents
Multiple roles	28	58.3
Burnout	23	47.9
Conflict between roles	10	20.8
Low level students	4	8.3
Difficulty in writing assessments	4	8.3

Qualitative Findings Emerging from Research Question 2:

Findings Emerging from Interviews with Clinical Instructors

Categories of Theme I– 'Conflict Components' in Clinical Instruction– according to clinical instructors.

Category	Quotes
Multiple Roles	*"If you are a nurse, only a nurse, excellent. If you are only an instructor, fantastic, but together, it's the combination that is a burden."*
Stress and Frustration	*"Inability to cover everything. That means if there aren't enough staff, if I don't have the ability to give the best and most comprehensive care. There's a baby, there's a very complex environment that we have to care for and look after everyone. And when I haven't the ability to give women giving birth everything, I'm frustrated."*
Conflict Between Roles	*"Sometimes I feel as if I'm being torn into small pieces, because everyone has expectations of me. They expect me to be both an instructor and a regular nurse, and sometimes I feel as if everyone is disappointed, when I can't do enough."*
Assessment Versus Instruction	*"I'll hurt him, he is so sweet on the one hand and now I'll be responsible for him not becoming a nurse, and he has already been studying for two, three years and now he has got to his fourth year and now I'm going to stop his studies."*

Findings Emerging from Interviews with Senior Clinical Instructors' Coordinators

Theme II: Conflict Components

Categories of Theme II – 'Conflict Components' in Clinical Instruction– according to clinical instructors' coordinators.

Category	Quotes
Multiple Roles	*"In most cases, a clinical instructor gets six students in most clinical areas. It is very difficult for them, the fact that there are students, but on the other hand, there is no choice, you understand it. Sometimes they get ward assignments and they are part of the staff."*
Writing Assessments	*"It is difficult to write a negative assessment; it is difficult to give negative feedback. Like really. The student has to lean on him until it really is like a feeling of unpleasantness, because what, I will be the evil one. He expects of me…What will he think about me, how will he perceive me and how will I perceive others and what will they say? This place is very, very difficult for clinical instructors."*
Task and Time Management Skills	*"Clinical instructors have another role. They are managers. They manage the experience. Once it is not managed properly and students manage them, it is the most difficult."*

CHAPTER IV: CONCLUSIONS AND RECOMMENDATIONS

V.1 Factual Conclusions

V.1.1 Factual Conclusions Arising from Research Question 1

The findings that emerged from the research show that clinical instruction is perceived as a teaching process at an academic level involving meeting academic standards according to a curriculum developed and dictated by the Ministry of Health. These standards include a structured academic syllabus and providing guidelines and support to students in their academic writing. It also appears that instruction actions are viewed in clinical instruction as a crucial and key process that is meant to promote the personal and professional development of nursing students to become independent in their professional functioning, in that it generally refers to young people who have chosen nursing as their life career. In addition to academic and developmental aspects

from a professional point of view, clinical instruction is viewed as an educational process in which instructors serve as models for values that mold the professional journey and professional personality of nursing students.

Another conclusion arising from the discussion is that clinical instruction is viewed as a mediating process of mediating between theoretical material studied in class and practical work in the wards. As students arrive in the wards without clinical experience and with solely theoretical knowledge, clinical instructors serve as the thread linking material learned in class and the real world, real circumstances of caring for patients. Moreover, it appears that clinical instruction is seen as a mentoring process of providing support, direction and empowering students. Clinical instructors have to guide students to better professional standards in a short period of time so as to maximize their learning process. Another conclusion arising from the discussion is that clinical instruction is viewed as a collegial process requiring mutual support and teamwork among clinical instructors, so as to reach the ultimate common goal – students' success. In addition to collegial responsibility, clinical instruction is viewed as a process with accountability, which includes great responsibility that increases clinical instructors' commitment. The findings also revealed that clinical instruction is seen as a process with developmental training roles including developing students' cognitive and emotional processes. Instructors lead and initiate these processes, which will serve as tools in their professional futures as nurses. Apart from developmental training roles, clinical instruction is seen as a process of teaching roles including teaching academic contents, fulfilling curriculum requirements, and providing quantitative assessment of students according to these goals.

V.1.2 Factual Conclusions Arising from Research Question 2

Conflicts Regarding Multiple Tasks

A conclusion arising from the discussion is that clinical instruction is viewed as a role that entails multiple tasks; for example, each clinical instructor is responsible for a number of students, whom they have to teach, train, mentor, educate, etc. Additionally, during the same shift, they are counted as nurses on duty responsible for the care of a number of patients, and may also have other duties, such as being in charge of a shift. These multiple roles constitute a key cause of conflict and result in work overload and tension for clinical instructors due to the heavy responsibility on

their shoulders. Moreover, clinical instruction in nursing is perceived as a cause of conflict linked to stress and frustration as a result of the multiple roles, a feeling that there are not enough staff members to share tasks, and insufficient time to deal with the complex environment of patients and meet the needs of students, creates tension and overload and enhances conflict among clinical instructors. In addition to the aspect of multiple roles, clinical instruction in nursing is seen as a cause of intra-role conflict as a result of clinical instructors' inability to meet the many expectations arising from the nature of their role, students' expectations of effective and inspirational instruction, nursing schools' expectations that they meet instruction goals, ward teams and head nurses' expectations that they carry out the responsibilities of the routine functions, and patients' expectations of devoted care.Another conclusion arising from the discussion is that clinical instruction in nursing is portrayed as causing conflict related to writing assessments expressed by emotional dissonance and discomfort, tension and feeling disingenuous. Clinical instructors find it difficult to seal students' fate, to provide negative assessments of students and to understand that this will affect and damage their continued nursing studies. A further conclusion deriving from the discussion is that clinical instruction in nursing is viewed as a cause of conflict deriving from an absence of task and time management skills, which is expressed in difficulties with organization, advance planning and setting priorities, thus creating a sense of chaos leading to conflict.

V.2 Conceptual Conclusions

The interpretation of the data gathered for this research shows that, clinical instruction in nursing emerges as a chaotic process brimming with emotional conflicts between the diverse roles seen in perceptions of the instruction role. This interpretation is expressed in an analytical model of clinical instruction role perception in role conflict (Figure 8.V). The model shows clinical instructors in a bi-directional vicious circle. On the one hand, a view of clinical instruction roles includes multiple roles and creates intra-role conflict, and on the other hand intra-role conflict is created as a result of clinical instructors' perceptions of their role as replete with roles.

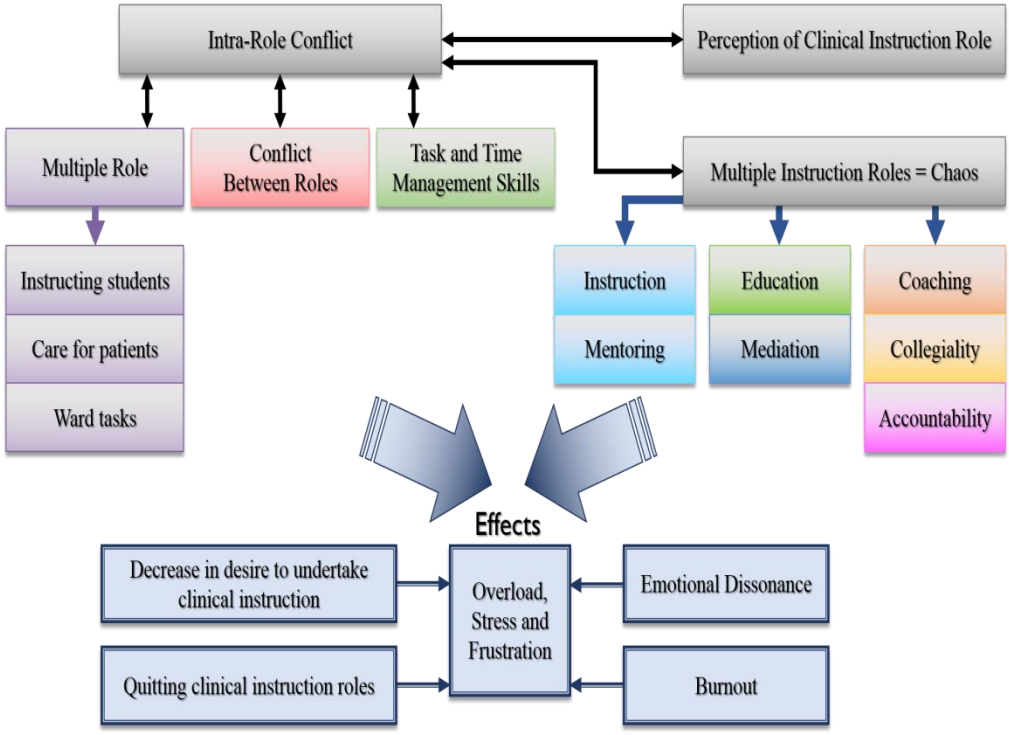
Intra-role conflict is expressed in three areas:

1. Conflict related to performing multiple roles: performing tasks simultaneously such as, training students, caring for patients and in addition, carrying out

tasks linked to ward functionality such as carrying out doctors' orders. Simultaneous occurrence of two or more roles creates conflict, as well as anxiety that responding to one task/role will decrease or prevent any possibility of performing other tasks

2. Conflict between roles, specifically, the development and assessment roles: on the one hand, clinical instructors teach, support, and instill students with skills and knowledge, whereas on the other hand they have to quantify students' achievements, grade and assess them, sometimes negatively. This creates an emotional dissonance that produces conflict.

3. Another conflict is related to the lack of time and task management skills. The clinical instructor has a lack of knowledge / understanding of maximizing the potential of the human resources at their disposal, such asdelegation of roles to other instructors in the department, and to staff members who can assist. In addition, the clinical instructor has difficulty in systemic vision, prioritizing, dividing tasks, which causes stress and conflict.



V.3 Practical Implications: Recommendations for Resolving Conflict

1. To reduce overload, stress and sense of frustration and fatigue among clinical instructions.It can be proposed that whilst instructing students (at defined times during the year), clinical instructors should be targeted solely to their training and should not be counted as members of ward staff, and they should be allowed to concentrate and carry out training in the best possible way.

2. Framework for professional development – one can propose a framework in which clinical instructors will be able to refresh themselves emotionally, and to talk about their sense of stress. A framework in which they can carry out dialogue, discussions between clinical instructors using group instruction. A framework in which they can acquire tools, propose solutions, deal with difficulties and conflicts such as those relating to writing assessments.

3. Alter the status of clinical instructors – to increase recruitment of clinical instructors, to reduce resignations, it is important to empower and strengthen clinical instructors' motivation, to provide status and prestige to the role – both through rank and salary, and certificates of appreciation, so that instructors will feel that their instruction work is a type of calling.

V.4. Research Limitations

This research has a number of limitations.Thefirst limitation refers to the essence of the study. The first part employed qualitative research, which is interpretativeand subjective in nature. In addition, the qualitative research population was limited, including 10 clinical instructors and 3 senior coordinators. However, the interviews with were in-depth interviews from which much information was gathered. The second part of the research employed quantitative research, and data was gathered from 48 closed questionnaires. The limitation in this type of research is that those who complete the questionnaire answer superficially, but nonetheless constitute a larger research population. In order to overcome the limitations of qualitative and quantitative research, mixed method research was employed. According to Bryman (2007), by combining qualitative and quantitative findings, one can create a comprehensive report, which is impossible when using only one method (Östlundet al., 2011).

The second limitation refers to the research tools; social desirability bias exists with semi-structured interviews. Interviewees tell researchers what they think researchers want to hear. To restrict the interviewer's influence on interviewees during interviews, the researcher refrained from any judgmental reactions and as such, contributed to reducing social desirability. Additionally, interviewees are anxious about what they say or who the data will be exposed to, therefore they were reassured that their identity would remain anonymous.

The third limitation was the access to the research population; because interviewees are nurses from hospitals in northern Israel, which is not where the researcher works, she had no previous acquaintanceship with the participants, and in addition they work morning/evening/night shifts and it was difficult to access them and arrange interviews. To overcome this limitation, the researcher received help from the hospitals' research coordinating nurse to arrange meetings for the interviews.

The fourth limitation refers to the researchers' area of knowledge and occupation. Interpretation of what was said is subjective and because of the researcher's role as clinical instructor and coordinator, she is well versed in the field and started with her own agenda; however, this in-depth knowledge provided her with tools and knowledge that enabled interpretation through profound understanding of the research topic.

The final limitation refers to generalizability of the qualitative section; some researchers believe that it is not possible to generalize qualitative findings and see this as a limitation of the method, with a high level of validity, but low level of reliability. Therefore, triangulation was employed as a strategy, including employing more than one method to explore one research question. The goal was to validate this study, which is a mixed method research where the quantitative section increases the level of reliability and thus one can generalize from this study to other populations as long as the context is similar.

V.5 Contribution to Knowledge

The proposed model is based on data and constitutes a contribution to knowledge in the field of clinical nursing. From a theoretical perspective, the model expands knowledge about sociological aspects using role theory (Carpenter &Lertpratchya, 2016) and strengths theory (Cederbaum&Klusaritz, 2009) as well as expanding knowledge on the nursing aspect using Benner's (1984) theory and the theory of Florence Nightingale (Selanders, 2010).

The model was developed by conceptualizing findings arising from this research and therefore it can be said that it is original and innovative. Innovation derives from closing an existing gap in knowledge with regard to the reciprocity between the perception of the role of clinical instruction as an area of multiple roles and knowledge in the area of conflict, which is inherent to the existing clinical instruction role.

This research dealt with Israeli data, which can now, with the assistance of the model, add to and enrich global data.

From a practical point of view, the constructed model can serve as a guide to empowering and supporting clinical instructors, which will give them tools to overcome the conflicts found in the role of clinical instructor and thus, in fact, increase clinical instructors' interest and desire to instruct and reduce resignations from the role.

V.6 Future Research

1. The current sample represents clinical instructors in a hospital in northern Israel and senior coordinators from central Israel. It is important to represent the entire spectrum of nursing clinical instructors in Israel. To achieve this, additional research should be carried out with larger samples of clinical instructors from different hospitals in Israel.
2. It is recommended to explore perceptions of clinical instruction role and intra-role conflict from the points of view of hospital management and head nurse.

It is recommended to investigate professional development frameworks for clinical instructors and their effect on recruitment to instruction roles and preventing resignations from clinical instruction.

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