_____

Caring Behaviors of Clinical Instructors during Nursing Students' Related Learning Experience: A Basis for Enhancing Student-Mentor Relationship

Eladio Martin S. Gumabay (DNS)
University of Saint Louis Tuguegarao, Philippines
em_gumabay@yahoo.com

Abstract - *This research study aims at exploring the perceptions of the student – nurses on the caring behaviors portrayed by their nursing faculty and to what extent do they affect the nursing education. The researcher utilized a modified Collaizi method to organizely go through with the entire systematic process of data collection and analysis. Individual interview sessions and observations with second year to fourth year students were utilized by the research as methods of data gathering. Results of the study presented three central themes of nursing faculty caring behaviors, namely: (1) clinical supervision; (2) professional role; and, (3) personal attributes. Participants revealed that the caring behaviors of nursing faculty contribute to student – nurses' development of competent knowledge, enhanced skills, and appropriate attitude. A nursing faculty also referred to as clinical instructor has his or her own unique approach towards student – nurses, either professionally or personally, and that these responsibilities and characteristics could enhance or hinder the progress of student – mentor relationship.*

Keywords: *Caring, Behaviors, Nursing Faculty, Supervision, Nursing, Nursing Students*

INTRODUCTION

Clinical training is the heart of the nursing's professional program and it remains the single most important resource in the development of competent, capable, caring nurses during the baccalaureate years [1]. It prepares the students for their professional role, provides them with opportunity to apply knowledge, skills, and concepts that generally accepted as the arena in which synthesis of classroom, laboratory, and other learning experiences in clinical areas occurs [2]-[4].

Clinical exposure has always been a vital and integral aspect of nursing education. All the theories learned in school could be applied and observed while working in the hospital. Students sharpen skills, develop proper attitude, and improve existing knowledge as they go through hours of dealing not only with those cared for, but also, with their assigned nursing faculty also known as Clinical Instructors (CIs) and hospital staffs. Furthermore, the clinical experience improves problem – solving abilities of students. Contemplating on the personal experiences of the researcher, going to clinical practice elicits varied responses and reactions from nursing students.

Some are excited and composed, while some express anxiety and stress. And the nursing faculty – in – charge has the role to be keen in observing nursing students' actions and reactions through the entire eight – hour duty and to help them process these occurrences through the pre and post conferences.

Clinical education, regardless of the profession or setting, is a process that has been studied from both the supervisor and student points of view to determine best practices [4,5]. Clinical training is considered as essential and very important part of professional nursing education. Since nursing is a discipline based on practice, it needs to be a curriculum of education, which offers students the opportunity to develop their clinical skills.

Clinical education plays a crucial role in undergraduate nursing program. Not only does it provide opportunities for students to apply the theory learned in the classroom to the real world of clinical nursing, it is also a socialization process through which students are inducted into the practices, expectations and real-life work environment of the nursing profession [4,6]. The aim of clinical experiences is to develop among nursing students the

professional skills and knowledge needed in life-long learning and critical thinking, to create self-confidence as a nurse, and to ensure that the nurse is able to make her own decisions and be independent [6]-[8]. Clinical teaching is a dynamic process that occurs in a variety of socio-cultural contexts. The quality of the student-teacher interaction in the clinical field can either facilitate or hinder the students' integration of theory to practice.

Nursing students have constantly been guided by nursing faculty during the baccalaureate years in preparation for their professional experiences; hence, the findings of this research study address inquiries of nursing students as well as nursing faculty on enhancing personal and professional relationships in the clinical area. The contribution of this research study will elucidate the caring behaviors of nursing faculty during nursing students' related learning experiences. Understanding and exploring the caring behaviors nursing faculty facilitate realization of enhancing professional approaches, interaction, and relationships. The breadth of specific caring behaviors of individual nursing faculty results to openness of therapeutic communication.

The attitude of instructors has a significant impact on the quality education and experiences of nursing students. There are two major areas of research on student – instructor relationships have emerged as important to the clinical education of nursing students. One area is related to nursing student and faculty perceptions of nursing faculty characteristics considered effective or ineffective. The second and more recent area is related to caring behaviors of nursing faculty; henceforth, this study was conducted to describe the caring behaviors of nursing faculty in clinical area as perceived by nursing students.

OBJECTIVES OF THE STUDY

This research study explored the lived experienced of nursing students during related learning experiences (RLE) in the clinical area on the caring behaviors of their nursing faculty. Specifically, this research aimed to determine on how do nursing students perceive the caring behaviors of nursing faculty in clinical setting; identify the benefits of caring behaviors of nursing faculty to the nursing students related to the clinical experience; and determine the obstacles experienced by nursing students as hindering factors of nursing faculty' caring behaviors towards them.

METHODS

Research Design

Consistent with Heideggerian school of thought that human always process personal meanings from situations they are into, this research study is limited to exploring, understanding, and explicating the lived experiences of nursing students from second year to fourth year on the caring behaviors of their nursing faculty during their related learning experiences in the clinical area. Hence, the researcher sets forth criteria of eligible participants, which include: (1) nursing students who voluntarily manifest interest in sharing their perceptions; and (2) nursing students who fluently articulate thoughts either in English or Filipino language. Total enumeration was utilized in this research study.

This study utilized descriptive phenomenological research method to explore nursing students' perception on the caring behaviors of their nursing faculty during related learning clinical experience. Individual interview and observation as methods of data gathering was performed by the researcher.

Holloway & Wheeler [10] and Polit & Beck [9,11] assert that exploration of a concept or phenomenon is conducted through interviews and observations of individuals who are experiencing the phenomenon. The researcher co-created the richness of data on the lived experiences of nursing students on the caring behaviors of their nursing faculty during their related learning experiences. Furthermore, the researcher utilized the Colaizzi's design [as cited in 9, 11] in analyzing the textual meaning of the phenomenon being studied.

Locale of the Study

This research study was conducted in one of the universities within Tuguegarao City that has been granted autonomous status by Commission on Higher Education (CHED).

Participants

Polit and Beck [9] and Patton [as cited in 12] posit that there is no minimum number of participants in qualitative researches. The authors assert that the number of participants substantially depends on the purpose of phenomenological inquiry, and what will have credibility. Holloway & Wheeler [10] and Polit & Beck [9,11] emphasize that in-depth information is already achieved when data saturation has already occurred.

Sampa [12] emphasizes that the credibility of phenomenological studies rely significantly on the quality of perceptions of the participants. In light of this, the researcher will include participants, who are: (1) nursing students who voluntarily manifested interest in sharing their perceptions; and (2) nursing students who fluently articulated thoughts either in English or Filipino language. The researcher included eligible participants, which include: (a) BSN-2 students who have just started their RLE during the current school year; (b) BSN-3 students considering also their past and present baccalaureate RLE experiences; and, (c) BSN-4 students considering their baccalaureate RLE experiences since their second year. Total enumeration of the three year levels in the BSN program was adapted by the researcher.

Table 1. *Participants of the Study according to Year Level*

Year Level	f	%
Bachelor of Science in Nursing 2	19	63.33
Bachelor of Science in Nursing 3	6	20.00
Bachelor of Science in Nursing 4	5	16.67
Total	**30**	**100**

Data Collection Procedure

University research protocols and regulations were strictly observed by the researcher throughout data gathering procedure. Before commencing with the data gathering, ethical clearance from the University Research Center, and permission from the University Administrators, the Dean of the department, and participants were sought.

Polit and Beck [5] and Sampa [12] posit that structured or semi-structured interviewing in either individual or focused-group phenomenological research studies is crucial in data gathering. For semi-structured interview sessions, the use of sub-questions in expanding the breadth of data gathering is common [12]. The author also reiterates that using recording audio-tapes or video-tapes, as permitted by the participants, ensures focusing on the conversation with the interviewees.

During the interview process, the researcher jotted down notes on the non-verbal cues. Field noting may validate data because this may communicate vital emphasis on the information being gathered [5,6]. Verbatim transcription was performed by the researcher every after interview session.

Sampa [12] shared that a qualitative researcher ought to start thematic analysis of all interview transcripts upon saturation of data, regardless of the number of participants. The researcher was able to saturate data on the 14th participant; however, to further explore the breadth of the lived experience of the nursing students during their related learning experience, total enumeration from BSN 2 to BSN 4 was opted.

Data Analysis

In order to elucidate the meaning of the lived experiences of nursing students on the caring behaviors of their nursing faculty during their related learning experiences, the researcher utilized the Collaizi's method (as cited in 5, 11] of data analysis. This method consists of seven steps. First participants' descriptions of the experiences are read in order to acquire a sense of the whole. After that, significant statements will be extracted. Meanings will be formulated from the significant statements. Formulated meanings will be organized into themes. Themes are integrated into an exhaustive description wherein the essential structure of the phenomenon is formulated. Finally for validation, the participants are going to evaluate the result of the analysis, if it means the same as their original experiences.

Data analysis of transcripts. The first step in Colaizzi's method of analysis is to make a written transcription verbatim of each interview. It will be during this step that the researcher shall grasp the descriptions of the participants' lived experiences. The researcher read and re-read the transcriptions while simultaneously listening to the audio-taped conversations to ensure that the data transcript is exactly the verbalizations of the interviewees.

Extracting significant statements. The second step in Colaizzi's method of data analysis called for the extraction of significant statements or phrases from the interview process that are important to the researcher and that are relevant to the phenomenon. The researcher highlighted and underlined significant cues from the verbalizations of the participants.

Formulating meanings. The third step in Colaizzi's method of data analysis prescribes the formulation of meanings for each significant statement and cue. This step involved the development of the structural description on how the participants experienced the phenomenon. The researcher looked backward and forward, in parts and in whole, of the transcription.

Theme clusters. Colaizzi's fourth step requires the grouping of the formulated meanings into clusters that

86

P-ISSN 2350-7756 | E-ISSN 2350-8442 | www.apjmr.com
Asia Pacific Journal of Multidisciplinary Research, Vol. 5, No. 1, February 2017 (Part II)

represent the same themes. This task involved continues re-reading each of the formulated cues and meanings on the note cards and assembling them according to similar categories or themes; hence, identification of themes were performed.

Exhaustive description and statement of identification. These steps in Colaizzi's method of data analysis are done through reanalyzing all the information on the original transcripts to verify that the description incorporated the meaning the phenomenon. This phase involves exhaustive description of the caring behaviors identified and searching for related and applicable literatures.

Informant Verification. The final step in Colaizzi's method of data analysis is informant verification. This was accomplished through member-checking, specifically, by asking the participants if there's something on the aspects of their experience that have been omitted or that they wanted to add and/ or substantiate.

Rigour in Qualitative Research

To ensure rigour in this qualitative research study, the researcher performed validation of data to ensure that analyses are accurate with the participants' perceptions. To present the themes and analyses to the participants, the researcher performed member-checking.

Ethical Considerations

While establishing trust and therapeutic relationship with the participants, the researcher ensured that their rights are always protected through informed consent. The participants were oriented that the interview session is audio-taped or video-taped, whichever is comfortable to them. The researcher also emphasized that they could withdraw anytime from the research study if the interview session is becoming inconvenient to them. Moreover, the researcher maintained strict confidentiality of information and anonymity of the participants. Nieswiadomy [13] asserts that all transcripts should be destroyed at the conclusion of the study.

RESULTS

The study focused exploring and elucidating the caring behaviors of nursing faculty during nursing students' related learning experience to enhance and constantly improve the therapeutic relationship between them. The process of this study elicited the perceptions of nursing students as to what caring is for them. The participants have given such descriptions towards two views: caring of nursing faculty towards nursing students, and caring perception of nursing faculty regarding patient care. On what caring towards patients or clients is, the participants shared their perceptions:

"Caring is providing needs of human aspects by all means necessary. It is not only for those who are ill, but also, for those who need affection and help emotionally, intellectually, physically, and spiritually. Thus, caring is holistic."

"Caring is being sensitive to patients' needs and attending to these needs. It is also having passion in your work and being genuine or altruistic in what you are doing."

"Caring is giving your best warm touch to all patients you encounter. It is not choosing your patient to care for: caring is doing your best to save and preserve a life."

"Caring is described as loving and showing respect to others, like our patients and their significant others."

"It is putting your heart in whatever you do… while you give attention to him or her.. ahhm when you share your abilities in enhancing a person holistically without asking any in return."

"Caring is the base or foundation of nursing. Caring sir is also giving help and free service to those who in need while having concern on the welfare of others."

Having a background on the perception of the participants on their description of caring, this qualitative study leads to the emergence of three themes. These major themes considered as important mentor – factors in the related learning experience of nursing students during their related learning experience, which include: (1) clinical supervision; (2) professional role; and, (3) personal attributes.

Clinical Supervision

The participants ingenuously shared that the presence of the nursing faculty in performing varied responsibilities while on duty contributes to their

learning process and at the same time some anxiety. It also provides support and encouragement to students during the systematic process of learning and performing.

It is expected of a nursing faculty to constantly supervise student activities during the learning process in their related learning experiences. These experiences open to the reality of how well the concepts, ideas, or theories are being applied. The presence of the nursing faculty helps alleviate the confusion or gaps between the theory and the practice by giving clarifications or verifications of student concerns.

Clinical supervision is recognized as a developmental opportunity to develop clinical leadership. Assisting and guiding the nursing students to collaborate with other members of the healthcare team and deal with those cared for during clinical supervision present a realization among nursing students of their future professional working experience (Johns, 2003), as the participants shared:

"They are always beside us especially when we need assistance. They always ask how we are doing and if we are encountering difficulties. They spend most of the time roving around the wards and conducting health education (to patients) together with the students."

"One caring behavior of nursing faculty that I adore most is when they show their care by guiding us and showing trust in us during our duty, as they constantly monitor our activities."

"My instructors constantly monitor student activities. They always ask how [are] we doing while on duty and if we have difficulties."

"The CIs [also referring to nursing faculty] carefully check on orders made and assist us, students, in rendering patient care."

"All nursing faculty give recognition to our patients every time we go to the rooms or wards. They also portray therapeutic touch. They spend most of the time roving around the wards and conduct health education, together with students"

During the process of the interview, majority of the participants were enthusiastic to share how the caring behaviors of the nursing faculty affect their life as nursing students especially in their related learning experience.

"The nursing faculty help us hone our skills in the area and help us become responsible nurses."

"They help us have deeper trust in ourselves, confidence, and inspiration to do our best while on duty."

Professional Role

Professionalism is very vital for a nursing faculty to have; especially they deal with all personalities not only of colleagues, but also, of students, and patients. With these professional roles, students are able to determine the appropriate distance zone of the relationship with the nursing faculty. Professionalism is also offering presence while doing the expected responsibilities towards subordinates, for instance, students.

This role of the nursing faculty has been discussed by nursing student – participants, as they shared:

"The nursing faculties always provide information, support, and proper orientation. They are there in everything I do, supporting and trusting me that I can do it. In moments that I commit mistakes, they are always there to guide me and telling me that mistakes are part of the learning process. However, since we deal with humans, we should try our best to avoid any kind of mistakes because such are detrimental to the health of the patients."

"They constantly monitor students and patients to the extent that they eat or have their snacks and meals late. They also give us break sessions when they know that we are really tired. They perform post – conferences and assist us with our difficulties while on duty."

"They allow us to learn things from our experiences, they also and teach us the right things."

"Most of them supervise and immediately correct mistakes of students with care. They are always beside us especially when we need assistance and during procedures."

"All CIs [also referring to nursing faculty] always provide information, support, and proper area orientation."

Personal Attributes

Personal characteristics of a professional could also make or break his or her over – all roles in the eyes of some students. This theme was identified during the process of the interview sessions as something that is an innate area, something that cannot be separated, of the personality not only of a professional, but also, of all individuals. Personal attributes play a very crucial aspect in establishing a relationship between nursing faculty and nursing students. And that these attributes are easily being observed by students:

"They establish strong bonds with students. They are always there to support us when we have challenges or difficulties. Majority of the nursing faculty are approachable and friendly. They also always ask patients and significant others about what they feel or anything that concerns them"

"They inspire us to pursue our studies and reach our goals. They motivate us to study and perform well. Some nursing faculty share their free time to mingle with students and have a fruitful conversation with periods of laughter. Even while on duty, some instructors lighten up the burden by sharing that they have been through what we are going through now."

"They make me feel that I am loved as a student."

"My nursing faculties give me the inspiration in pursuing my studies. Together with my family, they give me strength to contribute my studies and become successful in the future."

"The nursing faculty share pieces of advice, inspirational words of wisdom and they also share some of their experiences, which are helpful to us."

"My nursing faculty in pm [afternoon] shift always checks on us even when we are still on the bus going to and from duty. She lets us go home first before her. She also checks on everyone through calls and texts to ensure that we are home safely."

Furthermore, majority of the participants said that age and length of experience have nothing directly to do with the caring behaviors of the nursing faculty towards nursing students, as they shared:

"There is equality because we do not observe favoritisms. They address concerns of students fairly and objectively as much as they could."

With the above sharing from the participants, there was also a handful who has verbalized some concerns about the obstacles they usually encounter in dealing with their nursing faculty. Participants identified one main obstacle they encounter with nursing faculty; that is, the attitude as they discussed:

"Some nursing faculties are moody that we are afraid to approach them. Some are already angry at the start of the duty. Some nursing faculties firmly believe that they must be superior over students."

"Some nursing faculties, especially the young ones, are rigid because they always say that their licenses are at stake. This contributes to our anxiety and fear while on duty. Some, also, lack time to address the concern of students and patients and that they give instructions very fast without verifying if the students understood every word."

"Sometimes, some nursing faculty just disappear like we can do all procedures on our own. They go somewhere even we just started the duty."

Sharing their perceptions on challenges they encountered with their nursing faculty, the informants also verbalized suggestions on how to bridge the challenges and enhance their relationship:

"They should always become aware of students needs and emotions. They should also not get mad easily when students make mistakes; instead, they must approach students in a calm manner."
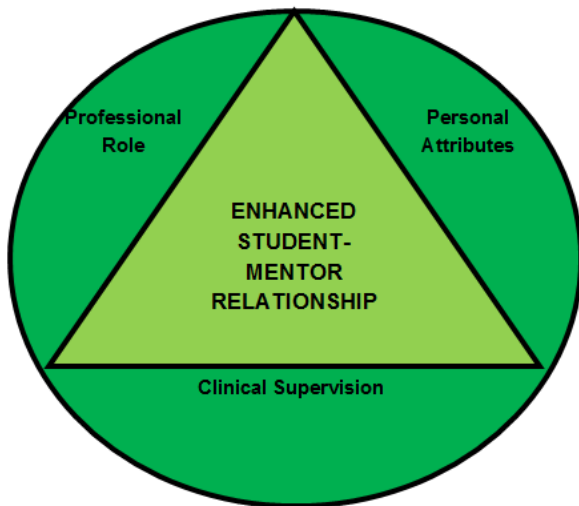
"Some instructors should make sure that their students are learning at the pace the students require."

"CIs [also referring to nursing faculty] must be present especially during thorough physical assessments and implementation of nursing care plan."

"CIs [also referring nursing faculty] should not give many requirements and that they should understand our situation as student-nurses that we have many subjects. They must give us enough time to accomplish all because we cannot do things at the same time."

Caring Behavior of CI's vis-à-vis Framework of Enhanced Student-Mentor Relationship

Based from the constructs of the caring behaviors of nursing faculty during RLE, as perceived by nursing students, caring behavior refers to the expression of values and meanings within and between nursing students and nursing faculty. This emphasizes aspects of clinical responsibility among nursing faculty and on what ought to be done on the professional and personal facets of doing and caring for enhanced student-mentor relationship.

DISCUSSION

Three themes emerged in the research study. These themes include: (1) clinical supervision; (2) professional role; and, (3) personal attributes.

Wade [14] asserts those nursing faculties who are caring yield to compassionate professionals by helping the nursing students develop their unique caring abilities as early as the baccalaureate education. Results of this study show that clinical supervisory role of nursing faculty significantly contributes to honing the students' skills while assisting them experience the realization of their profession. This is undergirded by Nelson [8,15] that the nursing faculty or mentors as students refer to them significantly add to the development of confidence, socialization skills, and independence of nursing students. To emphasize and as presented on the results section, nursing faculty helps the students appreciate interpersonal and transcultural relationship processes.

Evident in this research study is the constant support, presence, encouragement, and monitoring of the nursing faculty, which guide nursing students on the concept of collaboration with members of the healthcare team and those cared for. The holistic characteristics and behavior of all nursing faculty in the related learning experience either facilitate or hinder appreciation of nursing students as regards the theories they learn within a classroom setting [4,7,8]; the CIs or nursing faculty must be role models and inspiring as they manifest their competencies in the area [16]. The authors also emphasize that quality mentorship behaviors, verbal and non-verbal, are significant contributors through students' learning process. Nursing students spend the majority of their nursing education in the clinical setting with a nursing faculty. With their CIs or nursing faculty in the area, quality standards strengthen the relationship among them [17,18]. The informants highlighted that approachable nursing faculty help them understand real-life nursing procedures and make them positively reflect on their shortcomings while on duty.

Successful development of nursing students into a professional role as caring nurses is increasingly believed to be dependent on the quality of the clinical learning environment [19]-[22]. On the other hand, Clark [18] presents in his research that nursing students also tend to express their concerns to challenges they experience with their CI, such as incivility; however, some tend to keep within themselves due to fear that the CI will take it personally against them by failing or dropping them. Only a handful challenges were experienced by the nursing students when dealing with the younger nursing faculty, which include: (1) moody nursing faculty; (2) at times not approachable faculty; and, (3)

sudden disappearance of nursing faculty even the clinical duty for the day just commenced, which leaves the students hanging on their inquiries and clarifications. In the studies of McGregor [23] and Wilkes [24], negative behaviors of nursing faculty, either in school or in clinical setting, result to unproductivity of nursing students. The latter is due to loss of self-worth & self-confidence, underlying disappointment and anger, and communication gap and avoidance behaviors on both sides.

Another important theme identified during the interview session was the personal attributes of a nursing faculty as an important tool on the enhancement of the student – mentor relationship. It is evident in this research study that nursing students in the 2nd year are particularly sensitive to how the nursing faculty make them feel, whereas students in the 3rd and 4th years are more concerned with the nursing faculty's general competency during RLE. Hsu [25] assumes that these findings advance nursing education in all setting.

Furthermore, a teacher, or a nursing faculty for that matter, must have mastery over the ability to teach and positively affect students' learning. Transmission and role modeling of necessary knowledge, skills, and attitude of/from the nursing faculty to the nursing students aides on the latter's professional preparation and adjustment. Also included is the ability to develop an atmosphere that encourages student learning [26]. The competent nursing faculty knows how to function in clinical practice and can guide nursing students in developing clinical competencies; thus, constant presence is required. Nursing students experience challenges in developing their competencies if the nursing faculty is inaccessible [27].

Implications to Nursing

Nursing faculties are expected to be well-rounded, competent, and compassionate mentors. They are expected to be catalysts to the holistic quality pedagogical learning process of nursing students. Communicating expectations in a clear, concise, and comprehensible manner facilitates quality learning milieu. This research study does not only advance nursing knowledge, but also, reiterates the caring attributes of an effective and in its sense a deserving-to-be-called Nursing faculty.

It is clear within the bounds of this research study that the identified general themes of the trains of thought of the students play important roles on the learning process especially of the nursing students. Also, it has further revealed that nursing faculty should provide an avenue or environment for nursing students to develop and enrich their clinical experiences, to be self – directed and gain self – confidence, and most importantly to develop their nursing knowledge, skills, and appropriate attitude for their professional future practice.

CONCLUSION

The study revealed that nursing students have a lot common perceptions on the caring behaviors of nursing faculty: that these caring behaviors are effective in enhancing the relationship of between nursing students and their nursing faculty. This qualitative research study concludes that nursing faculty members possess not only professional characteristics, but also, personal characteristics that are innate and at the same time expected of a mentor.

Also, when given proper orientation, attention, and information by the nursing faculty, the nursing students are molded to have self-confidence & self-trust in performing holistically, interpersonally, and transculturally while on RLE.

This research study further concludes that quality related learning experience of nursing students with the guidance of nursing faculty prepares the students in their future profession as Nurses.

RECOMMENDATION

It is recommended that an encompassing research on the issues and challenges experienced by nursing students on their experiences with the nursing faculty must be explored quantitatively and qualitative by the researcher.

Further research studies, both qualitative and quantitative approaches, must be regularly conducted for constant updating as to the improvement and enhancement of student – mentor professional relationship not only in related learning, but also, in actual school setting.

Personality development trainings and seminars must constantly be performed by the participating institution in order to continuously mold the growth and development of the nursing faculty.

There must be constant and regular meeting of nursing faculty with coordinators and the dean to discuss clinical issues not only on professional and supervisory roles, but also, on the personality of the nursing faculty affecting the environment of the related learning experience of the nursing students.

91

P-ISSN 2350-7756 | E-ISSN 2350-8442 | www.apjmr.com
Asia Pacific Journal of Multidisciplinary Research, Vol. 5, No. 1, February 2017 (Part II)

Regular and formal counseling sessions must be conducted by all nursing faculty with nursing students so as to increase awareness of student perceptions and learning needs.

REFERENCES

[1] Beitz. J. & Wieland. D. (2005). Analyzing the teaching effectiveness of nursing faculty of full and part –time generic BSN, and RNBs nursing students, *Journal of Professional Nursing*, 21(1); 32-45. Retrieved October 20, 2015 from https://goo.gl/FUYzXU

[2] McCown, L. J. (2011). *Lived experiences of medical laboratory science clinical instructors as adult learners*. University of Missouri-Saint Louis. Retrieved on October 20, 2015 from https://goo.gl/xpwdDl

[3] O'Connor, A. B. (2014). *Clinical Instruction & Evaluation: A Teaching Resource*. Jones & Bartlett Publishers. Retrieved on October 20, 2015 from https://goo.gl/79Ra3d

[4] Genecar, G., Escolar-Chua, R. L., & Vargas, M. A. (2014). The use of review of system assessment guide on the nursing students' self-reported competence, self-reported confidence and directly-observed competence on health assessment. *International Journal of Arts & Sciences*, 7(2), 199. Retrieved on October 20, 2015 from https://goo.gl/ei5JBT

[5] Lauber, C. A. (2010). *The effect of role, age, gender, and years of experience upon the perceived importance of clinical teacher behavior categories in athletic training education* (Order No. 3022050). Available from ProQuest Dissertations & Theses Global. (304722499). Retrieved on October 22, 2015 from https://goo.gl/0JmUps

[6] Bostwick, L., & Linden, L. (2016). Evaluation Criteria for Nursing Student Application of Evidence-Based Practice: A Delphi Study. *Journal of Nursing Education*, *55*(6), 336-341. Retrieved on July 27, 2016 from https://goo.gl/TGJxRB

[7] Charneia, E. (2007). *Nursing students' perceptions of role modeling as it relates to learning in the clinical environment* (Order No. 3250069). Available from ProQuest Dissertations & Theses Global. (304722422). Retrieved on November 15, 2013 from https://goo.gl/P62Vzg

[8] Roe, D. C. (2009). *The relationship between pre-licensure baccalaureate nursing students' stress and their perceptions of clinical nurse educator caring* (Doctoral dissertation, Louisiana State Univ. Health Sciences Center School of Nursing). Retrieved on July 27, 2016 from https://goo.gl/D0LVvk

[9] Polit, D., & Beck, C. (2012). *Nursing research: generating and assessing evidence for nursing practice* (9th Ed.). Philadelphia: Lippincott, Williams & Wilkins.

[10] Holloway, I. & Wheeler, S. (2010). *Qualitative Research in Nursing and Healthcare* (3rd Ed). West Sussex, United Kingdom: Wiley-Blackwell Publishing Ltd.

[11] Polit, D., & Beck, C. (2010). Nursing *research: appraising evidence for nursing practice* (7th Ed.). Philadelphia: Lippincott, Williams & Wilkins.

[12] Sampa, E. (2013). *Rudiments of qualitative research designs and analysis* (1st Ed.). Philippines: Rex Printing Company, Inc.

[13] Nieswiadomy, R. M. (2008). *Foundations of nursing research*. Upper Saddle River, NJ: Pearson.

[14] Wade, G. (2006). Nursing students' perceptions of instructor caring: An instrument based on Watson's theory of transpersonal caring. *Journal of Nursing Education*, 45(5), 162-168.

[15] Nelson, N. (2011). Beginning nursing students'' perceptions of the effective Characteristics and caring behaviors of their Clinical instructor. Dissertation. Capella University. Copyright 2011 by ProQuest LLC. Retrieved October 20, 2016 from https://goo.gl/9530U5

[16] Papp, I., Markanken, M., & Von-Bonsdroff, M. (2003). Clinical environment as a learning environment: Student nurses' perceptions concerning clinical learning experiences. *Nursing Education Today*, 23,262-268. Retrieved October 20, 2016 from https://goo.gl/hzjGgu

[17] Gignac-Caille, A. M., & Oermann, M. H. (2001). Student and faculty perceptions of effective clinical instructors in ADN programs. *Journal of Nursing Education*, *40*(8), 347-353. Retrieved on October 28, 2016 from https://goo.gl/FgZ2uI

[18] Wilkes, Z. (2006). The student-mentor relationship. A review of the literature. Nursing Standard, 20(37), 42-47. Retrieved October 28, 2016 from https://goo.gl/g5iFT6

[19] Clark, C. M. (2006). *Incivility in nursing education: Student perceptions of uncivil faculty behavior in the academic environment* (Order No. 3216197). Available from ProQuest Dissertations & Theses Global. (305328174). Retrieved on October 28, 2015 from https://goo.gl/PTfDDS

[20] Hofler, L. D. (2008). Nursing education and transition to the work environment: a synthesis of national reports. *Journal of Nursing Education*, *47*(1), 5-12. Retrieved on November 20, 2016 from https://goo.gl/IJFvF6

[21] Jenkins, B. E. (2006). *Emotional intelligence of faculty members, the learning environment, and empowerment of baccalaureate nursing students*. ProQuest. Retrieved on November 20, 2016 from https://goo.gl/QzaROV

[22] McBrien, B. (2006). Clinical teaching and support for learners in the practice environment. *British Journal of Nursing*, 15(12), 672-677. Retrieved October 20, 2015 from https://goo.gl/5KQd4U

[23] McGregor, A. (2007). Academic success, clinical failure: Struggling practices of a failing student. *Journal of Nursing Education*, *46*(11). Retrieved on November 20, 2016 from https://goo.gl/bPzn1x

[24] Wilkes, Z. (2006). The student-mentor relationship: a review of the literature. *Nursing standard*, *20*(37), 42-47. Retrieved on November 20, 2016 from https://goo.gl/pOUZmE

[25] Hsu, L. L. (2006). An analysis of clinical teacher behaviour in a nursing practicum in Taiwan. *Journal of clinical nursing*, *15*(5), 619-628. Retrieved on November 20, 2016 from https://goo.gl/TYYrWQ

[26] Wolf, Z. R., Bender, P. J., Beitz, J. M., Wieland, D. M., & Vito, K. O. (2004). Strengths and weaknesses of faculty teaching performance reported by undergraduate and graduate nursing students: A descriptive study. *Journal of Professional Nursing*, *20*(2), 118-128. Retrieved on November 20, 2016 from https://goo.gl/ruldP

[27] Rowan, P., & Barber, P. (2000). Clinical facilitators: a new way of working. *Nursing Standard*, *14*(52), 35-38. Retrieved on November 20, 2016 from https://goo.gl/h07v50

There are no financial and professional conflicts of interest involved in this research study.