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The Role of Clinical Instructors and Caring Behavior of Nursing Students During Early Clinical Exposure

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Abstract

Introduction: Nursing education integrates theory and clinical practice through Early Clinical Exposure (ECE) to develop professional nurses with caring behavior. A lack of caring can affect patient satisfaction and service quality. Caring behavior can be influenced by Clinical Instructors (CI) as supervisors and mentors in the clinical practice setting.

Methods: This study employed a quantitative correlational approach with a cross-sectional design. The population consisted of 205 nursing students undergoing Early Clinical Exposure (ECE), with a sample of 136 respondents selected using a purposive sampling technique. The instruments used were the NSPIC questionnaire to measure the role of Clinical Instructors (CI) and the CBI-24 to assess students' caring behavior. Data were analyzed using the Spearman rank correlation test

Results: The results of the Clinical Instructor (CI) role questionnaire showed that most respondents were in the good category. Similarly, the majority of students' caring behavior was also classified as good. The Spearman rank test indicated that the p -value < 0.05 , with coefficient correlation 0,496.

Conclusions: There is a significant relationship between the role of Clinical Instructors (CI) and the caring behavior of nursing students during Early Clinical Exposure (ECE). The role of the Clinical Instructor (CI) can enhance caring behavior by providing motivation to nursing students, especially during ECE.

Keywords: Caring, Clinical instructors, Nursing students, Role

Introduction

Nursing education is a learning process that integrates theory and clinical practice with the aim of producing professional nurses who are competent and possess caring behavior (Nova, et al., 2023). In nursing education, Early Clinical Exposure (ECE) is used as a learning approach that provides clinical experience from the early stages of study to instill caring values in students, which is conducted in the sixth semester. Early Clinical Exposure (ECE) is used to facilitate nursing undergraduate students' adaptation to the hospital environment (Nasrin, Fateme, & Nasim, 2025). The (ECE) program enhances communication skills, the ability to assess patients' health history, and the ability to establish nursing diagnoses among nursing students (Afriliana, Suryawati, & Dwiantoro, 2022).

Some nursing students still do not fully demonstrate optimal caring behavior during clinical practice. Nurses or students are sometimes less responsive to patients' needs and have not fully

demonstrated empathy in providing care. This causes patients to feel less attended to, experience anxiety, and feel dissatisfied with the care provided by nurses (Falah, Mohamad, & Napu, 2021). When nursing students do not exhibit caring behavior, patients may feel uncomfortable and lose trust in healthcare providers. Lack of attention, empathy, and effective communication from nurses can make patients feel neglected and unappreciated during the care process. This can affect the image of the nursing profession and reduce the quality of hospital services (Afriliana, Suryawati, & Dwiantoro, 2022).

International studies show that the instrumental or physical domain of caring among nursing students tends to be more developed than the expressive or emotional domain. These findings have been reported in various countries, including Indonesia, Turkey, Italy, China, and Russia, indicating that students' caring behavior is still more focused on the technical aspects of nursing actions, while empathy, attention, and the development of therapeutic relationships with patients have not developed in a balanced manner (Permana, Yusuf, & Bakar, 2024). This condition is consistent with findings at the local level, where a descriptive study conducted at the Health Polytechnic of the Ministry of Health in Gorontalo among nursing students undergoing clinical practice showed that 37.8% of students were in the moderate caring category, 26.7% in the low caring category, and only 35.6% in the good caring category (Falah, Mohamad, & Napu, 2021). Caring among professional nursing students at a university in Jember has an average score of 2.8 out of a maximum value of 4. The lowest components of caring among these students include encouraging clients to engage in activities related to their beliefs, such as praying; encouraging clients to express their complaints and feelings; sincerely smiling while caring for patients; and involving patients in discussions about their health (Putri, Amrullah, Yuwanto, & Mukhtar, 2025).

Based on a preliminary study conducted on 6 nursing students undergoing ECE in Universitas dr. Soebandi, it was found that 4 students had caring behavior in the moderate category and 2 students in the good category. These students stated that caring behavior in providing nursing care had not been consistently implemented and was influenced by the role of the Clinical Instructor (CI) in providing guidance, supervision, and exemplifying caring attitudes toward patients during clinical practice.

Watson states that caring is the core of nursing practice, emphasizing the relationship between nurses and patients through attention, empathy, and presence. Caring is not only physical action but also a form of emotional involvement aimed at supporting the patient's healing process. In Watson's theory, there are 10 carative dimensions of caring behavior. These ten carative dimensions include forming a humanistic-altruistic value system, instilling faith and hope, enhancing self-awareness and empathy toward others, developing relationships in accordance with patient expectations, promoting and accepting the expression of positive and negative feelings, using systematic problem-solving methods in decision-making and transforming them into creative and systematic caring processes, enhancing interpersonal teaching-learning, providing psychological, physical, sociocultural, and spiritual environments, protecting and improving conditions by creating a healing environment at all levels, assisting in meeting human needs, and being open to understanding subjective experiences as

directly experienced by individuals. The application of Watson's theory is important not only for nurses but also for nursing students who are building foundational competencies during clinical practice. Nursing students require direct guidance from Clinical Instructors (CI) to be able to apply caring behavior in hospitals (Pratiwi, Haskas, & Darmawan, 2023). CI also have the responsibility to monitor, mentor, and serve as role models in the context of caring behavior for students. This guidance is crucial because CI do not only provide direction to nursing students but also serve as positive role models who possess self-awareness and sufficient experience to support the achievement of learning objectives (Sukaesih, et al., 2024).

The role of CI greatly influences the quality of clinical learning. However, their presence in providing guidance has not been fully consistent due to various factors such as having multiple roles and insufficient organizational readiness with students (Situmorang, 2022). Several studies show that special training can be an effort to improve the competency of CI in guiding students and supporting the implementation of caring behavior among students (Pebriani, Yuniarti, & Ramlis, 2024). Therefore, students' caring behavior does not only depend on their personal character and attitude but also requires the quality of clinical guidance they receive (Widari, 2024).

Efforts to improve caring behavior among nursing students can be carried out by strengthening the role of CI as clinical mentors in the ECE process. CI act as both supervisors and role models for nursing students. Therefore, the purpose of this study is to determine the relationship between the role of CI and the caring behavior of nursing students at Universitas Dr. Soebandi during the implementation of ECE.

Methods

The method used in this study was a quantitative approach with a correlational design and a cross-sectional approach. The population in this study included all fifth-semester nursing students in the Faculty of Health Sciences who participated in the Early Clinical Exposure (ECE) program, totaling 205 individuals. The sample consisted of 136 respondents, determined using the Slovin formula. The inclusion criteria for this study are active students of the Nursing Science Program at Universitas dr. Soebandi who are in their sixth semester and are willing to participate as respondents. The exclusion criteria are students who are on leave or ill at the time of data collection. The sampling technique used was random sampling. The instrument employed was the Nursing Students' Perceptions of Instructor Caring (NSPIC) questionnaire to measure the role of the Clinical Instructor (CI), which had undergone validity testing ($CVI-I > 0.78$; $r = 0.536-0.725$) and reliability testing (Cronbach's $\alpha = 0.741-0.903$). Respondents were asked to fill out informed consent before starting data collection. The data analysis were carried out using the Wilcoxon and Mann Whitney tests with SPSS software version 24. This study has received ethical approval from the Health Research Ethics Committee of Universitas dr. Soebandi with approval number: No.202/KEPK/UDS/II/2026.

Results

Table 1. Distribution of Respondents' Characteristics based on Gender of Nursing Students at Universitas dr. Soebandi in the Implementation of Early Clinical Exposure (ECE) in 2026 (n = 136)

Gender	Freq	%
Man	25	18,4
Woman	111	81,6

Table 1 shows that the majority of respondents were female, totaling 111 (81.6%), while a smaller proportion were male, totaling 25 (18.4%).

Table 2 Distribution of Respondents Based on the Role of the Clinical Instructor (CI) among Nursing Students at Universitas dr. Soebandi During Early Clinical Exposure (ECE) in 2026 (n = 136)

Role of the clinical instructor	Freq	%
Good	131	96,3
Fair	4	2,9
Poor	1	0,7
Total	136	100

Table 3 shows that the majority of respondents perceived the role of the Clinical Instructor (CI) to be in the good category, with 131 respondents (96.3%).

Table 3 Distribution of Respondents Based on the Caring Behavior of Nursing Students at Universitas dr. Soebandi During Early Clinical Exposure (ECE) in 2026 (n = 136)

Caring	Freq	%
Good	131	96,3
Poor	5	3,7
Total	136	100

Table 4 shows that the majority of respondents had caring behavior in the good category, totaling 131 respondents (96.3%).

Table 4 Cross-tabulation of the Relationship Between the Role of the Clinical Instructor (CI) and the Caring Behavior of Nursing Students at Universitas dr. Soebandi During Early Clinical Exposure (ECE) in 2026 (n = 136)

Role of the clinical instructor	Caring		Total
	Good	Poor	
Good	126	5	131
Fair	4	0	4
Poor	1	0	1
Total	131	5	136
<i>Spearman's rho</i>		$p = 0,000$	
<i>Koefisien Korelasi</i>		$r = 0,496$	

Table 5 showed the results of the crosstab analysis show that the majority of respondents had the role of the Clinical Instructor (CI) in the good category, with caring behavior also in the good category. The results of the Spearman rank test showed a p-value of 0.000 (< 0.05) with a correlation coefficient of $r = 0.496$, indicating a significant relationship with moderate strength and a positive direction between the role of the Clinical Instructor (CI) and students' caring behavior. Based on these findings, it can be

concluded that the better the role of the Clinical Instructor (CI), the better the caring behavior of nursing students during the implementation of Early Clinical Exposure (ECE).

Discussion

Table 2 shows that the majority of nursing students (96.3%) have a positive perception of the role of the Clinical Instructor (CI) during clinical practice. Based on the indicator analysis, the statement that obtained the highest percentage in the agree and strongly agree categories was related to the CI ability to provide encouragement and build students' self-confidence during clinical practice. These findings support previous studies, which indicate that the role of the CI as a clinical mentor contributes to increased student confidence and readiness in clinical practice (Toreh & Ria, 2025). Clinical instructors (CIs) can enhance students' self-confidence by providing motivation and serving as positive role models.

Meanwhile, the indicator with the lowest percentage was related to the CI support when students make mistakes during practice. In clinical learning, providing feedback is an essential part of the mentoring process, as it helps students understand their mistakes and improve their actions (Romadhani, Siti Nova, 2025). The CI also plays a role in providing direct guidance and evaluation so that students can gradually develop their clinical skills (Sukaesih, et al., 2024). CI serves as a clinical mentor who is responsible for directing, supervising, and evaluating nursing students' practice activities directly in the clinical setting (Azwani, Yullyzar, Mayanti, Kamil, & Maurissa, 2025). The CI also functions as an educator who provides explanations regarding nursing procedures, standard operating procedures, and healthcare service workflows to students during clinical practice (Purnamasari & Rohmah, 2022). Furthermore, the CI plays a role in enhancing students' critical thinking skills during clinical practice through structured, case-based mentoring processes (Widari, 2024).

In addition, the CI contributes to developing the professional readiness of nursing students through continuous supervision and evaluation during clinical practice (Azwani, Yullyzar, Mayanti, Kamil, & Maurissa, 2025). However, in its implementation, the role of the CI can be influenced by various factors present in the clinical environment. CI often carry dual roles as both staff nurses and student mentors, which may affect the effectiveness of the mentoring process due to increased workload and limited time for supervising students (Dominguez-Martis, et al., 2025). This has an impact on the effectiveness of the mentoring process, which may subsequently affect students' cognitive acquisition and skill development and also with nursing caring (Dias, Aderibigbe, & Abraham, 2026).

Moreover, specialized training for CI is an important factor in improving clinical mentoring competence. CI who do not undergo such training tend to have limitations in providing systematic guidance, including delivering feedback and evaluating students during clinical practice (Luciani, et al., 2024). The clinical experience of the CI also affects the quality of mentoring provided to students. CI with longer experience demonstrate better ability in managing clinical learning, providing

comprehensive guidance, and handling complex clinical situations compared to those with limited experience (Bwanga & Chanda, 2019).

The role of the CI is an important factor in shaping students' caring behavior during Early Clinical Exposure (ECE), as structured and consistent mentoring not only enhances clinical skills but also instills caring values. Although most students fall into the good category, there are still some who are not yet able to optimally apply caring behavior, indicating that clinical learning requires continuous development of professional values. In addition, factors that may influence include the condition of the ward, working shifts, and coping abilities.

Therefore, strengthening the role of the CI is necessary through systematic mentoring, the provision of feedback, and support from a conducive learning environment so that students' caring behavior can develop optimally.

Based on table 3, the majority of students (96.3%) demonstrated caring behavior in the good category. Based on the indicator analysis, the statement regarding nursing students' ability to respond quickly to patient calls obtained the highest percentage in the agree and strongly agree categories.

Meanwhile, the indicator with the lowest percentage was related to students' ability to spend time with patients. In the concept of nursing practice, presence and time spent interacting with patients are essential components in building therapeutic communication and nurse–patient relationships (Pakpahan, Hutabarat, & Devi, 2025). This is supported by studies explaining that communication between nurses and patients is a key component of nursing care that influences the quality of care and patient health outcomes (Sarah, et al., 2025).

Caring behavior is understood as the core of nursing practice, reflecting empathy, compassion, professional responsibility, and the ability to meet patients' needs holistically [30]. Caring behavior is also defined as a form of nursing action oriented toward attention, respect, communication, and the active involvement of nurses in the nursing care process to improve patients' health conditions (Chrisnawati, Lima, Trihandini, & Maratning, 2020) (Luciani, et al., 2024). In nursing education, caring behavior is a competency that must be developed early through the learning process, as caring serves as the primary foundation for the development of professional competence among nursing students. Nursing students develop caring behavior through the integration of theoretical learning and clinical practice, emphasizing aspects such as empathy, compassion, therapeutic communication, and the ability to establish interpersonal relationships with patients (Bukian, 2025).

The nursing education process shapes caring behavior through the internalization of humanistic values, enabling students to consistently apply caring in clinical practice. Students' caring behavior during the implementation of ECE reflects the outcomes of the clinical learning process they have undergone, particularly in terms of the internalization of caring values, the ability to build therapeutic relationships, and the application of empathy and communication in nursing practice. This also indicates that the ECE experiences gained by students play a role in shaping professional attitudes, so that caring

behavior is not only understood theoretically but also manifested in real actions during the delivery of nursing care.

Based on the results of the study, there is a relationship between the role of the CI and the caring behavior of nursing students during the implementation of ECE. The majority of nursing students (96.3%) have a good perception of the role of the CI, and most students (96.3%) also demonstrate caring behavior in the good category. Statistical analysis shows that nursing students who perceive the role of the CI as good are mostly in the good category of caring behavior, while those with moderate and poor perceptions tend to have caring behavior in the moderate and poor categories.

The results of the statistical test using Spearman Rank indicate that the $p\text{-value } (0.000) \leq \alpha (0.05)$, therefore H_0 is rejected and H_a is accepted, meaning that there is a relationship between the role of the CI and students' caring behavior. The correlation coefficient value (0.496) indicates that the strength of the relationship is moderate with a positive direction. Thus, it can be interpreted that the better the role of the CI, the better the caring behavior of nursing students during the implementation of ECE.

In addition, based on indicator analysis, the aspect of the CI role that obtained the highest percentage is the CI's ability to provide support and encouragement to build students' self-confidence during clinical practice. Meanwhile, the lowest percentage indicator is related to the CI ability to provide support when students make mistakes during practice. In clinical learning, support from mentors is an important component that influences the student learning process, particularly in increasing confidence and the ability to handle clinical situations (Romadhani, Siti Nova;, 2025). Caring behavior can be understood as a construct of affective values formed through interpersonal interactions, therapeutic relationships, and empathetic experiences in nursing practice, in which the clinical instructor functions as a role model in the process of instilling these caring values (Gustirosi & Perangin-angin, 2025).

Within the framework of the clinical learning environment theory, the role of the clinical instructor as a facilitator, supervisor, and role model contributes to the development of students' professional attitudes, including caring behavior (Romadhani, Siti Nova;, 2025). In addition, within the concept of experiential learning, experience-based learning guided by the CI plays a role in shaping competencies and professional attitudes through reflection and feedback processes during clinical practice. The CI acts as a bridge between theory and practice, making clinical experience the primary means for the internalization of caring values (Situmorang, 2022).

Strengthening the role of the CI in clinical learning is essential through improving mentoring competencies, particularly in aspects of therapeutic communication, feedback provision, and professional role modeling, so that students' caring behavior can be optimally developed. Furthermore, a holistic clinical learning approach is needed through direct experience, reflection, and intensive interpersonal interaction between students and clinical instructors during ECE.

Conclusion

The role of the Clinical Instructor (CI) among nursing students at Dr. Soebandi University during the implementation of Early Clinical Exposure (ECE) is mostly categorized as good. The caring behavior of nursing students at Dr. Soebandi University during the implementation of ECE is also predominantly classified as good. There is a positive relationship with moderate strength between the role of the CI and the caring behavior of nursing students during the implementation of ECE.

Author Contributions

First author: designing the whole concept of the study, collecting and analyzing the data, and writing the manuscript.

Second author: giving a guidance for the researcher during the process of research preparation and implementation, supervising and ensuring that research project is carried out in accordance with the methodology research.

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Conflict of Interest

The authors have reported no conflicts of interest.

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