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## Accepting the role of clinical instructor by PhD graduates of nursing: A qualitative study

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### ABSTRACT

The importance of accepting the role as a key phenomenon in mental health of people, job satisfaction and desire to develop the qualitative and quantitative services have been known since a long time ago. PhD graduates of nursing have a key role in the qualitative and quantitative development of clinical nursing education but they earn no clinical skills in their courses. The present study has been conducted aimed to understand the experience of accepting the role of clinical instructor by this group of graduates. This study is a qualitative description which was conducted in order to get a rich and deep understanding of nurses' experiences in the field of acceptance of their roles as clinical instructors. Face to face and semi-structured interviews and a total of 19 interviews with participants were implemented to reach the complete saturation of data. The Conventional Content Analysis method was used in this study to collect and analyze data. Three main themes were identified in this study which were included: challenge of excellence, need to obtain professional identity and intelligent management. The experiences of participants suggested the use of intelligent management in the form of making professional authority or being away from practice in the rout of their role as the clinical instructor. According to this study, revision of curriculum content of PhD course of nursing and supporting the graduates and developing the clinical status seem necessary.

**Keywords:** clinical instructors, clinical education, accepting role, PhD of nursing

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### INTRODUCTION

Clinical education is very necessary and important in the nursing profession. So that more than 50% of the total nursing education has been assigned to clinical education[1] and is the main base of nursing education [2] that student learns clinical skills in real terms and develops his professional capabilities [3-4]and makes him ready for activity in clinical environment[5]. Of them, teachers as the important factors of education have the main role and considered as the main body of students' components in each university and health promotion in the society[6].

Nursing instructors have various roles [7]. Education is one of the most sensitive and time-consuming role among their roles. Educational role of nursing instructors presents in both theoretical and clinical fields[8]. The purpose of the role is a set of tasks assigned to the individual and the expectations that people have in relation to his role [9-10]. Today, nursing instructors face with the increasing expectations of students, colleagues and society in doing their roles as a clinical instructor[11]that nursing instructors with PhD degree of nursing have considerable importance in the qualitative and quantitative development of nursing profession because of their certain characteristics. This course of postgraduate studies of nursing was established following the development of sciences and changes in population age and increased needs of patients with the aim of improving clinical care through training the students and clinical staff and the use of clinical evidences in practice and participate in policy making of supplying activities and protecting public health with postgraduate courses in order to progress and develop the nursing science as well as training of teachers and educators and researchers and administrators and leaders and policymakers in the field of nursing [12].

Today, with increasing shortage of nursing instructors and the expectations that society has from its doctorate graduates, this group of graduates are seriously active in clinical education as well although it seems that the content of nursing PhD courses has no great compatibility with the expectations that people have from them as a clinical instructor [12]. Also, some believe that PhD graduates of nursing should be more presence in educational fields and improve the quality of nursing education and clinical care by playing the leadership and clinical educational roles[13][14]. There is no doubt that doing the role of clinical instructor depends on its acceptance by the above graduates, but the lack of scientific and practical capabilities and clinical status, put them in a difficult and disappointing situation that leads to occurrence of concerns and several psychological problems [15]. In the present circumstances that there is not reliable information about the experiences of this group of graduates in their roles as the clinical instructors, a quantitative study cannot provide an adequate knowledge framework of experiences from the participants. Given that qualitative studies have not been conducted for the above mentioned purposes about this group of participants in Iran, So the researcher tried to evaluate the experiences of PhD graduates of nursing from the accepting the role of clinical instructor by a qualitative study. This study was conducted aimed to explore the experiences of PhD graduates of nursing from their roles as the clinical instructors.

## MATERIALS AND METHODS

This is a qualitative study which was conducted with a content analysis method.

### Setting and participants.

Nursing instructors who were PhD graduated of nursing in time of this study and were employed for at least two years of clinical education of nursing students in the faculties of Nursing ShahidBeheshti, Baqiatallah, Tabriz, Urmia and Ardabil Universities of Medical Sciences and had announced its willingness to participate in the study, were enrolled. So that, selection of participants was begun in a targeted manner at first and from those who seemed to have most experiences about the intended phenomenon. Then according to data subjects, next sampling was done from the related people and groups. For example, when a participant said that, dominant methods of clinical education vary according to type and degree of university, researcher explored participants with different university types. In this study, participants were selected from five Universities of Medical Sciences in four cities of Tehran, Urmia, Ardabil and their hospitals. Data were collected through the use of deep semi-structured and face-to-face interviews in a private atmosphere. First, participant were asked: What are you doing clinically? Can you tell us about your one working day in clinical education? What problems and obstacles have you experienced in accepting the role of clinical education? Which strategies have you used to solve those problems? Following the above questions and the way of answering of participants, interview has been continued with more targeted and specific questions (you said that you establish an effective communications with the medical staff. How did you make that connection? For example).Time of interview was determined according to the demand and satisfaction of participants. A total of nineteen interviews were conducted between 35-110 minutes. Collecting data was continued until new code was not extracted. Also in order to have the maximum variation, both sexes and different years of service and organizational positions were selected.

### Data analysis.

Conventional content analysis according to Graneheim and Lundman method was used to analyze data (16). It was tried that every stage of content analysis was done by one of the research team (the interviewer) and then the results were discussed by the team members on the next stage. After each interview, its text was implemented on the paper

immediately and after review for several times that a general understanding was obtained, its primary codes were identified. With constant comparison of data and their similarities, the similar codes were merged and placed in the categories. It was tried that maximum homogeneity and maximum difference were observed within the categories and between the categories, respectively.

Continuous codes were compared with each other and similar codes were placed under a category. Finally, merging the similar subsets form the main themes. This process continued until the 3 last interviews did not add a new data to the previous ones.

#### **Trustworthiness.**

Credibility and conformability were established through member checking. The report of the analysis was returned to the participants in order to get assurance that the researchers had showed their real world in codes and extracted categories(17).

In the present study, in addition to long-term engagement with participants and understanding the truth about the environment, the researcher tried to provide an appropriate atmosphere which is required for a deep and free interview by obtaining their trust in order to increase credibility. Participants were asked to observe the obtained results from the interview analysis and state their opinions for member checking. Continues comparison of data was done from the first to the nineteenth interview and helped to separate categories. The reliability was obtained with identification of all primary data related to each theme for the study team members and six people who were interviewed. For transferability, due to this stage is available for other people and similar working groups that apply the results in their environment and report the obtained results. The researchers also tried to interview with maximum variation of participants. Thus, participants of both sexes, different service experiences, different executive positions and different types of universities were included.

**Ethical consideration.** This study was licensed by the Research Ethics Committee in ShahidBeheshti University of Medical Sciences under the number 84-16/8/2015 and after obtaining the relevant introduction letter from the above mentioned university and initial coordination with treatment centers and faculties of nursing, data collection began. First, participants were briefed about the objectives of the study and in case of tendency to participate in the study, written and informed consent was obtained and time and place of interview were determined based on the participants' willingness that in most cases the location of interview was the Faculty. Participants were assured that all personal information and voice and text of interviews are confidential and their names will not be mentioned.

## **RESULTS**

**Table1- Demographic variables of the participants in research**

| Sex | Age (years) | Role                        | YOE* as faculty | YOE in clinical practice Edu |
|-----|-------------|-----------------------------|-----------------|------------------------------|
| Fe  | 47          | Clinical educator           | 12              | 6                            |
| M   | 45          | Head of department          | 15              | 6                            |
| Fe  | 40          | Clinical educator           | 12              | 3                            |
| Fe  | 50          | Head of department          | 28              | 13                           |
| Fe  | 43          | Head of department          | 6.5             | 3                            |
| M   | 47          | Clinical educator           | 20              | 22                           |
| M   | 44          | Clinical educator           | 16              | 7                            |
| M   | 43          | Clinical educator           | 13              | 5                            |
| Fe  | 44          | Educational vice chancellor | 20              | 11                           |
| Fe  | 48          | Clinical educator           | 21              | 5                            |
| Fe  | 50          | Clinical educator           | 28              | 13                           |
| M   | 46          | Clinical educator           | 15              | 3                            |
| M   | 46          | Practical Nurse             | -               | 23                           |
| Fe  | 36          | Clinical educator           | 5               | 5                            |
| Fe  | 42          | Clinical educator           | 8               | 8                            |
| Fe  | 38          | Clinical educator           | 7               | 8                            |
| Fe  | 38          | Clinical educator           | 5               | 8                            |
| M   | 42          | Clinical educator           | 10              | 10                           |
| Fe  | 46          | Boss of N School**          | 12              | 1                            |

\*Years of Experiences \*\*Nursing School

Of 19 participants in this study, 12 (63.2%) and 7 (36.8%) of them were women and men, respectively. Clinical education experience of participants with PhD degree was between 1-23 years with an average of 8.4 years. Other demographic characteristics are shown in table 1. The results of the study which reflects the experiences of PhD nursing instructors about the acceptance of clinical instructor's role were put in three main themes including "Challenge of Excellence", "Need to Earn Identity" and "Intelligent Management" (Table 2).

### **1- Challenge of Excellence**

Clinical instructors tried to improve and develop their profession qualitatively and quantitatively and make it more efficient. Sometimes, they found themselves in a situation that conditions were not appropriate for implementation of their theoretical comments at practices and or there has not been any balance between the theoretical knowledge and clinical expectations of them and if this issue was related to the occurrence of organizational inconsistencies and being away from the support of policy-maker groups, a serious professional challenge was figured out for him. This category was included the following sub-categories: the impact of upstream policies and the paradox between knowledge and practice.

#### **1-1- The impact of upstream policies**

Participants knew the policy-making in different levels of organization as an undeniable impact on the future status of the professions of that organization. They believed that these policies are useable in various fields of human, material, financial, evaluation, development and determining the clinical instructors' missions. Clinical instructors are supported in the fields of finance, education and personal and social empowerment. One of the participants declares that: "It is true that we were dealing with clinical issues less in our training course, but we can be also efficient in clinical issues by using our capabilities especially our educational and research abilities. But supporting the empowerment of teachers is less and inadequate so empowerment policy in the field of nursing teachers should be revised seriously. I think it is possible to support teachers, better than past".

Another participant said:

"I've seen when the instruction comes from above, each of treatment and education sections do in their own ways. Each part has its own interpretation which is different based on its customer. They need to cooperate with each other, closely".

#### **1-2- Paradox between knowledge and practice**

The gap between the levels of knowledge and practice in clinical nursing as well as nursing education was the case which was addressed by many of participants. For example, one of the participants said:

"I translated a book regarding patients with leukemia and may have information in this regard as much as a blood specialist, but I don't know about drug injection. My control on the injection is less. I must learn more and somehow compensate it".

Another participant said: "I saw a doctor of nursing who was the author of nursing book, but he could not make his writings practical when he was teaching at practice, due to he had not done them practically".

### **2- Need to earn professional identity**

From the participants' viewpoint, what creates a professional identity for them is the beliefs of educational system and ideological context governing the nursing profession and professional identity will be earned, maintained and developed if the individual has ability to maintain and grow their intellectual resources and skills in their professional activities. They considered the factors which prevent from process of thinking and implementation of professional resources, as "Need to Professional Identity". This category includes the sub-categories of feeling of being excess at practice, Creating doubt waves and need to gain the confidence of the staff.

#### **2-1- Feeling of being excess at practice**

Participants talked about that their position has not been defined clearly at practice and nobody knows about the duties of PhD nursing instructor and in other words, in most cases their clinical practice has brought them a sense of being excess. One of the participants: "... None of management system and nurses know what impact I can have in the ward as nursing instructor or to what extent I can intervene and my boundaries of influence in the hospital as a faculty member is not clearly defined".

Another participant said: "We are guest forces in the ward and the ward is under control of the supervisor who is chosen by the Chief of Nursing Center and this president is selected by the President of the hospital. So in this situation we are foreign".

#### 2-2- Creating doubt wave

Doubt was a concept which was used to identify situations such as being uncertain and feeling of being useless and uncertainty which were understood by the participants in the clinical fields. Nursing teachers sometimes face with conflicts at practice that make their existence, identity and feeling of worthiness, questionable. In this regard one of the participants said: "It is interesting for my colleagues to see an individual with PhD degree who without any financial needs, is doing in the ward, and ask why you should work at practice when you have studies so much?" Sometimes clinical instructors have faced with the problems that most of them were due to being unfamiliarity with the routines in the wards and type of cases in clinical sections. The participant said: "..Major problem of clinical education for me was borne when I continued to study continuously without clinical experience. I was unfamiliar with the staff of the ward, the patient and routines and had to start anything from the beginning and as you know it is not easy and changes the viewpoints of other to doctorate".

#### 2-3- Need to earn the trust of staff

Based on viewpoints of the participants, clinical personnel including the physicians and nurses were untrusted about the effectiveness and capability of nursing instructors because their long-term absence from the clinical works periodically and lack of association or poor association of PhD lessons with clinical issues. In this regard one participant said: "Less interference of nursing teachers in clinical nursing issues and as they are only in certain days of the week in the practice they have only teaching role just in academic terms and they are not seen in the hospital always, has not created good view from the instructors in the minds of staff".

Another participant said: "Sometimes it is seen that the teachers know themselves higher and it will reduce trust to each other and empathy".

### 3- Intelligent Management

Participants used a set of actions based on their perception of the situation and priority of the needs of environment and their needs which were sometimes different from each other as their approach and strategy in the process of doing their roles as the clinical teachers that the outcome comes from this series of actions was as a basis for their next strategies. This group of actions was identifiable in two sub-categories of "playing the role of professional authority" and "being away from the practices" according to their similarities and differences.

#### 3-1- Earning professional authority

In the field which was identified with the challenge of excellence and need to earn professional identity, participants did something which was identified with the concept of Earn professional authority. The related sub-categories were as below:

##### - Gaining the clinical experiences

The participants who understand the importance of acquiring clinical skills in the clinical education, try to gain experiences and acquire skills in any ways that was possible. In this regard one of participants said: "My colleagues who come back to the clinical work after a while, said that they are afraid to work clinically as drugs are changed and the technology too, think about the ventilator which I knew, is changed. I have to leave training to clinical nurses but students and clinical nurses will discover that I do not have skills and it is not good".

##### - Help to solve the problem of clinical education

Clinical instructors try to make an efficient and useful contact with the staff and physicians to create safety and useful atmosphere to students learning. One of participants said in this regard that: "I try to make a good and professional connection with the nurses of the ward, so he/she will trust to me when supervisor knows me, the doctor will know me and an opportunity will be provided to make my teaching role easy and Students' educational problems will be solved as well".

Another participant said: "I try to provide a room in the ward through making connection so when student comes, he can see that I am studying and he can be in touch with me in a suitable situation".

- Clinical education with a focus on students

Another concept was identified in this regard which was completed with a group of similar actions including writing a daily work schedule for students individually, getting feedback from students, understanding the needs of students, respectful behavior, playing a role model for clinical nursing and anticipating the needs of students. In this regard one of the participants said: "I try to continue teaching at the practices following the skill lab education, but with a real patient and based on an educational program especially for the students in this time".

- Promoting the professional values

Participants tried to encourage students and the staff of the ward to understand the nature of nursing more by highlighting the positive aspects of the nursing profession.

A participant expressed his experiences in this way: "I always say it to the students that a patient is the most needed living creature that means all of his abilities are reduced and put him on your hand. The community treated you as well to help disable people. You, the nurse, help him to stand up again and come back to the normal life".

Another participant said: "I think beyond the practices. How I can teach nursing values with presence of different cultures such as justice?".

- Playing the role of a model

Some of Participants put themselves as a model for students and even for the personnel in whatever they present in theoretical and practical concepts of education. In fact, behavior of a teacher at the practice is the best model for simulation and step by step training of nursing skills principles from participants' viewpoint. In this regard, one participant said: "Student look at me as a role and model whom can be imagined as his future and whatever I am perfect in terms of prestige, dignity, character, behavior, manner, knowledge and professional behavior, therefore I can be a good model for the student and I usually try to improve my behavior and skill. I am continuously controlled by the students".

Another participant said: "...first of all, I had to accept my role as nurse which means if I did not accept that I am a nurse, I could not accept that I am an educational instructor as well. So, I unified with the nursing team as a good nurse".

### 3-2- Being away from the practice

Some of participants did a series of actions in the field of challenge of excellence and in front of the Need to professional identity, which were identified in this study as "being away from the practice". In these series of actions/interactions, the person will mainly carry out those actions according to his professional duties which were not associated with direct clinical education and covered the other educational aspects and non-clinical form of it. One participant said that: "I've seen a teacher who was not satisfied with clinical education and was drawn to the theoretical lessons or he teaches more theoretically than practically at the practices".

In this regard, another participant said: "That's right that I do not clinical education, of course. I did it before, I thing that cannot any change in it so come away from practice. Now most of my time was filled with student advices, learning and management issues as well as thesis of students which gets a lot of time from me".

Another participant said: "despite all needs that I felt to work clinically, but I was deprived the situation which has been created by the organization but I cooperate very closely with students and teaching colleagues in teaching and management issues. I have been informed from their problems and successes through numerous meetings and random inspections and have helped if I need to be involved".

**Table 2- Sub-categories and main themes of role acceptance**

| category                                  | Sub-categories                                                                                     |
|-------------------------------------------|----------------------------------------------------------------------------------------------------|
| <b>Challenge of excellence</b>            | The paradox of knowledge and practice<br>The impact of upstream policy                             |
| <b>Need to earn professional identity</b> | Feeling of being excess at the practice<br>Creating doubt waves<br>Need to earn the trust of staff |
| <b>Intelligent management</b>             | Earning professional authority<br>Stay away from the practice                                      |

## DISCUSSION AND CONCLUSION

Results of the present study included three categories which were shaped as the themes of challenge of excellence as a field that the process of playing the role of clinical instructor is done, need to professional identity and intelligence management. Participants in this study have pointed to the importance and place of clinical education and emphasized on the necessity of its qualitative development with emphasis on the role of clinical teachers. In this regard, the study of Rowe and Frantz [2012] showed that clinical education is the essence of science education in the field of health and clinical instructors have the main role in clinical education and feeling of professional identity by students [18][19]. Heidari and Norouzadeh [2015] showed in their study that based on the viewpoint of students, the clinical instructor and his abilities has an undeniable effect on the quality and quantity of students' learning [20]. Results have indicated the obstacles and challenges before the PhD nursing teachers accept their role as a clinical instructor as well as their experiences in the field of available policies in education and their sometimes separated performance in applying resources and policy-making and prioritizing of needs. So this issue has led to different interpretations and understandings of issued instructions and finally can provide the causes gap between education and treatment aims. It has been showed that if documents and upstream policies of the organization have passed from different ways and values, will not have equal cohesion and will lead to several professional challenges including conflict in the role of staff [21].

Another serious challenge in the process of acceptance of the role as the clinical instructor is ignorance of clinical areas from the duties and role of nursing instructors at the practices and basically the lack of a status for them at the practices. This case which has been the most mentioned issues by the participants shows the necessity of revision of upstream policy-makers in organization on the status of post-graduate of nursing in my country [Iran]. This issue may be one of the specific regional issues in our country Iran that the only available doctorate orientation of nursing [PhD] were used in clinical education because of the shortage of faculty members and special policies of each university. PhD course of nursing includes heavy concepts of advanced research and education while it has been silent about the other roles of teachers in educational fields. Also, this course does not present how to use the research achievements for the graduates practically[12, 22] [Anderson 2000, Beckett 2014]. Results of several studies have shown that the content of nursing PhD lessons does not fit with what students and personnel expect from him from the viewpoint of the most clinical instructors and it is essential that its curriculum content be revised seriously [23], [24].

Participants used the strategies in regard to the above matters which is totally called the intelligence management. Playing the role of professional authority was of these strategies that pointed to different aspects of applied strategies by the participants such as attempts to gain clinical experiences, creating professional perspective and playing the role of professional model. In fact, the above mentioned clinical instructors started clinical education in the environment and presented the roles of a leader or professional and scientific authority to escape from the professional challenges for leadership and professional authority. They started to gain experiences and involve themselves with clinical skills to fix the shortcomings of their own clinical skills and played the role of a model as a nurse and nursing teacher and at the same time developed the professional vision especially for nursing students and did necessary programming to access that vision. Adelman study [2014] showed that nursing instructors play a key role in qualitative and quantitative development of nursing cares and presenting the clinical education as the professional leaders and from the viewpoint of author anybody who follows a targeted educational work and wants to create changes and improve the quality of services is leader[25] [Adelman-Mullally, Mulder *et al.* 2013].

Of course some of participants used the strategy which was identified as the concept of being away from the practices. This concept was used for showing those actions which identified with avoiding and being away from the clinical involving under any title such as dealing with theoretical lessons or management and administrative affairs. Today, experts believe that when the goals of organization and people are not in line with each other and there is no acceptable job description for the staff, the individual seeks his job satisfaction in dealing with the other related issues that are not toward main aims directly[26]. Of course the clinical instruction who have been employed by the decision of the senior managers of organization in non-clinical affairs were not included in this study due to they did not have the necessary authority to choose their practical strategy to accept the role of a clinical instructor.

## CONCLUSION

This study showed that according to the importance of clinical education system in nursing profession and the effective role of clinical teachers in development and improvement of nursing also transferring the professional knowledge, revision of the lesson contents of the PhD courses is emphasized and it is necessary that policy-makers of nursing profession try to define and support practically the status of clinical education of nursing and clinical teachers more than before. Results of this research cannot be generalized to the other PhD graduates in other health areas and was not even included the doctorate of DNP clinical nursing.

### Acknowledgment

Thanking the all respected participants for the expression of their experiences, we also appreciate the Research Deputy of Shahid Beheshti University of Medical Sciences.

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