

2-2016

Transitioning from Nursing Student to Clinical Teacher in Saudi Arabia

Aisha Namshan Aldawsari
Western University

Yolanda Babenko-Mould
Western University, ybabenko@uwo.ca

Mary-Anne Andrusyszyn
Western University

Follow this and additional works at: <https://ir.lib.uwo.ca/nursingpub>

 Part of the [Nursing Commons](#)

Citation of this paper:

Aldawsari, Aisha Namshan; Babenko-Mould, Yolanda; and Andrusyszyn, Mary-Anne, "Transitioning from Nursing Student to Clinical Teacher in Saudi Arabia" (2016). *Nursing Publications*. 278.
<https://ir.lib.uwo.ca/nursingpub/278>

ORIGINAL RESEARCH

Transitioning from nursing student to clinical teacher in Saudi Arabia

Aisha Namshan Aldawsari *, Yolanda Babenko-Mould, Mary-Anne Andrusyszyn

Arthur Labatt Family School of Nursing, University of Western Ontario, London, Ontario, Canada

Received: June 20, 2015

Accepted: September 16, 2015

Online Published: November 4, 2015

DOI: 10.5430/jnep.v6n2p76

URL: <http://dx.doi.org/10.5430/jnep.v6n2p76>

ABSTRACT

Despite the remarkable growth in programs and educational facilities in Saudi Arabia (SA) since 1969 when nursing education was introduced, and the influx of government funding to advance nursing education, nursing is often not considered to be a desirable career option or a valued profession in SA. The main socio-cultural reasons contributing to this issue are that nurses traditionally work in mixed-gender environments for long hours and during night shifts, which would cause many female nurses to be away from their families. Thus, newly graduated nurses tend to be employed in roles that are highly respected by society, such as in clinical teaching. However, most novice clinical teachers have not benefitted from front-line nursing experience or formal preparation as educators. Therefore, the purpose of this descriptive qualitative study was to explore Saudi Arabian nursing clinical teachers' (CTs) (n = 5) experiences of clinical teaching and engaging in student evaluation while employed in a nursing education program in SA. The findings emphasize the struggles experienced by CTs with clinical teaching roles and responsibilities, including student evaluation. Suggestions regarding how teaching roles, responsibilities, and evaluation could be enhanced are also shared. This study was the first study to explore the experiences of nursing clinical teachers in SA.

Key Words: Nursing education, Clinical teaching, Saudi nursing clinical teachers, Saudi nursing student

1. INTRODUCTION

In recent years, due to severe nurse shortages, the government of Saudi Arabia (SA) increased the number of nursing programs offered by various healthcare facilities and educational institutions across the country. Currently, there are 21 healthcare facilities and 25 colleges that offer Bachelor of Science in Nursing (BScN), and Master's in Nursing (MN) programs in SA.^[1] In 2013, approximately 221 nursing students graduated from different nursing programs across regions in SA.^[2] All of the graduates were female. Most applied for teaching positions without having prior experience as a staff nurse or a nursing clinical teacher. As a result, these graduates faced significant challenges in the beginning

of their teaching careers.

According to one nurse leader (unnamed, personal communication, September 25, 2012), some of the difficulties that Saudi nursing clinical teachers (CTs) experience included a lack of clarity about their teaching responsibilities, an inability to engage in curriculum development, insufficient knowledge about appropriate strategies to assess student performance, and a lack of guidance on how to create positive educational environments that accommodate students' individual learning styles and cultural values. These issues not only make the first year of clinical teaching at the university level extremely stressful for CTs, but they also have a negative impact on students. After interviewing clinical nurse

*Correspondence: Aisha Namshan Aldawsari; Email: aaldawsa@uwo.ca; Address: Arthur Labatt Family School of Nursing, University of Western Ontario, London, Ontario, Canada.

teachers, Eta, Atanga, Atashili, and D’Cruz concluded that failing to prepare clinical teachers to teach students in practice could limit students’ ability to meet their daily clinical goals.^[3]

Considering that the number of nursing students will continue to rise in SA due to the increasing demand for nursing care, it is essential to explore the experiences that CTs encounter at the beginning of their academic careers. Based on these data, strategies can then be developed that may help teachers become more effective in their new roles. Since this issue has received little attention in the Saudi academic community, this study represents a first attempt to provide an overview of what CTs experience when they assume their teaching responsibilities in nursing colleges in SA. The purpose of this study, therefore, was to explore the experiences of CTs with clinical teaching and student evaluation in a nursing education program that offers an undergraduate degree in nursing.

Literature review

Currently, the nursing education system in SA is going through interesting changes that have not previously occurred in the history of nursing. Most of the CTs have been sent abroad to pursue higher education, acknowledging the need to have effective leaders to influence the future of the nursing profession.^[4] Saudi nursing clinical teachers face many challenges that influence their ability to be effective in their teaching roles. These include pressure from society to pursue more prestigious positions, lack of experience, and lack of support within the work organization. As a result, many CTs have a difficult time adapting to their clinical teaching roles. In a recent study which aimed to explore the perception of medical students about the attributes of effective clinical teachers, it was reported that Saudi medical students believe that it is important to have clinical teachers who shared a passion for teaching.^[5] This is believed to be applicable for nursing students, as they share similar clinical environments. In another study, Ali found that nursing students believed that the most important characteristic that clinical educators should have is enthusiasm.^[6] Although enthusiasm is important, when nursing graduates seek teaching positions because of societal pressures and family obligations, many perform their teaching roles out of necessity, not because they are passionate or enthusiastic about their jobs.

The goal of the Ministry of Higher Education in SA is to recruit and hire nurses who can be effective clinical teachers. However, there are still serious faculty shortages at many Nursing Colleges in Saudi Arabia. This is because most of the newly hired clinical teachers go abroad to pursue graduate degrees. For this reason, there are a limited number

of clinical teachers to supervise nursing students in their clinical practice settings. According to Ali, Saudi nursing students described the presence of clinical teachers with them in the hospital unit as the most important characteristic of an effective clinical teacher.^[6] Nonetheless, the shortage of clinical teachers makes it impossible for them to be available to students all the time. The lack of clinical experience in those who apply for teaching positions in nursing programs presents another challenge for educational institutions in SA. Clinical teachers must have sufficient clinical experience to evaluate students’ knowledge appropriately. This was highlighted as an important and required characteristic of clinical teachers.^[6] Since CTs are hired immediately after completing undergraduate programs, they do not have clinical experience necessary to be effective as clinical teachers. Given that the literature examining the issues facing the nursing profession in SA is quite limited. More studies are needed to address the challenges Saudi nursing clinical teachers experience, in order to acquire the skills necessary to fulfill their teaching responsibilities successfully.

Studies noted in the literature about novice clinical teachers’ challenges and concerns suggest that mentoring novices and positive work environments are the most important factors necessary to facilitate the transition of clinical teachers to be effective educators.^[7-10] Cangelois, Crocker, and Sorrell explored how novice teachers adapt to the clinical teaching role and found that clinical teachers struggled with the lack of guidance during the transition process to the teaching role.^[7] Novice teachers indicated that interacting with colleagues who were expert clinicians helped them become better clinical instructors. Additionally, a mentoring program is very important to make the transition process less stressful and help novice clinical teachers feel more secure in their teaching roles. The study conducted by McArthur-Rouse also established that mentoring of clinical teachers is critical for a smooth and fast adaptation process.^[8] This researcher pointed out that when clinical teachers did not receive proper guidance, they experienced confusion, uncertainty, and vagueness of expectations as a teacher. Baumlein and Weidman also viewed mentorship as one of the best approaches in helping clinical teachers to have a positive transition period to their teaching roles.^[9,10]

Communication with students is another factor that is important for facilitating the transition to working as a clinical teacher. Those teachers need to communicate with their students to understand their learning needs and assess their knowledge to help them with needed skills. This will help smooth their transition to teaching by helping them understand the environment, culture, and its challenges.^[11] This researcher explored how new educators who had no teaching

experience coped with the challenges of working as clinical teachers. Novice educators described their experience in academia as “drowning”, where they felt overwhelmed with the responsibilities of the new teaching position. They found the transition from being experts in their previous jobs to novices in the new teaching positions very difficult. Thus, exploring and addressing these concerns may help new clinical teachers adapt more easily to the academic environment and have a positive teaching experience, particularly in the Saudi Arabian context.

Orientation of new nursing faculty members has been highlighted by some researchers as vital, including Baker who surveyed clinical teachers engaged in an orientation program.^[12] She concluded that the new faculty members found the orientation very helpful since it encouraged them to socialize with other faculty and administrators who later answered their questions and supported them during the transition time to their teaching roles. It is important to learn if such programs have been implemented in the Saudi context, and if so, what outcomes were achieved.

More studies need to be done to explore the experiences of CTs and help them adapt to the demands of academia. This will not only benefit the clinical teachers themselves, but also students who need effective teachers and positive learning environments. The study of the experiences of CTs is even more critical considering that they begin their academic careers without any significant clinical or teaching

experience.

2. METHODS

Because this topic has not been extensively studied in the context of SA, a qualitative descriptive design^[13] was selected for gathering comprehensive data from the study participants. Further, this design helped the researcher to obtain a rich description of CTs’ experiences.

2.1 Sampling and sampling procedures

The participants were selected from a nursing education program in SA, one of the educational institutions that employ CTs who have no prior experience as staff nurses. The nursing faculty members in this program do not have clearly defined roles and responsibilities; regardless of their academic position, they all have to perform the same duties, including clinical teaching (unnamed, personal communication, August 1, 2013). For this reason, lecturers, teaching assistants, and technicians who were from SA and had engaged in clinical teaching for a period of six months to four years were eligible to become study participants. Although the initial goal was to interview 6 to 10 clinical teachers, it became apparent after analyzing the data from the fifth interview that the pattern of findings in the data were repetitive and no new information was emerging. Therefore, the sample size consisted of five participants and the characteristics of the sample are summarized in Table 1.

Table 1. Characteristics of the sample

	1	2	3	4	5
Age	27	-	-	27	31
Sex	M	F	F	F	F
Position	Teaching Assistant	Technician	Teaching Assistant	Teaching Assistant	Lecturer
Employment Status	Full-time	Full-time	Part-time	Full-time	Full-time
Academic Degree	BScN	BScN	MScN	BScN	MN
Clinical Teaching Experiences	5 years	4 years	3 years	2 years	4 years
Nursing Clinical Experiences	None	None	None	None	2 years
Teaching Experiences	None	None	2 years teaching high school students as a volunteer	None	1 year teaching undergraduate nursing students in classrooms

2.2 Data collection methods

Upon receipt of ethical approval from the Research Ethics Board from the researcher’s University, a letter describing the purpose of the study was sent to one nursing education program in SA. As the participating program did not have an ethics review board, administrative consent from the lead

administrator of the nursing education program to contact faculty was requested. After receiving administrative consent, formal letters explaining the purpose of the study were mailed electronically to 33 faculty members whose names were provided by the academic program. Ten individuals responded to the request and six met the inclusion criteria.

Each of the six was sent an email that included a consent form and a formal letter explaining the study. Once the signed consent forms were received, interview dates were scheduled and interested participants were given the option to have a one-on-one Skype or telephone interview. One of the five individuals who originally was interested in participating, did not ultimately participate in the study.

Immediately prior to the interview, participants were asked the following three questions: (1) Do you have any questions regarding the study? (2) Can the interview be digitally audio-recorded? (3) Would you like to be interviewed in English or Arabic? This last question was included because the researcher is fluent in English and Arabic and was comfortable conducting interviews in both languages. Four participants chose to be interviewed via Skype, have the interview recorded, and preferred to communicate in Arabic. One chose a phone interview and requested not to be audio recorded. In this case, the researcher made notes during and immediately after the conversation. The interviews lasted from 35 to 90 minutes.

2.3 Data analysis

Data analysis was conducted as described by Sandelowski.^[13,14] First, the transcribed interview text was read while listening to the audio recordings to ensure that the interviews were transcribed accurately. Then, each interview transcript was read individually to gain a sense of the transcript as a whole, and key ideas (meaningful statements) were identified. Key ideas were compared and combined as each interview was read, and those ideas were coded. Finally, the codes were grouped together into themes.^[14]

3. FINDINGS

The purpose of this study was to explore the experiences of CTs with clinical teaching and student evaluation in a nursing education program in Saudi Arabia. Five themes emerged from the data and each will be described using text exemplars from participants. To protect their anonymity, reference to participants is noted using the female gender.

Theme 1: Organizational and administrative challenges of the clinical teaching role

A major challenge that many participants faced in their role in the nursing program was that they were hired without job descriptions. The participants viewed a job description as a document that outlines employee's duties in the nursing program, including information on obligations and responsibilities and on required employment hours. The unavailability of such an important document made it difficult for participants to know what was expected of their jobs. Having such a

document would have helped those teachers understand the key elements of their role. The participants described the absence of such a document left them "struggling" and "confused". One of them stated: "You feel like you are entering an unknown zone", while another shared the struggle to get a job description, so that the hours of employment could be known each week, saying: "We usually follow the student's schedule. For example, if students have only three hours in a clinical area, I work only three hours."

Not having a clear or any job description to guide clinical teachers pushed them to perform different duties every day, many of which were not necessarily their responsibility. For example, one participant revealed that "... the university assigns administrative tasks for us", while another stated that "... you have no clue either about your role or your position name."

Many of the participants interviewed commented on the lack of orientation sessions to introduce them to their new position, which pushed them to look for resources and information independently. But, despite the lack of an orientation program, the university offered various workshops and educational courses for clinical teachers through a training and development center. Some participants, however, shared that they did not take advantage of the center. The participants believed that the courses and/or workshops offered were not effective, as they did not address what they needed to know, and the content was not focused on clinical teachers. They said, "I don't feel they are suitable for me... because all workshops are designed for academic people..." The workshops did not necessarily cover any content on clinical teaching. Another participant shared frustration over not being able to take the courses because of center's eligibility criteria. Only teaching assistants and lecturers were granted access to the courses offered. The participants reaffirmed there is confusion about hierarchical layers and roles and responsibilities. For example, technicians were not supposed to conduct any clinical teaching, and their main duty was to coordinate laboratory schedules. Thus, they were excluded from attending the courses offered by the center. Time also prevented those teachers from attending courses and workshops. One said, "I heard (a specific course) was great for lecturers and teaching assistants, but I have had no chance to take it." While most of the participants expressed disappointment regarding the center's educational courses and workshops, one believed that the workshops and courses were very effective. This participant believed that satisfaction with the courses depended on the clinical teachers themselves: "I have taken some workshops and symposiums about how to teach and about the teaching role/responsibility... (and it) depend(s) on yourself, if you want to go or not." It would be helpful

to share upfront in the beginning of the finding as to who is who teaching assistants, lecturers, clinical teachers, and clinical instructors, so that it is easier for the reader to follow all the parties discussed in the finding sections.

Theme 2: Challenges in providing positive student practice experiences

The participants stated that they had encountered many challenges early in their teaching journey. The first challenge they had to deal with was communicating with the institution where students practiced. One participant talked about a situation that she had to deal with in one of the teaching hospitals.

Sometimes, there are some changes in the nursing college plans, such as a sudden call for a meeting with the dean, which forces me not to take students to their clinical practice [settings]. . . Hospitals do their best to accommodate students, and just to call them at the last minute to inform them that students won't be available, is not good.

Sudden changes in the nursing education program compelled clinical teachers to justify students' absenteeism to the hospital, and pushed clinical teachers to do additional work to find alternative activities for students.

Another challenge encountered by participants was providing a safe environment for their students. One participant described how having a good relationship with the hospital was a key factor that facilitated students' acceptance by staff in the clinical practice setting: "Trust me, without connections, you won't get in. . . You have to bring gifts, coffee, chocolates, anything that will make them happy." This was described as one of the accepted ways in which CTs engaged with hospital staff members to grant students' access to practice settings. The same participant revealed that it is the teacher's responsibility to make students' practice experiences more enjoyable, which is ". . . challenging and much more complicated than dealing with the students themselves." She also shared her worries when some of the hospitals prohibited students from practicing in their setting: "The most difficult point that I faced was when I had to explain to some students the reason why they would not be utilizing a particular hospital for their clinical practice. It was really embarrassing. I don't want the students to feel unwanted." The frustrations and pressure that each teacher experienced to provide meaningful learning experiences for their students was evident.

Another challenge participants experienced was coping with workload. The system of teaching hospitals in SA differs in terms of the student supervision system. One of the participants described frustration working in one of the hospitals, saying: "[I] work as a clinical teacher. . . at the same time [I

work as] a clinical instructor." Some of the teaching hospitals in SA provide clinical instructors to each unit to facilitate students' learning in the clinical environment. The instructor's main role is to make sure that students are learning the skills they need to acquire to work professionally in every unit. Consequently, clinical teachers (full-time nursing education program faculty) do not have to worry about making constant rounds to check up on students, as they have clinical instructors to support them in the hospitals. However, if clinical teachers are assigned to a hospital that does not provide clinical instructors, those teachers have to fill the clinical instructor role.

Having a large number of students is another concern, as the same participant shared:

Seventeen students is a really huge number. So imagine if you are walking into the hospital with 17 students. It looks scary. Sometimes I ask students to wait in the waiting area [and then] take them to their clinical settings in smaller groups.

As noted previously, the challenges that are faced by clinical teachers have the potential to affect the students' learning experience in the clinical practice environment.

Theme 3: Taking advantage of resources

Despite the lack of an orientation program offered by the nursing education program, the majority of participants shared positive experiences using available resources to help them succeed. They mentioned how helpful it was to have an informative mentor to guide and introduce them to their new position, including the main aspects of their role and responsibilities. They identified good mentors as those professors who taught theory courses and were responsible for facilitating the practice sessions. The participants noted: "[Shadowing the course professor] was a great experience; I learned a lot"; "It [was] very helpful to be shadowing the course professors at the beginning, to get a sense of the way [they teach]". The participants who had constant contact with an informative mentor viewed this as a good learning strategy and saw the connection as an excellent way to introduce them to their roles and responsibilities.

In addition to highlighting the importance of having a strong mentor to facilitate the CTs' role, having the chance to enroll in a Master's program was seen as a positive incentive offered by the nursing education program. All newly hired CTs had the option to enroll in a Master's program upon signing the employment contract with the nursing education program. The graduate program was a two-year program that consisted of intensive courses, including one focused on teaching methods. Participants also had the chance to be

mentored by senior students in the same graduate program (e.g., senior clinical teachers). All study participants who had completed the Master's degree pointed out the benefits of the program in preparing them for their new role as clinical teachers. One said: "studying in the Master's program... helped one to succeed as a clinical teacher".

Theme 4: Student evaluation: Making the right decisions

One of the challenges that restrained participants from evaluating students effectively was related to dealing with those students who do not perform well as they report and seek support from the students' rights organization in the nursing education program. Participants described important aspects of effective evaluation as conducting evaluations that are both accurate and meaningful. One participant described her frustration with sometimes being forced to change student marks: "If students are not satisfied with their marks... they go right away and complain, which causes problems for me. [I] usually... keep documents of everything. But sometimes the committee will force you to give another exam..." Another participant expressed how she proceeded with extreme caution when it came to evaluating students, because of the students' rights regulations.

In conjunction with challenges around student evaluations was the issue of English language skills. One participant expressed her frustrations:

English language, oh my God! There are a large number of students who do not have even basic English [skills], which makes a huge barrier for them in their clinical settings. This is one of the main challenges I face in practice as a clinical instructor, as well as a clinical teacher, because I have to stay with students until they take a case of a patient who speaks Arabic.

Additionally, one participant blamed the curriculum for causing this confusion, explaining that:

Our curriculum is based on the English language, and those students have no preparation [in English]. So when they come to school, they experience obstacles. At the same time, I am forced to speak in English and they have to respond in English, too... But honestly, there were a lot of times when I did speak in Arabic because I don't want to be unfair with them.

The participant explained that students themselves shared the blame for their lack of English skills because they did not make the extra effort to study English during the summer. As one participant commented, "I believe that learning English requires personal effort."

Another issue experienced by participants was the feeling of

being in a dilemma between lack of confidence in evaluating students accurately and making the "right" decision. The participants revealed feelings of insecurity and frustration with conducting student clinical evaluations. Some comments were: "[I] don't want to be unfair [with students]", "I do not feel my decision is enough", "I feel weak", "feeling guilty". One stated:

I feel that I need to consult others who have more experience than me [to make decisions regarding students' performance]... For example, one time I did fail a student and felt very guilty, even though [the student] was going to fail the course, anyway.

The participants' comments revealed the uncertainty they experienced when they made decisions regarding student evaluations. Their lack of confidence in making appropriate decisions sometimes prevented participants from making what they believed was the right decisions. Study participants had to go through several procedures in evaluating students which prevent them from making a decision on their own. Even though they have an evaluation sheet to follow, they have to engage in a "sharing evaluation", where SNCTs consult others (e.g., clinical teachers, professors, or lecturers) regarding the students' evaluations. The participants felt restricted and incapable of doing the evaluation alone. Additionally, the lack of authority they felt when grading students challenges their confidence in knowing they made the right decision.

That being said, the impetus to make the right decision has led some participants to appreciate working within a team in order to make decisions regarding students' practical work. As one participant stated: "Working as a team will protect me from making the wrong decisions... This way, I am avoiding... feeling guilty regarding any decision that I make. I want to work within a team forever." Usually, the final score is written after much discussion among the clinical teachers. The process of evaluating student performance and grading students in clinical practice varies among departments in the nursing education program. For example, the medical surgical department within the program evaluated students differently from the psychiatric department. One participant who worked in different departments stated: "I have full authority to grade students".

Theme 5: Overcoming challenges

Reflection was one of the methods adopted by participants to overcome challenges in their role. It was considered an important method used by some departments in the nursing education program to help CTs in their new role. In one of the departments, where CTs were asked to reflect and discuss their concerns experienced throughout the year was reported

as a helpful process. For example, one participant revealed, “[at] the beginning of each year, we usually meet with the course professors and other clinical teachers. In this meeting, we discuss what went wrong/right last year. . . .” Such meetings were helpful to prevent mistakes for the next academic year.

The participants also commented about some of the elements they thought they should have had before starting to teach in a clinical setting. One element was having teaching experience. One participant noted, “[having] teaching experience outside the university helped me a lot in my teaching learning.” She reflected on how she learned different teaching methods as well as how to use technology in her teaching. Another believed that taking initiative to engage in continuing education is a crucial characteristic for clinical teachers to develop if they are to succeed at their clinical teaching role. Workshops, education courses, and conferences are available for everyone, but one has to look for opportunities that facilitate success in the teaching role. One participant explained: “This is how it works in our university. . . . It all depends on you. . . . There are so many chances to develop yourself, [and] if you are not interested, nobody cares about you, and you will lose out on many things.”

Despite the various issues facing CTs, one participant shared her reasons for having to go through the difficulties to adapt to the new role, saying “the university does not support or provide you with funding. The only thing that the university does is push you to complete higher education and go abroad.” She went on to say that “The university’s main purpose is to do their job; they do not care about anything else.”

4. DISCUSSION

Other than the present one, no known studies have explored the challenges facing CTs in their clinical teaching roles. It is important to understand these challenges because clinical practice is at the heart of nursing education and students have the right to have well-educated clinical teachers, regardless of the context. This study is unique in that it describes issues that arise when newly graduated nurses transition from being a student to being a clinical teacher. This is in contrast to most developed countries, such as Canada, the United States of America, and the United Kingdom, where the transition is from expert clinician to novice clinical teacher. In the literature, many scholars have addressed the challenges that expert clinicians experience on their journey to becoming clinical teachers.^[15–18] However, no studies document the experience of SA nursing clinical teachers.

During the interview phase of the study, the participants,

whose clinical teaching experiences ranged from 6 months to 4 years, revealed that they were having difficulties assuming their clinical teaching roles and responsibilities. These challenges started from the time they were hired. Furthermore, most of the participants admitted to having no clinical nursing experience, and most of them started to work as clinical teachers immediately after they graduated from the undergraduate program. Studies that took place in Norway and Iran surveyed and interviewed nursing faculty and students, asking them what they considered the best characteristics of clinical teachers. Interestingly, both streams of participants (faculty and students) rated having clinical nursing skills as one of the best characteristics that make clinical teachers competent to teach in the practice areas.^[19,20] The importance of having enough clinical experiences was also reported by Saudi nursing students to be one of the essential aspects that every teacher must possess.^[6] Based on this evidence, it would be useful for CTs to have lived and worked in various nursing practice settings including where students seek their practice experiences prior to assuming a teaching position.

Many SA universities, however, still hire teaching faculty who have no clinical practice. This begs the question as to how these nurses can accurately convey the reality of clinical practice, if they have had no chance to practice as nurses. How does this lack of real-life nursing experience impact their teaching and reflect on current clinical practice? Kelly interviewed undergraduate nursing students about the critical characteristics of clinical teachers.^[21] The students believed that having clinical experience is crucial. In Kelly’s study, nursing students wondered how clinical teachers would evaluate them in skills they have not yet mastered. Hence, policies and practices concerning the length and scope of practice experience of new clinical teachers should be revisited by nursing education programs in SA.

The challenges that CTs experience during their clinical teaching align with the findings of Vande Griend, who interviewed nursing clinical instructors teaching at a university in Canada.^[22] Those clinical teachers experienced uncertainty and fear when they transitioned from competent registered nurses to new clinical instructors. However, the participants reflected the experience of uncertainty and fear in different ways from those in this study, indicating that their confusion arose mainly from a lack of understanding and ambiguity of their role and responsibilities. Consequently, this influenced their understanding of the job they needed to do and the working hours in which they needed to accomplish their work.

Participants seemed to face challenges not only with the

nursing education program environment but also with the clinical practice setting where they took students for clinical practice. Most of the participants shared the difficulties they experienced providing a comfortable environment for their students. Specifically, they had to find ways to convince organizations to accept the students, which increased pressure on the students. Newton, Brian, Cherene, and Cross concluded that students have to be provided with a positive learning environment where they can feel safe, comfortable, and welcome.^[23] These authors also shared that to facilitate positive environments, students have to be surrounded by clinical staff members who are willing to share their experiences and collaborate with the students.

In the literature, it is reported that one of the clinical teacher's responsibilities is to provide a positive learning experience for their students during clinical practice. Townsend and Scanlan discovered that undergraduate nursing students believe that clinical teachers are the ones who can make their clinical practice either a positive or negative experience.^[24] Nursing students also believed that providing a negative environment consequently influenced their self-confidence. Thus, it is very important for CTs to reflect on their actions and how these influence students in making the most of their clinical practice experiences.

Yet another challenge facing CTs is communicating with the hospitals where students engage in practice. All of the participants shared how frustrating it was for them to communicate with hospitals that often cancelled teaching opportunities with little or no notice. Another challenge that clinical teachers had to deal with is hospitals refusing to accept and accommodate large numbers of students in clinical environments. These types of problems stem from untimely communication by hospitals, resulting in undue stress for clinical teachers. In a study conducted by Bettancourt, Munoz, Merighi, and Santos, the authors reported that when nursing faculty members start to teach students in clinical practice, they enter a different life. Clinical teachers face a different environment, different people, and have different expectations.^[25] All of these changes may provoke feelings of insecurity. Hence, clinical teachers will start to feel overwhelmed trying to provide a pleasant experience for students. All of these changes must be addressed by the hiring schools. Additionally, the lack of orientation session that could benefit CTs to learn more about the working environment overstate the feeling of insecurity. The advantages of having an orientation program was clearly seen in the literature to be very helpful.^[12]

Along with the challenges confronting them as new nursing clinical teachers, CTs also shared how they experienced numerous positive aspects in their roles, such as having oppor-

tunities to access resources like going for Master's education, having mentors to learn about clinical teaching, possibilities to attend conferences and workshops, and having supportive peers, and colleagues. Taking advantage of these resources is consistent with,^[26] who reported that nursing clinical teachers use various available resources to learn about their role and responsibilities. Mentoring with senior clinical teachers was one of the important resources that CTs found helpful. Such findings are in alignment with Weidman who stated that offering a mentorship program would facilitate clinical teachers' transition to their role.^[10] Having the chance to enroll in a Master's program was one of the strongest resources they relied on. This education incentive is consistent with the findings of Vandegriend, who stated that new clinical teachers believed that attending a graduate program significantly helped them in their new role.^[22] In fact, 68% of the clinical teachers stated that, without their Master's study, they would not have understood their role as a clinical teacher. Interestingly, in the present study, participants believed that the teaching courses offered in the Master's program helped them to learn about their role which is consistent with the findings of Herman's study, where clinical teachers believed that the courses offered in the Master program helped them to acquire more knowledge about teaching and learning styles.^[27]

4.1 Implications and recommendations

The findings of this study emphasize the struggles and difficulties experienced by CTs. The uncertainty regarding their roles and responsibilities and the fear they encounter at the beginnings of their careers have to be thoroughly considered by the colleges of nursing. It is essential that the described experiences be valued and utilized to review the current hiring system to make the transition for clinical teachers easier. For example, clinical teachers who recently graduated should have worked as nurses on the front line, in real-life patient-care setting. This will help those clinical teachers to function in clinical settings when teaching nursing students. There is also a need to establish orientation sessions to introduce CTs to their roles, departments, and the available resources. Furthermore, having a clear role description for each clinical teacher, preceptor, and clinical instructor will decrease the confusion that CTs experience in each clinical rotation. It was evident that providing opportunities for CTs to reflect upon their experiences with students helps them assess and reevaluate students; experiences. However, it was not carried out in all departments. For this reason, it would be helpful to have a consistent policy that required all clinical teachers to reflect on their practice. Beyond sharing the experiences of challenging moments in clinical teaching, teachers also shared positive experiences from which each clinical

teacher could benefit, such as mentorship and enrollment in a Master's program. Such resources need to be examined to determine if they are readily accessible for clinical faculty, regardless of the title of the position, as this will promote access to the workshops and educational programs. Lastly, the nursing education programs must make it a priority to prepare those clinical teachers for immersion and success in their roles and responsibilities rather than pushing them to pursue higher degrees.

4.2 Limitations

This research focused on one cohort of clinical teachers from one college of nursing, and the study was conducted in one institution. For this reason, generalizing the results of this study should be done with caution.

5. CONCLUSION

Saudi nursing clinical teachers begin teaching undergraduate nursing students without any prior preparation. Indeed the lack of clinical experience as staff nurses makes it difficult for those teachers to embrace the importance of the profession and make connection to the real-life working environment. The dearth of literature exploring CTs' experiences is what led to this study, which aimed to explore their experiences regarding their roles and responsibilities as well as students' evaluation. The data from this study revealed that CTs encounter challenges with clinical teaching, and

that the lack of practical nursing experience prior to teaching makes the transition from being a new nursing graduate to a new clinical teacher overwhelming. All CTs pointed this fact out to their administrations and organizations as one of the difficulties they face at the beginning of their nursing careers. A clear point that emanated from the findings included many factors which influenced those CTs' ability and willingness to fully embrace their role and responsibilities, among which was lack of clear job descriptions and orientation programs. Another theme captured was the negative consequences of the lack of preparation of those clinical teachers up on students' experiences. These included providing safe environments for students, preparing them for real-life job realities in clinical settings, and helping them to achieve their daily goals. The findings of this study also highlighted the efforts that CTs undertake to improve their own teaching abilities, despite the challenges they encounter in their everyday practice. Because the data were limited to clinical teachers from one college in SA, it is important to explore whether these findings resonate with those of faculty members from different colleges of nursing in SA. It would also be beneficial to extend the study to include experienced Saudi clinical teachers, the insights of whom may add to the literature.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

REFERENCES

- [1] Alhusaini HA. Obstacles to the efficiency and performance of Saudi nurses at the Ministry of Health, Riyadh region: Analytical field study. Riyadh, Saudi Arabia; 2006. (in Arabic)
- [2] Mohammad H. 347 female graduated from different department in the health science department. Riyadh News Paper [newspaper on the internet]. 2013 May 5. Available from: <http://www.alriyadh.com/832237>
- [3] Eta VE, Atanga MB, Atashili J, *et al.* Nurses and challenges faced as clinical educators: A survey of a group of nurses in Cameroon. *Pan African Medical Journal.* 2011; 8(1): 1-8. <http://dx.doi.org/10.4314/pamj.v8i1.71085>
- [4] Almalki M, FitzGerald G, BOccThy MC. The nursing profession in Saudi Arabia: An overview. *International Nursing Review.* 2011; 58: 304-311. PMID:21848775 <http://dx.doi.org/10.1111/j.1466-7657.2011.00890.x>
- [5] AlHaqwi AI, Molen HT, Schmidt HG, *et al.* Determinants of effective clinical learning: A student and teacher perspective in Saudi Arabia. *Education for Health.* 2010; 23(2): 1-14.
- [6] Ali W. Caring and effective teaching behaviors of clinical nursing instructors in clinical area as perceived by their students. *Journal of Education and Practice.* 2012; 3(7): 15-25.
- [7] Cangelosi PR, Crocker S, Sorrell JM. Expert to novice: Clinicians learning new roles as clinical nurse educators. *Nursing Education Research.* 2010; 30(6): 367-371.
- [8] McArthur-Rouse FJ. From expert to novice: An exploration of the experiences of new academic staff to a department of adult nursing studies. *Nurse Education Today.* 2008; 28(4): 401-408. PMID:17826871 <http://dx.doi.org/10.1016/j.nedt.2007.07.004>
- [9] Baumlein GK. Assessing the learning needs of novice nurse faculty. In: *Sigma Theta Tau International Conference; 2006; USA.* Sigma Theta Tau International; 2011. Available from: <http://www.nursinglibrary.org/vhl/handle/10755/151357?mode=full>
- [10] Weidman N. The lived experience of the transition of the clinical nurse expert to novice nurse educator. *Teaching and Learning in Nursing.* 2013; 8(3): 102-109. <http://dx.doi.org/10.1016/j.teln.2013.04.006>
- [11] Anderson JK. The work-role transition of expert clinician to novice academic educator. *Journal of Nursing Education.* 2009; 4(48): 203-208. <http://dx.doi.org/10.3928/01484834-20090401-02>
- [12] Baker SL. Nurse educator orientation: Professional development that promotes retention. *The Journal of Continuing Education in Nursing.* 2010; 41(9): 413-417. PMID:20506931 <http://dx.doi.org/10.3928/00220124-20100503-02>
- [13] Sandelowski M. Combining qualitative and quantitative sampling, data collection, and analysis techniques and mixed-method

- studies. *Research in Nursing & Health*. 2000; 23(3): 249-255. [http://dx.doi.org/10.1002/1098-240X\(200006\)23:3<246::AID-NUR9>3.0.CO;2-H](http://dx.doi.org/10.1002/1098-240X(200006)23:3<246::AID-NUR9>3.0.CO;2-H)
- [14] Sandelowski M. Focus on qualitative methods qualitative analysis: What it is and how to begin. *Research in Nursing & Health*. 1995; 18: 371-375. <http://dx.doi.org/10.1002/nur.4770180411>
- [15] Emerson RJ. *Nursing education in the clinical setting*. St. louis: MO: Mosby; 2007. 3-15.
- [16] Kenny G, Pontin D, Moore L. Negotiating socialiation: The journey of novice nurse academics into higher education. *Nurse Education Today*. 2004; 24(8): 629-637. PMID:15519446 <http://dx.doi.org/10.1016/j.nedt.2004.08.002>
- [17] Neese R. A transformational journey from clinician to educator. *Journal of Continuing Education in Nursing*. 2003; 34(6): 258-262. PMID:14650565
- [18] Schriner CL. The influence of culture on clinical nurses transitioning into the faculty role. *Nursing Education Perspectives*. 2006; 28(3): 145-149.
- [19] Heshmati-Nabavi F, Vanaki Z. Professional approach: The key feature of effective clinical educator in Iran. *Nursing Education Today*. 2010; 30(2): 163-168. PMID:19699560 <http://dx.doi.org/10.1016/j.nedt.2009.07.010>
- [20] Johnsen KO, Asgaard HS, Wahl AK, *et al*. Nurse educator competence: A study of Norwegian nurse educators' opinions of the importance and application of different nurse educator competence domains. *Journal of Nursing Education*. 2002; 41(7): 295-301. PMID:12137120
- [21] Kelly C. Student's perceptions of effective clinical teaching revisited. *Nursing Education*. 2007; 27(8): 885-892. PMID:17321013 <http://dx.doi.org/10.1016/j.nedt.2006.12.005>
- [22] Vande GT. *Novice nursing clinical instructors: the lived experience*. [master's thesis]. Canada: University of Lethbridge; 2002. Available from: <http://hdl.handle.net/10133/2628>
- [23] Newton JM, Brian CJ, Cherene MO, *et al*. Student centredness in clinical learning: The influence of the clinical teachers. *Journal of Advanced Nursing*. 2012; 68(10): 2331-2340. PMID:22332974
- [24] Townsend L, Scanlan JM. Self-efficacy related to student nurses in the clinical settings: A concept analysis. *IJNES*. 2012; 8(1): 1-16.
- [25] Bettancourt L, Munoz LA, Merighi MA, *et al*. Nursing teachers in clinical training areas: A phenomenological focus. *Rev. Latino-Am. Enfermagem*. 2012; 19(5): 1197-1204.
- [26] Scanlan JM. Learning clinical teaching: Is it magic? *Nursing and Health Care Perspectives*. 2000; 22(5): 240-246.
- [27] Herrmann MM. The relationship between graduate preparation and clinical teaching in nursing. *Journal of Nursing Education*. 1997; 36(7): 317-322. PMID:9309566