



The competency of clinical instructors as it relates to the caring behavior of new nurses[☆]



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Abstract

Objective: This research aimed to identify the relation between clinical instructors and the caring behavior and commitment of new nurses in a hospital.

Method: Using a correlation descriptive research design, this study employed a cross-sectional approach with 104 new nurses of a hospital in South Jakarta. The measurement instruments regarding the clinical instructors' competence, a caring behavior inventory (CBI)-24, and a commitment questionnaire by Allen and Meyer.

Results: The result of a *t*-independent test reveals that (1) clinical instructors' competency is related to the new nurses' caring behavior ($p < 0.001$; $\alpha = 0.05$) and (2) the result of the chi-square shows no relation between clinical instructors' competency and the new nurses' commitment ($p = 0.844$).

Conclusion: Personal characteristics are the factors that are most related to the caring behavior of new nurses. Clinical tutoring teaching skill is the factor that is most related to a new nurse's commitment.

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Introduction

Caring means paying attention and love. It is also defined as a character existing in a nurse's self, and the characteristic of a professional nurse is possessing values of caring,

affection, and appreciation to humans.^{1–3} In providing nursing care to patients, a nurse inevitably performs caring behavior through affection, presence, and closeness, which can create a harmonious relationship between the nurse and the patient. Consequently, a nurse can provide appropriate and effective nursing action and improve patients' convenience.^{4,5} In addition to instilling caring values, a nurse must instill a commitment to work.

Commitment is loyalty, a person's attitude towards his or her work/profession. Advanced job commitment provides staff with the inspiration to work harder and be more prosperous and productive.⁶ Job commitment can enhance

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working performance, decrease absence, alleviate turnover, and contribute to the prosperity of both the staff and the organization.⁷ A nurse's commitment and caring behavior are created and maintained from the time he or she starts to work.

Development and coaching programs are essential for instilling commitment and caring behavior in new nurses; these programs can be conducted through a clinical guidance process. Clinical guidance can be performed using the preceptorship method. The success of preceptorship program depends on the clinical instructors' competency as a preceptor who transforms knowledge and experience of his or her health clinic and alters that knowledge and experience into an excellent attitude and behavior for staff (preceptees), particularly considering caring behavior and organizational commitment.

Method

This research employed a descriptive correlation design with a cross-sectional approach. The research sample was comprised of 104 new nurses, who were selected using a stratified random sampling technique, in a hospital in South Jakarta. The samples represent each level of education, baccalaureate of nurse and Diploma degree. A random sample was chosen from each stratum based on the number of samples of new nurses in each department and according to the inclusion criteria. The inclusion criterion of the sample was new nurses with 12 months of service or less.

The data was collected by employing questionnaires, including a respondents' characteristics questionnaire, a clinical instructors' competency questionnaire, a caring behavior questionnaire, and a commitment questionnaire. Asriyadi developed the clinical instructors' competency questionnaire, and the researchers modified it based on the perceptions of the new nurses. There were four response choices that used a Likert scale from 1 (strongly disagree) to 4 (strongly agree). The instrument was validated and relied on by employing a Cronbach's alpha of 0.974.

The caring behavior inventory (CBI)-24, developed by Wolf (1986), measured caring behavior. It was translated into Indonesian and modified into four answer choices: 1 (never), 2 (rarely), 3 (often), and 4 (always). This questionnaire was validated and relied on by employing a Cronbach's alpha of 0.941. The commitment variable was measured by employing Allen and Meyer's questionnaire, which was modified into a Likert scale to facilitate the respondents in answering the questionnaire's questions. The four Likert response choices of the questionnaire ranged from 1 (strongly disagree) to 4 (strongly agree). The result of validity and reliability test was the validated instrument, and Cronbach's alpha was 0.881.

The data was analyzed based on the data category, the data distribution results, and the purposes. A bivariate analysis was conducted to investigate the relation between two variables and a multivariate analysis was conducted to reveal the most dominant factor related to caring behavior (multiple linear regression) and commitment (logistic regression).

The data collecting process was conducted after the instruments passed the ethics exam from the Ethics

Committee of the Faculty of Nursing, Universitas Indonesia, and received consent from the hospital director. The research process was conducted, and the principles of research ethics were fulfilled; including written approval from respondents after informed consent, anonymity and confidential data, and voluntary.

Results

Clinical instructors' competency

The data analysis results in an equal proportion of new nurses who possessed good and poor perceptions of the clinical instructors' competence. Based on their perceptions, the clinical instructors' competency consisted of eight components. More than half of the new nurses perceived that their clinical instructors were good in knowledge (54.8%), teaching skills (52.9%), personal characteristics (52.9%), professional behavior and leadership ethics (59.6%), and leadership (56.7%). Most of them perceived that their clinical instructors' competency was good (64.4%). Nearly all of the nurses perceived the clinical instructors' competencies to be right in communication and interprofessional relations (90.0%) and easiness to consult (97.1%).

New nurses' caring behavior and commitment

The caring behavior of new nurses is depicted based on the CBI score: the higher the score, the better the behavior will be. This research reveals a score range of 24–96, and the mean score of the new nurses' caring behavior is 82.1 ± 9.2 . While the mean score of the new nurses' caring behavior is very similar in the five dimensions, knowledge and professional skill are the highest dimensions (3.5; 2.5–4.0), and care to others is the lowest dimension (3.19 ± 0.64) (Table 1).

The results of the data analysis indicate that the proportion of new nurses who possess high commitment is 51.9%. Meanwhile, the proportion of new nurses who possess high commitment on affective commitment is 58.7%; it is 67.3% on normative commitment, and the lowest commitment is continuance commitment at 51% (Table 2).

Factors related to caring behavior and commitment

The results of the analysis of the relation between characteristics (age, years of service, gender, education, and marital status) and the new nurses' caring behavior reveal only one gender, which statistically indicates the existence of a significant relation ($p = 0.016$). Meanwhile, age, years of service, education, and marital status do not indicate the existence of a significant relation to caring behavior ($p > 0.05$). The CBI mean score of the female new nurses is higher (5.22 points) than that of the male new nurses.

The research result of commitment indicates that characteristics (age, years of service, gender, education, and marital status) are not related to the new nurses' commitment ($p > 0.05$). Moreover, the proportion of the new nurses who possess high commitment between male and female is

Table 1 The distribution of new nurses' caring behavior in X hospital year 2018 ($n = 104$).

Variable	CBI mean score	95% CI
<i>Caring behavior</i>		
Total score	82.11 \pm 9.18	80.33; 83.90
Mean score	3.42 \pm 0.38	3.38; 3.50
1. Responding with respect	3.35 \pm 0.39	3.27; 3.42
2. Knowledge and professional skills	3.5 (2.5–4.0)	3.46; 3.64
3. Creating positive relation	3.42 \pm 0.47	3.33; 3.51
4. Admitting the existence of human	3.47 \pm 0.39	3.39; 3.54
5. Caring for others	3.19 \pm 0.64	3.07; 3.32

Table 2 The distribution of new nurses' commitment to X hospital year 2018 ($n = 104$).

Variable	Category	Frequency	Percentage %
<i>Commitment (composite)</i>	High	54	51.9
	Low	50	48.1
Affective commitment	High	61	58.7
	Low	43	41.3
Continuance commitment	High	51	49
	Low	53	51
Normative commitment	High	70	67.3
	Low	34	32.7

not significantly different ($p = 0.707$); they hold a diploma and a nursing degree ($p = 0.593$), and some of them are married while others are unmarried ($p = 0.700$). Age and years of service do not indicate a relation to the new nurses' commitment ($p = 0.783$; 0.176).

The results of the analysis indicate that the clinical instructors' competency is related to the new nurses' caring behavior ($p < 0.001$). With the exception of communication and interprofessional relation ($p = 0.226$) and easiness to consult ($p = 0.439$), nearly all of the competency components of the clinical instructors are related to the new nurses' caring behavior ($p < 0.05$; $\alpha 0.05$). The analysis result shows that the CBI mean score of the new nurses who perceive the clinical instructors' competency to be either good and poor is 9.65 point. In the category of competency related to caring behavior, the most significant difference of the CBI mean score is on communication and interprofessional relation dimensions (11.22 point), followed by personal characteristics (9.44), professional behavior and ethics (8.70), knowledge (7.78), leadership (6.39), teaching skills (6.16), and clinical competency (4.37). Although the dimension of easiness to consult has a difference of 1.83 points, this difference is not significant ($p = 0.439$). This result indicates that the communication component is not related to the interprofessional component; easiness to consult is not related to caring behavior.

The analysis result of the multivariate linear regression indicates that the components that relate to caring behavior are personal characteristics, gender, and the knowledge of the clinical instructors. Personal characteristics are the factor that is most related to caring behavior. The data analysis result reveals that the clinical instructors' competency is not related to the new nurses' commitment ($p > 0.05$). The result also shows that most of the new nurses who perceive

the clinical instructors' competency to be good have a strong commitment.

Discussion

Clinical instructors' competency

This research shows that the proportions of new nurses who perceive their clinical instructors as either good or poor are equal. Clinical instructors should possess the competency or the capability to guide new nurses. Clinical instructors' competency, proficiency, or deep knowledge can influence their counselees' professional development.^{8–10} Inappropriate clinical instructors' competency has an impact on the patients' safety and underqualified nursing education.¹¹ Safe nursing practices will take place if clinical instructors improve both their competency and their evaluations.

This research reveals that the clinical instructors' competencies that are perceived to be good by nearly all new nurses are communication ability and interprofessional relations and easiness to consult. While the new nurses feel that their clinical instructors are sufficiently optimal in responding and coaching, the conditions of the real field are frequently different because of the clinical instructors' bustle in performing their duties.¹⁰

The personal characteristics are the part of the clinical instructors' competency that is considered good by most of the new nurses. A personal characteristic is related to the learning process in the workplace, and it is proved that personal characteristics bring positive impacts to the quality of the nurses' clinical learning experience.¹¹

Teaching skills and knowledge are part of the clinical instructors' competencies that are necessarily improved in

this research. Leadership is also necessarily improved. The teaching skills and leadership of the clinical instructors can assist in the identification of learning need that is obligatorily provided for the new nurses,¹² and the new nurses can thus be supervised to improve their clinical competency.¹³

Caring behavior of new nurses

The analysis result shows that some new nurses have applied caring behavior well in their work while others have not. This condition is in line with the statement of Asriyadi.¹⁴ Nurses are required to not only understand, control, and alter patients, but also to cooperate with others, respect humans (including themselves) in the world,¹ and play an integral role, including clients' cultural values, attitudes, and beliefs when providing nursing care.¹² This research reveals that caring behavior that regards paying attention to others and giving a respectful response must be improved. Strong, caring behavior will improve clients' satisfaction from nursing services, and it will result in bed occupancy ratio (BOR) improvement. The longer new nurses practice, the more they report caring behavior about others' experience.

The commitment of new nurses

The research result indicates that the number of new nurses with a strong commitment is equal to the new nurses with a low commitment. New nurses need the commitment to improving their professional competencies and nursing quality. This finding is in line with the statement that the nursing manager must provide more caring to improve the nurses' commitment, which will improve their work performance.¹⁵ Numerous factors, including commitment, influence nurses' work performance. Nurses must commit to improving their professionalism and nursing quality.

Commitment is psychologically related to nurses' identity from an organization. It can also be used as a criterion to evaluate them. Commitment is closely related both to the intention to stay and work at a hospital as well as to the nurses' absences, and turnover conditions.^{16,17}

Factors related to caring behavior of new nurses

The resulting research shows that the nurses' age is not significantly related to caring behavior. It indicates that any age can perform a caring behavior with patients.

The result of this research shows that gender is significantly related to new nurses' caring behavior, with $p = 0.016$ ($\alpha < 0.05$), and most of the female new nurses perform the highest score of caring behavior (83.72 ± 8.07). Women have a maternal instinct that is crucially needed as a nurse, and they are more sensitive than men.¹⁸ Because female nurses have a maternal instinct, they perform more caring behavior than male nurses do.

The research result shows that education level is not significantly related to caring behavior ($p > 0.05$). In addition, the research reveals that most of the new nurses hold a diploma degree and that they perform the same score of caring behavior as those who hold nurse education (82.1).

A high level of education influences an individual's intellectual ability. The improvement of intellectual ability will enable a nurse to take an appropriate decision. It means that higher education provides better-caring behavior.

The research results show that a year of service is not significantly related to new nurses' caring behavior ($r = 0.147$). It can be inferred that both new nurses and old nurses can perform good caring behavior. Work experience does not guarantee the quality of nurses' caring behavior; that depends on their motivation in improving their work performance to create the best work productivity.

Almost all new nurses who perceive the component of the clinical instructors' competency to be good perform good caring behavior. They perceive the clinical instructors' competency to be functional and the score of the caring behavior is significantly related to a component of knowledge, clinical competency, teaching skills, personal characteristics, professional behavior, ethics, and leadership. Meanwhile, communication and interprofessional collaboration, and easiness to consult do not have a significant relation.

The result of this research indicates that there is a significant relationship between clinical instructors' competency (composite) and new nurses' caring behavior in a hospital. New nurses who perceive their clinical instructors' competency to be good perform better-caring behavior than new nurses who perceive their clinical instructors' competency to be poor. The result of the linear regression indicates that personal characteristics influence new nurses caring behavior. Clinical instructors' competency is vital to shape new nurses' character, which improves their caring behavior. This result is in line with Wade and Travis,¹⁹ who proposes that the effective qualities of clinical instructors include good communication ability, being a professional role model, sincerity in sharing their time with the preceptees, a good listener and manager, a sensitive leader to the preceptee's needs and inexperience, a comprehensive master of both recent and nursing theory, and a competent and confident person.

Factors related to new nurses' commitment

The result of the bivariate analysis shows that characteristics are not related to new nurses' commitment. However, the result shows that more male nurses who perform stronger commitment than female nurses. The result of this research also reveals that old nurses who work longer perform stronger in commitment than new nurses. Specifically, the years of service does not determine a nurses' commitment quality. The research result descriptively reveals that a lower level of education can perform with high commitment to an organization.

This research shows that clinical instructors' competency (composite) is not significantly related to new nurses' commitment ($p > 0.05$). Although the result of the bivariate test shows that clinical instructors' competency is not significantly related to new nurses' commitment, the result of the logistic regression test shows that teaching skills are the most related variable to new nurses' commitment. Clinical instructors' competency is one of the measurement tools used to evaluate their competency during the supervising process. This supervision is crucial to ensure that the process

of clinical guidance runs effectively, and its goals are thus achieved, including the improvement of the new nurses' commitment. To improve new nurses' competency, clinical instructors must have teaching skills during the clinical guidance process. They must have the ability to identify the learning needs of the new nurses¹² and create the lesson plans required by them so that the clinical learning process can run maximally and the quality of the nursing service improves.

This research concludes that the clinical instructors' competency is related to the new nurses' caring behavior and commitment in a hospital. The personal character of the clinical instructors is the factor that is most related to caring behavior while teaching skills is the factor that is most related to new nurses' commitment. The researchers suggest that hospital management include a *preceptorship* program for new nurses, continual education to improve clinical instructors' competency, and maintenance and strengthening of personal characteristics. To both maintain and improve new nurses' caring behavior, a caring personality must be instilled; the program to create a caring culture must include both strategic planning and an annual plan.

Conflict of interests

The authors declare no conflict of interest.

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