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EVALUATION VERSUS INSTRUCTION – INHERENT CONFLICT IN CLINICAL INSTRUCTORS' ROLES IN NURSING EDUCATION

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Abstract

Clinical instruction in nursing is an important and integral part of its training program, the clinical instructor's role is the foundation stone in developing and instructing nursing students. The definition of the role of clinical instructor combines a wide variety of roles: nursing roles and areas of responsibility to hospitals versus teaching roles and responsibility to nursing schools, having responsibility for patient care on the one hand and student instruction on the other, and being simultaneously committed to the health system, students and nursing school. The multiple roles of clinical instructors create an overload and tension at work, cause difficulties in setting role priorities, emotional overload, and feelings of guilt. This is likely to produce tension and inherent conflict between clinical nursing instruction roles, to negatively affect job satisfaction and result in resignations from instruction roles. Inherent role conflicts and tensions derive, among others, from contradictions in the nature of the role. On the one hand, clinical instructors develop and mold students, give them tools and teach them skills, while on the other hand, this role is to supervise and evaluate, provide feedback and evaluate students during and after their clinical experience. This article will reveal and discuss the phenomenon of in-role conflict found in clinical instructors' roles.

Keywords: Instruction, clinical instruction in nursing, multiple roles, conflict between evaluation and training roles. .

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1. Introduction

This article deals with the issue of involvement in clinical instruction roles in nursing, and the inherent conflict between multiple clinical instruction roles. The in-role conflict and tensions derive, among others, from contradictions in the nature of the role (Schatz-Oppenheimer, 2011). For example, the role of clinical instructors on the one hand is to support and assist students during their acclimation, provide feedback, responsibility for developing students' knowledge and skills, and creating learning opportunities (key role). On the other hand, the role of clinical instructors is to inspect the quality of care provided by learners, appraise and evaluate them during and at the completion of their clinical experience, give them a grade reflecting their achievements, and in fact to determine their fate. Whilst clinical instruction is considered to be a key component in nurses' learning process, studies conducted about nursing education have shown a decline in willingness to act as clinical instructors.

1.1. Literature Review

The term 'instruction' includes a number of concepts such as guidance, advice, accompaniment, coaching etc. Instruction is a process and a role, it focuses on issues of teaching and learning, and there are those who define it as a sequential and ongoing procedural action through which an organized connection is produced between instructors and those they teach, the intention of which is to bring about improvement or change (Fuchs, 2002).

Instruction is a process meant to further personal and professional development, in order to lead to independent professional functioning (Bernard & Goodyear, 1998; Arnon & Helman, 2004). Clinical instruction was defined by Orton (2007) as the interaction between instructor and learner, normally occurring in the proximity of a patient encounter, focusing either on the patient or a clinical problem associated with the patient (Lamiaa & Mervat, 2012)

As part of the clinical instruction framework, students undergo a process of socialization within the role, a process during which students develop their identity with the profession by internalizing norms, values and behaviors into professional acts (Fothergill-Bourbonnais & Smith Higuchi, 1995).

The importance of clinical instruction in the nursing learning process is to provide students with tools, knowledge and skills that will help them develop their professional identity and assist them as they continue their journey as nurses. The ultimate aim of nursing studies is to train students to think critically, communicate accurately and execute nursing interventions, to implement an ethical perspective when making clinical decisions, and function efficiently as a team member in organizational structures surrounding patient care. The clinical laboratory (the ward) is where most of this learning takes place (O'Connor, 2014).

Clinical experience enables students to implement theories they have learned in classrooms in an environment in which they receive instruction and feedback. Relationships between clinical instructors and students are a critical factor in clinical experience. The task of clinical instructors is to help students identify their strengths, and to use them to reach institutional and personal study goals.

Gaberson and Oermann (2007) described a model of strengths based on interaction between clinical instructors and students. The strengths aspect is a practical approach that enables flexible working relationships based on principles of self-regulation, empowerment, reciprocity, cooperation, and reflecting

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on changes. The perspective of strength theory is based on the assumptions that every person is capable of change, and that learning occurs through reflection on change, regardless of the question whether change was effective. Empowerment is a key component of the perspective of change, and the approach focuses on individuals identifying and using their strengths and resources to solve problems and bring about change. Clinical instructors must recognize and appreciate students' beliefs, previous experiences, and their fears, so as to help them formulate good outcomes, both in their relationships with patients, and in their personal growth as nurses (Cederbaum & Klusaritz, 2009).

1.1.1. Role Theory, Role Conflict, and Ambiguity

Practicalities of instruction include complex components, steeped in tensions, part of which are a result of the conflicts created by the differing needs of those taught, and conflicts created by the many roles of instructors (Schatz-Oppenheimer, 2011). Role theory deals with people's behaviors within their reciprocal social relationships (Yitzhaki, 2003). Two additional variables mentioned in the field of role theory of role conflict and role ambiguity. 'Role conflict' has been defined as incongruities in the demands of a role. This is a situation in which employees are supposed to carry out roles that create conflict or are not congruent with what they are required to do in practice, in contrast to their training. 'Role ambiguity' is defined as lack of clarity in an employee's role. This is a situation in which expectations of a role, how it is fulfilled and its consequences are not clear to employees (ibid). For example, when clinical instructors are on ward duty and also instructing students, the students, staff, patients and even the nurse-in-charge expect them to fulfill every aspect of their role. Is this possible? How can they carry out all their roles, and to a satisfactory degree?

1.1.2 Tension, Conflict, and Complexity in the Instruction Role

Instruction is a complex process, filled with tensions and conflicts. Those being taught are required to adapt to new organizational systems, deal with emotional difficulties and challenges, and build their professional identities. Meanwhile, instructors are going through a process of formulating their roles (Schatz-Oppenheimer, 2011).

In-role tensions accompanying the role of instructor and their professional work derive, among others, from seeming contradictions in the nature of the role:

1. Supporting trainees and at the same time, the need to evaluate them and the extent of their suitability for the profession;

2. Awareness of trainees' professional dependence on the instructors' experience, but also the expectation they will exercise professional judgment and autonomy;

3. Nurture an empathetic and attentive approach to trainees' needs, versus the need to provide practical and judgmental advice;

4. Existence of a compulsory framework of meetings during trainees' clinical experience, versus the demand for instructors' flexibility and accessibility;

5. Instructors' orientation towards the needs of individuals-trainees, versus their obligation towards the needs of the organizational system in which the instruction takes place.

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Tensions at the foundations of instruction processes exist both for instructors and trainees, and affect their professional growth as a parallel process.

In light of the literature reviewed above, the need arises to examine the between-role and in-role conflicts in which clinical instructors operate, and to try and develop a theoretical framework to help resolve the aforementioned conflict.

2. Problem Statement

The multiple roles of clinical instructors create an overload and tension at work, cause difficulties in setting role priorities, emotional overload, and feelings of guilt. This is likely to produce tension and inherent conflict between clinical nursing instruction roles, to negatively affect job satisfaction and result in resignations from instruction roles.

3. Research Questions

What conflicts might arise as a result of multiple roles of clinical nurse instructors?

4. Purpose of the Study

The purpose of this article is to present doctoral research findings dealing with the inherent conflict in the role of nursing clinical instructors. The research aim is to develop a model that will explain the inherent conflict in clinical instruction and provide tools for clinical instructors in their role, and as such, increase levels of willingness to act as nursing clinical instructors.

5. Research Methods

As previously stated, this article refers to the findings in the first part of a doctoral research, conducted using a mixed methods research approach. It is a qualitative study clarifying attitudes, and raising questions related to conflict in clinical instruction, from the mouths of nurses working as clinical instructors.

The qualitative research focused on personal experiences, of people and society in their natural environment. This research aimed to understand how people experience their world from the point of view of meaning, the interpretations they give to diverse situations, phenomena, or their different views. Qualitative research includes collecting and using empirical materials: case study, personal experience, introspection, life stories, interviews, observations, history, reciprocal relations, and visual texts describing routine and problematic and significant moments in individuals' lives (Creswell, 2012). To understand the phenomenon of the between-role conflict among clinical instructors, qualitative research was found to be the most appropriate

6. Findings

Qualitative Findings: Presenting Qualitative Research Findings on the Theme of Conflict Components

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Table 01. Conflict components in clinical instruction.

Category	Statements
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."*
Pressure and frustration	*Lack of supply. 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."*
Evaluation 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."*

Content analysis carried out on data emerging from interviews with clinical instructors raised the theme of conflict components with four categories: multiple roles, pressure and frustration, conflict between roles and evaluation versus instruction. The following is a presentation of the categories and testimonies.

Category 1 – Multiple roles: From the interviewees statements, it emerges that multiple roles is a key component of conflict components. Evidence of this can be seen in the words of Y.T.: "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." Further evidence can be seen in M.H.'s statement: "Now it's in addition to the work I do, yes, irrespective, I didn't speak about that. I am a clinical instructor, a nurse in everything, okay, I'm on the ward, I am strict, there are things I have to do, they don't let me off and I am a clinical instructor!" Z.R. pointed out: "I have a million other things, responsible of course for medication, equipment, everything that happens here."

N.A said, "I am both a teacher and a nurse, part of the ward, I personally have a role, I am also deputy nurse-in-charge and sometimes I can, if I'm on shift, I am also shift supervisor, everything that happens on the ward. We're a small team, the nurse cannot leave, the nurse is part of the team, the nurse acts, takes rooms, the nurse cares, no, he's not, he's not separate."

In conclusion, it turns out from content analysis that multiple roles cause an overload and tensions that increase the conflict in nursing clinical instruction.

Category 2 – Pressure and frustration: From the interviewees statements, it emerges that that their roles include a component of pressure and frustration that strengthens conflict. Evidence of this can be found in the words of Z.R.: "Lack of supply. 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." Z.S. pointed out: "There aren't enough clinical instructors in the field. You

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don't get paid for these things." N.A. said, "I feel there isn't enough time, there is the matter of shifts too, to make yourself available to work with students, it demands lots of mornings despite the fact that I am a deputy. It's less, but still have to make time. When you go on holiday, when you're with sick children in their homes, you have to, you also have, you also have the students. What will I do with them?" It appears that the sense of pressure derives from frustration that clinical instructors have no chance of fulfilling their roles properly because of their multiple

roles as mothers, caring for their household, ward nurse, with all the complexities of the role of nurse-in-charge and fulfilling their instructional role.

In conclusion, it emerged from the content analysis that pressure and frustration constitute part of the role of nursing clinical instructors, and strengthens the conflict found within the role.

Category 3 – Conflict between roles: From the statements of the interviewees, it emerges that there is conflict between roles, evident in the words of N.A.: "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." Further evidence can be found in the words of N.K: "You're called on from all sorts of places and you have to see what you do first and you're torn between tasks. The difficulty is satisfying everyone, that everyone will be satisfied with your performance.", and L.A.: "Sometimes it is also difficult from the point of view of finding my place in… I also do my regular work and in addition to that, I have another role."

In conclusion, from the content analysis it emerges that the practice of instruction includes complex processes that create conflicts, as a result of the clinical instructors' inability to meet expectations required to fulfill the many roles connected with their work as clinical instructors.

Category 4 – Evaluation versus instruction: From the interviewees statements it emerges that there is difficulty in giving the students to whom they provide instruction, with negative evaluations. This is evident in Y.T.'s words: "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."

Z. stated: "My greatest disappointment is that I have to find a way of approaching her and telling her, to lead her to choosing another area. To provide evaluation and quantify it with a grade, that is very difficult. Very, very. It causes me to lose sleep." That is, to have to tell a student that they chose a field that does not suit them represents tension and conflict between the developmental and promotion roles included in instruction.

In the words of R.: "These evaluations made it very difficult. I had to write, failed, I didn't do it. I contacted their center and told them that they had to make a change." That is to say, the conflict is so great that the instructor could not bring themselves to give the negative evaluation on their own, and they needed a messenger to do it for them.

In conclusion, instructors assess the potential found in trainees as future professionals and in this sense, are tasked with a most important role: to determine their fate, to serve as a gatekeeper who either allows or denies their entrance into the profession (Schatz-Oppenheimer, 2011). This process constitutes a

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difficulty and a strain for instructors, as well as a component in the between-role conflict of clinical instructors.

7. Conclusion

From the research findings, one can learn that nursing clinical instruction is a complex role, combining a number of roles as indicated by interviewees as nurses, instructors, and management, as well as performing other roles. Emerging from the interviews and supported by the literature, it can be learned that multiple roles lead to tension, frustration, overload, role conflict and role ambiguity (Yitzhaki, 2003), because instructors are unable to fulfill all these roles properly and meet the expectations of students, the ward, patients, the nursing school, the nurses-in-charge, and the team.

In addition, one can learn from this research that writing student evaluations as part of the clinical instructor role has proven to be very difficult and an enormous conflict, as Schatz-Oppenheimer (2011) indicated in her article, and as was stated by interviewees that instructors have the most responsible role of determining the fate of students, and this constitutes a between-role tension and conflict. The picture painted by the research presents clinical instruction in nursing as an area characterized by role ambiguity as a result of the multiple roles placed on clinical instructors. Additional nursing clinical instruction is painted in this research as a complex process, characterized by pressures and frustrations deriving from the contrast between the instructional-developmental role, which obligates clinical instructors to provide support, be attentive and believe in trainees, and the role of evaluator, which in essence includes providing feedback, sometimes negative, and criticism about students' performance.

The aim of this article is to raise awareness of the components of between-role conflict in clinical instruction, and to subsequently develop a model that will illuminate conflicting sides, which is the essence of clinical instruction. As such, this study adds to the knowledge about nursing clinical instruction. From a practical point of view, the insights that arose from this study enable producing a framework of professional development to help nursing clinical instructors cope with the conflicts that characterize the field of nursing clinical instruction.

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