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Healthcare in Low-resource Settings is an Open Access, peer-reviewed journal which aims to publish high quality, outcome-based research conducted in or applicable to low-resource settings. Potential topics of interest are also: comparison of different medical procedures in terms of their effects on healthcare resources; education of health professionals in rural areas; strategies to formulate effective health policies in those areas, and guidelines targeted specifically to them; advances in healthcare resource management. **Healthcare in Low-resource Settings** publishes *Research Articles*, *Reviews* (narrative, systematic and meta-analysis), *Case Reports*, *Debate Articles*, *Short Reports*, *Letters to the Editor*, and *Study Protocols*. The Journal also publishes thematic issues focusing on a single topic within the scope of the journal. Contextually relevant announcements, book reviews and abstracts from scientific meetings may also be hosted. Every article published in the Journal will be peer-reviewed by experts in the field and decided on by members of the editorial board.

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Nursing student perspectives on clinical instructor performance

Rizeki Dwi Fibriansari, Anggia Astuti, Zainal Abidin

Faculty of Nursing, Universitas Jember, Jember, Indonesia

Correspondence: Rizeki Dwi Fibriansari, Faculty of Nursing, Universitas Jember, Jember, Indonesia.

E-mail: rizekifibriansari@unej.ac.id

Key word: clinical instructor; nursing; satisfaction; student.

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Abstract

The rapid development of higher education in nursing and science and technology in Indonesia is still having problems related to the quality of learning, student graduates, and variations in academic quality that affect the quality of higher education. The perspective of nursing students is deemed a crucial factor for assessment and plays a significant role in enhancing learning activities and clinical practices. This study aimed to assess the perspectives of nursing students regarding the performance of their clinical instructors. This study employed a quantitative descriptive research design with an explanatory survey approach, utilizing a cross-sectional methodology. The criteria for selecting respondents consisted of 3rd and 5th-semester students who had completed clinical nursing practice in hospitals. The primary variable examined in this research was the performance of clinical instructors. Data collection was conducted using an instrument in the form of a Course Experience Questionnaire (CEQ) that employed a Likert scale to measure student perspectives on clinical instructor performance. To analyze the correlation between student satisfaction and the five aspects of the CEQ, Spearman's Rho correlation was employed. Nursing student perspectives on

clinical instructor performance using CEQ-23 have an overall effect on student satisfaction with a p-value of 0.000. The aspect that has the most influence on student satisfaction was the scale of Generic Skills with 67,7%. Technical proficiency and effective communication skills, clinical instructors must also possess a comprehensive understanding of their roles and functions in guiding students. To enhance the quality of teaching and institutions, it is essential to establish teaching objectives that prioritize the development of general skills and ensure that students comprehend these objectives. Moreover, it is crucial to maintain manageable workloads for instructors. Clinical instructors should consistently offer valuable feedback and guidance to students.

Introduction

The development and the role of a nursing higher education system are essential in the development of professional nursing services.^{1,2} This is in accordance with the aim of nursing higher education in Indonesia which was to produce nurses who are able to provide professional nursing services to patients. The nursing higher education system provides a comprehensive learning process using several forms of learning methods in the classroom, laboratory, and clinical practice.^{3,4} Nurse educators play a crucial role in ensuring that students can effectively apply the theoretical knowledge acquired in college, develop practical skills, and mature into competent nursing professionals.⁵ Additionally, they are responsible for providing guidance and direction to students during their clinical practice.⁶

Currently, there are numerous challenges in the implementation and management of clinical learning. The quality of higher education has become a significant topic of discussion, given the rapid growth of higher education in Indonesia, which has brought to light issues related to teaching and learning quality, the quality of graduates, and academic standards within higher educational

institutions.⁷⁻¹⁰ The obstacles that arise include variations in perceptions between academic supervisors and clinical supervisors in practice areas, as well as an inadequate number of preceptors, both in terms of quantity and quality. Consequently, this situation can lead to suboptimal clinical learning experiences and have implications for the attainment of competence.¹¹ The case guidance method in clinical practice offers students the opportunity to confront more significant challenges, which in turn encourages greater effort and performance in handling new cases. This approach can effectively boost motivation for addressing problems or challenges more effectively.^{12,13} Inadequate clinical instructor performance in nursing education can present a number of problems that have a crucial impact on nursing students. Students may not be able to develop the knowledge, skills, and competencies required in nursing practice. Student dissatisfaction with clinical instructors can affect their learning motivation.¹⁴ When they feel they do not receive adequate guidance or constructive feedback, their motivation to learn and interest in the nursing profession may decrease¹⁵ and they tend to have negative perceptions about nursing practice.

Preceptorship programs are still rare in Indonesia.¹⁶ The term preceptorship is better known as clinical guidance, while the preceptor is known as Clinical Instructor (CI).¹⁷ The government has regulated teaching hospitals regulations in which the hospital has the function of being a place for education, research, and health services in an integrated manner in the field of multi-professional education. The primary function of a Teaching Hospital is to offer integrated healthcare services with a strong emphasis on clinical governance, the advancement of research and technology, and the application of evidence-based practices, all while adhering to professional ethics and health law considerations.^{18,19}

The findings of the previous study indicated that only 17% of clinical supervisors utilized the bedside teaching method. This method is highly effective in educating students to master procedural skills, cultivate professional attitudes, explore biological or physical development, and enhance

communication through direct observation.³ In order to effectively manage patient cases, a comprehensive assessment is essential. Among the 58 respondents surveyed, 70.7% agreed that supervisors provide students with opportunities for such assessments. Moreover, supervisors play a pivotal role in identifying students' self-readiness through pre-clinical practice conferences.²⁰ Student's evaluation is one of the most widespread assessments; survey students' perception has an important role in encouraging higher quality assurance of education.²¹ Course Experience Questionnaire (CEQ) is one of the formal quality measurement instruments and is a significant source of evidence through which the quality of teaching can be assessed systematically.²² Factor analysis CEQ items include good teaching, appropriate workload, appropriate assessment, and general skills.

The problem-based learning method is carried out to gain new knowledge and understanding based on experience through various cases with the characteristics of each student.²³ The mentoring process requires a combination of guidance methods to complement each other's deficiencies. The bedside teaching method can be effectively combined with the case method and practical guidance methods. In this approach, each student is assigned an appropriate case to study, intervene in, and evaluate. Therefore, the clinical practice area must offer a variety of cases for analysis by each student. Given these challenges, there is a need to conduct research to understand the perspectives of nursing students regarding clinical instructor performance. The aforementioned issues have prompted the researcher to investigate the perspectives of nursing students regarding the performance of their clinical instructors.

Materials and Methods

Research design

This study employed a quantitative descriptive research design with an explanatory survey using a cross-sectional approach. The primary objective was to investigate the perspectives of nursing students regarding the performance of their clinical instructors.

Study participants

The population of this study comprised all Diploma nursing students, totaling 351 students. The sampling technique employed was purposive sampling, allowing the selection of nursing students based on specific criteria. These criteria included being at the diploma level, being in the 3rd or 5th semester, having completed clinical nursing practice in the field in 2022, and having fulfilled a minimum of 3 weeks of clinical rotations. The resulting sample size for this study was 202 students.

Variable, instrument and data collection

The variables in this research are clinical instructor performance. The data collection technique in this study was using an instrument in the form of a Course Experience Questionnaire (CEQ).²⁴ By using a Likert scale approach to measure students' perspectives on clinical instructor performance, the following was agreed response scores: Strongly agree (5), Agree (4), Neither Agree or Disagree (3), Disagree (2), and Strongly Disagree (1). The CEQ consisted of five factors, namely: Good Teaching Scale (6 items), Clear Goals and Standards Scale (4 items), Appropriate Workload Scale (4 items), Appropriate Assessment Scale (3 items), and General Skills Scale (6 items). The validity and reliability of the CEQ were investigated through exploratory factor analysis and Cronbach alpha coefficient.

This research involved students from the Nursing Study Diploma Program in collaboration with clinical nursing practice areas. Data collection took place online via Google Forms in December 2022. Participant selection was conducted by providing a detailed explanation of the research

objectives, benefits, and process, along with outlining the rights of participants during their involvement in the study.

Data analysis

Analysis was performed using descriptive statistics for the frequency, mean, and standard deviation of the demographic data. Correlation analysis between student satisfaction and the five aspects of CEQ was performed using Spearman's Rho correlation. The research results were used as a basis for determining strategic issues and formulating recommendations for institutions.

Ethical clearance

This research has been submitted to the Research Ethics Commission of the Faculty of Nursing, University of Jember with Number 158/UN25.1.14/KEPK/2022 on October 11th 2022. During the research, the researcher pays attention to the ethical principles of information to consent, respect for human rights, beneficence and non-maleficence.

Results

Based on Table 1, it showed that the characteristics of the respondents were mostly 5th semester students (64,4%), female (84,2%), and half (50%) were 21 years old.

Based on the outer loading value results, the distribution of variables was obtained from Table 2 on the Good Teaching Scale. There were clinical instructors who did not spend much time guiding at 1.5%, while 19.3% of clinical instructors were serious about understanding difficulties that might be experienced by students. Moreover, 16.8% of instructors explained various things to students. There were difficulties for students in the Clear Goals and Standard Scale aspect to know what was expected of nursing practice by 17.3%. Whereas in the Workload Conformity Scale, there were 5% of students who stated that they did not know what to expect from practice and the clinical

instructors did not explain from the start what they expected from students. According to the Appropriate Assessment Scale, 33.2% of clinical instructors were more concerned with checking students' memories than their comprehension, and 34.2% of instructors asked for facts. However, 20.3% of students responded on the Generic Skills Scale that problem-solving abilities were appropriately developed in nursing practice.

Based on Table 3, it was found that the statistical test from the Perspective of Nursing Students on the Performance of Clinical Instructors using CEQ-23 had an overall effect on student satisfaction with a p-value of 0.000. The aspect that has the most influence on student satisfaction was the Generic Skills Scale of 67.7%.

Correlation analysis was conducted to further see the perspectives of nursing students on the performance of clinical instructors. CEQ was significantly ($p < 0.01$) related to overall satisfaction (see Table 3) with $r = 0.626$. This showed that CEQ can assess student satisfaction by 62.6% of clinical instructor performance.

Discussion

Some clinical instructors, as indicated by the Good Teaching Scale assessment, allocate limited time to mentor students. Additionally, some instructors struggle to grasp their students' challenges and effectively communicate various subjects. The Preceptorship Method is designed to guide and motivate newly qualified practitioners through the transition from student roles to enhancing the quality of their practice. This process instills confidence in students as they navigate their new environment and embrace their roles as nurses. The preceptorship method encompasses a learning process that encompasses procedural (skills), affective, cognitive, and advanced nursing care objectives in sequential stages.²⁵ The application of a good preceptorship model can help students achieve the competencies students will achieve. The benefits of the preceptorship learning model related to the achievement of student competencies include: being able to increase the self-

confidence, self-esteem, and self-awareness of students, increasing student motivation in achieving clinical learning, increasing critical thinking skills, increasing skills to intervene creatively and also being able to improve professionalism.²⁶ Good teaching skills are considered to be able to improve academic quality in conducting teaching at institutions and broadly can increase student satisfaction.

Aspects of the Clear Goals and Standard Scale still have difficulties in knowing what is expected from nursing practice. Clinical learning is the focus of learning and teaching that involves clients directly and is the "heart" of nursing education in the nursing clinical practice program.²⁷ Clinical education involves collaboration and sharing of experiences between preceptors and practical students, and mutual support and trust in the learning environment.²⁸ Clinical education does not only provide lectures, information, and demonstrations of skills but involves students' active participation in learning.²⁹ Students must have clear ideas and goals when practicing. They also should have clear expectations about goals and expectations during clinical practice.

The workload scale aspect stated that they did not know what to expect from practice and the clinical instructors did not explain from the start what they expected from students. Based on research that the Appropriate Workload Scale is relatively lower and relatively higher for female students compared to university students.²¹ This proves that student perceptions differ based on the type and heavy workload that may not have a significant relationship between standards and expectations but can affect student learning potential. A heavy workload prevents students from training students to be able to manage stress so that learning is more effective and efficient.

There are still clinical instructors who are more concerned with testing than in evaluating student learning and who ask a lot of factual questions during practice, according to the Appropriate Assessment Scale. Numerous elements, including obligations and responsibilities in addition to money, can affect clinical supervisors' motivation in assisting student practitioners.³⁰ The motivation of clinical supervisors to guide is due to the arrival of students, it will increase

knowledge and are required to re-read about cases managed by students, as well as the incentives obtained after guiding students.

The Generic Skills Scale aspect states that nursing practice sufficiently develops problem-solving skills. A clinical instructor also called a preceptor, is someone who teaches, and provides guidance that can inspire. Thus, they become role models and support individual growth and development for a certain period with the specific aim of socializing precepts.²⁹ The preceptor is an individual who has at least 10 years of working experience in the same field or a related field. Communication and leadership skills, the ability to make the right decisions, and the support of professional development are the most important things in clinical learning.³¹ A preceptor is not only experienced and expert/competent in the clinical environment but also must have deep and broad scientific knowledge, and at least have an education equivalent to the educational level of students.³² The difference in education level between clinical supervisors and students will have an impact on the difficulty for clinical supervisors to provide teaching knowledge even though they are very knowledgeable in their abilities or skills.³³ The Generic Skills Scale aims to identify the degree to which higher education has contributed to the enrichment of skills relevant to employment. Thus, preceptors are required to have good competence according to their scientific fields. These are considered important in institutions which include the ability to solve problems, gather and analyze information, speak and communicate well with others, work in teams, and plan and organize activities.

In addition to possessing advanced expertise, a clinical supervisor must also serve as a role model, maintain a positive attitude, and exhibit extensive knowledge in their field. The role of clinical supervisors extends beyond providing guidance to nursing students and other staff; they are expected to exemplify qualities of a good person, effective nurse leader, and educator or counselor. According to the Health Personnel Education Center for the Development and Empowerment of Health Human Resources, desirable qualities for a clinical supervisor include maintaining a clean

and neat appearance and a healthy lifestyle, fostering positive interpersonal relationships and effective teamwork, valuing and respecting the dignity of patients as whole individuals, delivering appropriate services, applying appropriate concepts, procedures, and actions, and demonstrating a mature and responsible personality with a strong commitment to their work.³⁴ Student satisfaction is a very important subject for educational institutions to maximize student satisfaction and minimize dissatisfaction. This helps retain students and can improve institutional performance.

To be able to create a supportive learning environment, it is necessary to have a clinical supervisor who has solid knowledge besides having clinical skills, is skilled as a teacher, and has a commitment as a clinical supervisor. Clinical supervisors must have a higher nursing education background than student education if they have graduated, and have professional skills in certain clinical areas so that they can provide nursing services/care based on scientific principles. Since nursing is a field that is constantly evolving, clinical supervisors must continually refresh their knowledge and abilities. Aside from technical expertise, effective communication, clinical teaching methods, and clinical supervision, clinical supervisors also need to have a firm grasp of their position and function as student mentors.

Limitations of this research include that the time spent was limited to 1 semester period, thereby limiting generalization. Likewise, the subject's responses in this study depend on the respondent's personal feelings and willingness to express them openly and honestly. The influence of instructor clinical performance on learning outcomes requires further research.

Conclusions

In addition to technical and communication skills, clinical instructors must also possess a deep understanding of their role and function in guiding students. To enhance the quality of teaching and institutions, there is a need to emphasize the development of these general skills and provide clinical practice opportunities that actively engage students. Clinical instructors should receive

adequate support and ongoing professional development to meet the expectations and needs of students.

References

1. Suwanto T. Persepsi Mahasiswa D3 Keperawatan Mengenai Pembimbingan Klinik di Stikes Muhammadiyah Kudus. 2016.
2. Efendi F, Aji RS, Kurnia ID, et al. Determinants of maternal healthcare service utilisation among Indonesian mothers: A population-based study. *F1000Research* 2022;10.
3. Maulana MA, Priyono D. Faktor–Faktor yang Memengaruhi Pelaksanaan Metode Preceptorship pada Pembelajaran Praktik Klinik Mahasiswa Keperawatan di Rumah Sakit: Literature Review. *ProNers* 2020;7(1).
4. Afridah W, Trimartiana, Widiyanti P, Qomaruddin MB. Acceptance of interprofessional education (IPE) for educators at health-based faculty universitas nahdlatul ulama Surabaya. *Bali Med J* 2022;11:1121–5.
5. Mckenna L, Sommers CL, Rachmawaty R, et al. Postgraduate nurse education in Indonesia and Australia : A comparative analysis. *Nurse Educ Today* 2023;131:105954.
6. Willianti A. Analisis Persepsi Pembimbing Klinik Terhadap Penerapan Praktik Klinik Profesi Keperawatan Mahasiswa PSIK UNTAN. *ProNers* 2017;3(1).
7. Kaur S, Singh G, Garg A. Evaluating the relationship between the course experience questionnaire and student satisfaction: A case from India. *J Public Aff* 2022;22:e2471.
8. Acob JRU, Dewi YS, Arifin H. Five Cs as reflective learning attitude among Philippines nursing students. *J Ners* 2022;17:161–7.

9. Darmanto W, Claudia JA, Turnip BA, et al. Toxicity effects of 2-methoxyethanol on the nitrite level and damage in tissue of pancreas as a cause of diabetes in mice (*Mus musculus*) Balb/C. In: R. Y, T. M, I.T. A, D. T, K.A. S, editors. 3rd International Symposium on Current Progress in Mathematics and Sciences 2017, ISCPMS 2017. Department of Biology, Faculty of Science and Technology (FST), Airlangga University, Surabaya, 60115, Indonesia: American Institute of Physics Inc.; 2018.
10. Sukumaran S, Abdullah N, Thiagarajah S, et al. Sound E-Learning of STEM in Malaysian Higher Education Institutions. *Educ Adm Theory Pract* 2023;29:271–83.
11. Ashari I, Ratnaningsih S. Literature Review Gambaran Pelaksanaan Metode Preceptorship Pada Proses Bimbingan Mahasiswa Praktik Klinik. 2020.
12. Hababeh MO, Lalithabai DS. Nurse trainees' perception of effective clinical instructor characteristics. *Int J Nurs Sci* 2020;7:285–90.
13. Kørup AK, Søndergaard J, Christensen RP, Nielsen CT, Lucchetti G, Ramakrishnan P, et al. Religious Values in Clinical Practice are Here to Stay. *J Relig Health* 2020;59:188–94.
14. Sidaria S, Murni D, Khairina I, Nelwati N. Analisis Tingkat Kepuasan Mahasiswa Profesi Ners Selama Pembelajaran Klinis di Masa Pandemi Covid-19. *J Ilm Univ Batanghari Jambi* 2022;22:1057–63.
15. Puspitaningrum I, Hartiti T. Peningkatan kualitas personal Dan profesional perawat melalui Pengembangan keprofesian Berkelanjutan (PKB). Deepublish; 2017.
16. Ahsan A, Rahmawati IN, Noviyanti LW, et al. The Effect of the Application of the Team-STEPPS-Based Preceptorship Guidance Model on the Competence of Nursing Students. *Adv Med Educ Pract* 2023;817–26.
17. Asmara FY. Bedside Teaching: is IT Effective Methods in Clinical Nursing Students Learning? *J Ners* 2017;9:19–25.

18. PP Nomor 93. PP Nomor 93 Tahun 2015. 2015;120:259.
19. Permarupan PY, Al Mamun A, Hayat N, et al. Nursing management challenges: Effect of quality of work life on depersonalization. *Int J Healthc Manag* 2021;14:1040–9.
20. Iswahyuni S. Hubungan antara Persepsi Mahasiswa tentang Kemampuan Pembimbing Klinik dan Manajemen Pembelajaran Klinik dengan Kinerja Praktek Klinik Mahasiswa Akademi Keperawatan Mamba'ul Ulum Surakarta. Tidak Diterbitkan. Surakarta Univ Sebel Maret Progr Stud Magister Kedokt Kel. 2008.
21. Haidar FT. The Applicability of the Course Experience Questionnaire in Accounting Education in Saudi Arabia. *J Account Financ Audit Stud* 2021;7:184–207.
22. Spence M. Quality assurance in education. *Meas Bus Excell* 2000;4:7–8.
23. Fibriansari RD, Kurniawan W. Strategi Empowerment Pada Lingkungan Kerja Keperawatan. Banyumas, Jawa Tengah: CV. Pena Persada; 2021.
24. Salshabil RM. Persepsi Mahasiswa Fakultas Keperawatan Universitas Riau Mengenai Metode Pembelajaran Problem Based Learning (PBL). *J Med Utama* 2022;3:2232–40.
25. Sadeghi A, Oshvandi K, Moradi Y. Explaining the inhibitory characteristics of clinical instructors in the process of developing clinical competence of nursing students: a qualitative study. *J Fam Med Prim Care* 2019;8:1664.
26. Gemuhay HM, Kalolo A, Mirisho R, et al. Factors affecting performance in clinical practice among preservice diploma nursing students in Northern Tanzania. *Nurs Res Pract* 2019;2019.
27. Widuri W. Perbedaan Persepsi Mahasiswa Terhadap Kompetensi Preceptor Klinik Dan Preceptor Akademik pada Stase Keperawatan Dasar Profesi (KDP) Program Studi Ners Stikes Guna Bangsa Yogyakarta. *J Heal* 2019;6:95–9.
28. Saputra E, Handrianto C, Pernantah PS, et al. An evaluation of the course experience questionnaire in a malaysian context for quality improvement in teaching and learning. *J*

- Res Policy Pract Teach Teach Educ 2021;11:1–12.
29. AlMekki M, Qatouni F, Al Amoor H, et al. Clinical Teaching Effectiveness of Undergraduate Student Nurses in the United Arab Emirates. *SAGE Open Nurs* 2020;6:2377960820948640.
30. Dahlia S, Harun Z, Usman DN, Usman N. The Performance of Clinical Instructor toward Nursing Internship Students at Mental Hospital of Aceh Government. *Idea Nurs J* 2013;IV:8–17.
31. Fibriansari, Maisyarah W dkk. *Buku Pedoman Dokumentasi Keperawatan Berbasis 3S (SDKI, SLKI, SIKI)*. 2022.
32. Cheraghi R, Jasemi M, Namadi F. Effectiveness of the clinical teaching associate model in clinical nursing education. *Nurs Midwifery Stud* 2019;8:132.
33. Nursalam N, Fibriansari RDD, Yuwono SRR, et al. Development of an empowerment model for burnout syndrome and quality of nursing work life in Indonesia. *Int J Nurs Sci* 2018;5:390–5.
34. Kementerian Kesehatan Republik Indonesia. *Rencana Aksi Program (RAP) Badan PPSDM Kesehatan Tahun 2020-2024*. 2020;1–56.

Table 1. Characteristics of research respondents.

Indicator	F	%
Sex		
Male	32	15.8
Female	170	84.2
Age		
19 y.o	19	9.4
20 y.o	72	35.6
21 y.o	101	50
22 y.o	10	5
Semester		
3rd	72	35.6
5th	130	64.4
Total	202	100

Table 2. Distribution of research variables from the perspective of nursing students on clinical instructor performance.

No	Variable	f (%)				
		1	2	3	4	5
Good Teaching Scale						
1	The Clinical Instructor of this course motivated me to do my best work.	0	1 (0.5%)	8 (4%)	73 (36.1%)	120 (59.4%)
2	The Clinical Instructor put a lot of time into commenting on my work.	3 (1.5%)	1 (0.5%)	13 (6.4%)	73 (36.1%)	112 (55.4%)
3	The Clinical Instructor made a real effort to understand the difficulties I might be having with my work.	0	0	39 (19.3%)	77 (38.1%)	106 (52.5%)
4	The Clinical Instructor normally gave me helpful feedback on how I was doing.	0	0	25 (12.4%)	75 (37.1%)	102 (50.5%)
5	Clinical Instructors were extremely good at explaining things.	0	0	34 (16.8%)	73 (36.1%)	95 (47%)
6	Clinical Instructors worked hard to make their subjects interesting.	0	1 (0.5%)	27 (13.4%)	77 (38.1%)	97 (48%)
Clear Goals and Standard Scale						
7	It was always easy to know the standard of work expected.	0	0	15 (7.4%)	89 (44.1%)	98 (48.5%)
8	I usually had a clear idea of where I was going and what was expected of me in this course.	0	1 (0.5%)	28 (13.9%)	89 (44.1%)	84 (41.6%)

9	It was often hard to find out what was expected of me in this course.	3 (1.5%)	21 (10.4%)	35 (17.3%)	58 (28.7%)	85 (42.1%)
10	The Clinical Instructor made it clear right from the start what they expected from students	0	0	21 (10.4%)	74 (36.6%)	107 (53%)

Appropriate Workload Scale

11	The workload was too heavy.	9 (4.5%)	17 (8.4%)	48 (23.8%)	75 (73.1%)	73 (36.1%)
12	I usually had a clear idea of where I was going and what was expected of me in this course.	0	3 (1.5%)	43 (21.3%)	76 (37.6%)	80 (39.6%)
13	It was often hard to find out what was expected of me in this course.	10 (5%)	29 (14.4%)	22 (10.9%)	57 (28.2%)	84 (41.6%)
14	The huge amount of work to be got through in this course meant that it could not be all completely understood.	52 (25.7%)	65 (32.2%)	55 (27.2%)	29 (14.4%)	1 (0.5%)

Appropriate Assessment Scale

15	To do well in this course all you needed was a good memory.	1 (0.5%)	0	27 (13.4%)	80 (39.6%)	94 (46.5%)
16	The Clinical Instructor seemed more interested in testing what I had memorized than what I had understood.	6 (3%)	19 (9.4%)	54 (26.7%)	67 (33.2%)	56 (27.7%)

17	Too many Clinical Instructors asked me questions just about facts	2 (1%)	2 (1%)	69 (34.2%)	76 (37.6%)	53 (26.2%)
<hr/> Generic Skills Scale <hr/>						
18	The course developed my problem-solving skills.	1 (0.5%)	1 (0.5%)	41 (20.3%)	72 (35.6%)	87 (43.1%)
19	The course improved my logical skills.	0	0	26 (12.9%)	80 (39.6%)	96 (47.6%)
20	The course helped me develop my ability to work as a team member.	0	0	16 (7.9%)	87 (43.1%)	99 (49%)
21	As a result of my course, I feel confident about overcoming unfamiliar problems.	0	0	30 (14.9%)	77 (38.1%)	95 (47%)
22	The course improved my skills in written communication.	0	0	17 (8.4%)	84 (41.6%)	101 (50%)
23	My course helped me to develop the ability to plan my work.	0	1 (0.5%)	17 (8.4%)	81 (40.1%)	103 (51%)

Table 3. Statistical test of nursing student perspectives on clinical instructor performance.

Variable	CEQ	
	Sig (2-tailed)	Spearman's Rho correlation
1. Good Teaching Scale	0.000*	0.639
2. Clear Goals and Standard Scale	0.000*	0.312
3. Appropriate Workload Scale	0.000*	0.292
4. Appropriate Assessment Scale	0.000*	0.263
5. Generic Skills Scale	0.000*	0.677
6. Overall satisfaction	0.000*	0.626

*p = 0.01