

Innovative Practices of Clinical Instructors and their Relationship with Student Performance: Basis for an Enhancement Program

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ABSTRACT

This study determined the relationship between the innovative practices of clinical instructors and the student performance of nursing students at the University of La Salette as basis for a proposed Clinical Practice Enhancement Program. The study used a descriptive-correlational research design and involved third-year and fourth-year nursing students as respondents. A structured survey questionnaire was used to gather data on the respondents' profile, the level of innovative management practices of clinical instructors, and the level of student performance based on the Six-Dimension Scale of Nursing Performance. Frequency, percentage, weighted mean, Kruskal-Wallis H test, Mann-Whitney U test, and Pearson correlation coefficient were used to analyze the data. Findings revealed that the respondents were mostly within the 20-23 age range, predominantly female, and almost evenly distributed between third-year and fourth-year levels. The innovative management practices of clinical instructors were rated Very Highly Practiced, particularly in transformational leadership, support for professional development, creativity and change management, participative decision-making, and the use of technology and evidence-based practices. Student performance was rated Excellent across the six dimensions of nursing performance, with interpersonal relations as the strongest area and leadership as the area needing further strengthening. The findings also showed no significant differences in the students' evaluation of clinical instructors' innovative practices and student performance when grouped according to age, sex, and year level. However, a significant positive relationship was found between the innovative practices of clinical instructors and student performance. Thus, the null hypothesis on the relationship between the two variables was rejected. The study concluded that innovative, supportive, participative, and evidence-based clinical instruction contributed meaningfully to better student performance. Based on the findings, an Enhancement Program was proposed to sustain effective clinical teaching practices and further improve student leadership, feedback-seeking behavior, technology use, reflective learning, and professional development.

Keywords: clinical instructors; innovative practices; student performance; nursing education; clinical learning; enhancement program

INTRODUCTION

Nursing education asks students to bring together what they learn in lectures, laboratories, and actual patient care. In this process, clinical instructors serve as the steady bridge between theory and practice. They help students apply nursing concepts, make safe decisions, communicate with patients and health-care teams, and observe professional and ethical standards. The quality of clinical teaching therefore shapes not only what students know, but also how carefully, confidently, and responsibly they perform in the clinical setting.

In this study, innovative practices refer to clinical teaching and supervision that move beyond routine demonstration and task-checking. These practices include transformational leadership, participative decision-making, creativity and change management, technology-supported and evidence-based instruction, and support

for professional development. When used well, these approaches make clinical learning more active, reflective, responsive, and grounded in real patient-care expectations.

Clinical instructors carry many roles. They teach, supervise, mentor, model professional behavior, assess student performance, and connect the academic environment with the clinical area. Consolo et al. (2025) emphasized that clinical instructors are key persons in linking theoretical education with real practice, while Hobenu et al. (2025) noted that clinical training strengthens practical skills, decision-making, problem-solving, and critical thinking. These ideas show why clinical instruction must be intentional, supportive, and open to innovation.

Student performance in nursing is a meaningful indicator of readiness for safe, competent, and compassionate care. This study examined student performance through the six areas of nursing performance: leadership, critical care, teaching-collaboration, planning-evaluation, interpersonal relations, and professional development. These dimensions, adapted from Schwirian's Six-Dimension Scale of Nursing Performance, provide a practical way to describe how students demonstrate competence, responsibility, teamwork, and growth during clinical learning.

The need to examine innovative clinical teaching is timely because nursing education continues to face new technologies, evidence-based standards, and complex clinical situations. In the Philippine context, research on clinical instructors' competencies and pedagogical performance exists, but direct evidence on innovative clinical teaching practices and student performance as perceived by nursing students remains limited. At the University of La Salette, third-year and fourth-year nursing students already have clinical exposure and are expected to demonstrate growing independence, accountability, and competence.

Thus, this study determined the relationship between the innovative practices of clinical instructors and the student performance of nursing students at the University of La Salette. Specifically, it described the respondents' profile, assessed the level of innovative management practices of clinical instructors, described student performance using the Six-Dimension Scale of Nursing Performance, tested significant differences according to profile variables, determined the relationship between the two major variables, and formulated a Clinical Practice Enhancement Program based on the findings.

MATERIAL AND METHODS

Research Design

This study employed a descriptive-correlational research design. The descriptive part determined the profile of the student respondents, the level of innovative practices of clinical instructors as evaluated by students, and the level of student performance based on the adapted Six-Dimension Scale of Nursing Performance. The correlational part examined the relationship between clinical instructors' innovative practices and student performance. This design was appropriate because the study described existing conditions and tested relationships among variables without manipulating the respondents or the clinical learning environment (Creswell & Creswell, 2018).

Locale of the Study

The study was conducted at the University of La Salette, Inc., Santiago City, Philippines, particularly among nursing students who had already experienced clinical learning activities. The locale was selected because the College of Nursing provides an appropriate setting for examining how students evaluate the innovative practices of clinical instructors and how such practices relate to student performance.

Respondents of the Study

The respondents were third-year and fourth-year nursing students of the University of La Salette. These students were selected because they already had meaningful exposure to clinical learning activities and were therefore capable of evaluating the clinical teaching practices of their instructors based on actual experiences. Only students

served as respondents; clinical instructors were not respondents, although their roles as teachers, supervisors, mentors, role models, and evaluators were central to the variables examined.

Sample and Sampling Procedure

The sampling frame consisted of officially enrolled third-year and fourth-year nursing students of the University of La Salette. Simple random sampling was used to select respondents from the approved list of students. The original population consisted of 445 students, with 245 third-year and 200 fourth-year students. Using the Raosoft sample size calculator at a 95% confidence level and 5% margin of error, the minimum computed sample was 207. In the final analysis, however, 383 valid responses were included, allowing the study to present a broader representation of the two year levels.

Research Instrument

Data were gathered using a structured survey questionnaire. Part I gathered the profile of the student respondents in terms of age, sex, and year level. Part II assessed the innovative practices of clinical instructors as evaluated by students in terms of transformational leadership, participative decision-making, creativity and change management, use of technology and evidence-based practices, and support for professional development. This part was adapted from leadership and innovation constructs based on the Multifactor Leadership Questionnaire of Avolio and Bass (2004) and was modified for clinical instruction.

Part III measured student performance using an adapted form of Schwirian's Six-Dimension Scale of Nursing Performance (Schwirian, 1978), covering leadership, critical care, teaching-collaboration, planning-evaluation, interpersonal relations, and professional development. Since the original instrument was designed for nursing performance, the items were modified to fit student-nurse clinical learning and were submitted for expert validation. Reliability testing was also conducted to determine the internal consistency of the adapted tool.

Data Gathering Procedure

After securing the necessary permission from the university and the College of Nursing, the researcher administered the structured questionnaire to the qualified third-year and fourth-year nursing students. The respondents were informed about the purpose of the study, their voluntary participation, and the confidentiality of their responses. Completed questionnaires were gathered, checked for completeness, encoded, and treated statistically according to the objectives of the study.

Data Analysis Techniques

Frequency and percentage distribution were used to describe the respondents' profile in terms of age, sex, and year level. Weighted mean was used to determine the level of innovative practices of clinical instructors and the level of student performance. The Kruskal-Wallis H test was used to determine significant differences when respondents were grouped according to age, while the Mann-Whitney U test was used for sex and year level. Pearson correlation coefficient was used to determine the strength, direction, and significance of the relationship between innovative practices of clinical instructors and student performance.

Ethical Considerations

The study observed voluntary participation, informed consent, confidentiality, anonymity, respectful treatment of respondents, and responsible data management. Permission was obtained from the University of La Salette and the College of Nursing before data gathering. The respondents were informed that they could refuse participation or withdraw at any time without penalty. Their names were not required in the questionnaire, and all responses were presented only in summarized form. The data were used solely for academic purposes and were handled in accordance with the Data Privacy Act of 2012.

RESULTS AND DISCUSSION

Profile of the Respondents

Table 1. Frequency and percentage distribution of respondents in terms of age, sex, and year level

Profile Variable	Frequency	Percentage (%)
Age	Frequency	Percentage (%)
18-19 years old	69	18.0
20-21 years old	154	40.2
22-23 years old	137	35.8
24 years old and above	23	6.0
Sex	Frequency	Percentage (%)
Male	84	21.9
Female	299	78.1
Year Level	Frequency	Percentage (%)
3rd Year	198	51.7
4th Year	185	48.3
Total	383	100.0

Table 1 shows that most respondents were 20-21 years old (40.2%), followed by those aged 22-23 years old (35.8%). This means that the respondents were mostly within the 20-23 age range, which is expected for nursing students in the third and fourth year levels. In terms of sex, female respondents comprised 78.1%, while male respondents accounted for 21.9%, indicating that the group was predominantly female. The respondents were almost evenly distributed by year level, with 51.7% from third year and 48.3% from fourth year, giving both clinical levels a strong voice in the findings.

The presence of third-year and fourth-year respondents is appropriate because students with clinical exposure can meaningfully evaluate clinical teaching and describe their own performance. This is consistent with Consolo et al. (2025), who described clinical instructors as links between theoretical education and actual practice, and Hobenu et al. (2025), who emphasized the importance of clinical learning in developing nursing competence. This implies that the proposed enhancement program should remain inclusive and responsive to students across age, sex, and year level while still allowing individualized support based on readiness and clinical needs.

Innovative Management Practices of Clinical Instructors

Table 2. Evaluation of the students in the level of innovative management practices of clinical instructors in terms of transformational leadership

Statement Indicators	Weighted Mean	Qualitative Description
1. Gives clear direction before and during clinical learning activities.	4.52	Very Highly Practiced
2. Encourages students to complete clinical tasks responsibly.	4.65	Very Highly Practiced
3. Expresses confidence that students can improve through practice.	4.59	Very Highly Practiced
4. Demonstrates professionalism and ethical conduct worth emulating.	4.56	Very Highly Practiced
5. Asks students to reason through clinical problems instead of relying only on memorized steps.	4.52	Very Highly Practiced
Average Weighted Mean	4.57	Very Highly Practiced

Table 2 shows that transformational leadership obtained an average weighted mean of 4.57, described as Very Highly Practiced. The highest item was encouraging students to complete clinical tasks responsibly (4.65), followed by expressing confidence that students can improve through practice (4.59). These findings suggest that clinical instructors are strongly perceived as motivating, guiding, and building students' confidence in the clinical setting.

This finding supports Burns (1978), Bass (1985), and Avolio and Bass (1991), who explained that transformational leadership inspires followers, encourages commitment, and promotes goal-directed behavior. It also agrees with Consolo et al. (2025), who noted that clinical instructors guide the movement from classroom learning to real clinical practice. This implies that clinical instructors should sustain clear direction, professional modeling, and confidence-building because these practices can strengthen students' responsibility, clinical reasoning, and readiness for patient care.

Table 3. Evaluation of the students in the level of innovative management practices of clinical instructors in terms of participative decision-making

Statement Indicators	Weighted Mean	Qualitative Description
6. Includes students in supervised discussions about clinical learning activities.	4.50	Very Highly Practiced
7. Respects students' questions and ideas.	4.48	Very Highly Practiced
8. Allows students to participate in care planning within safe limits.	4.57	Very Highly Practiced
9. Listens carefully to student concerns and viewpoints.	4.43	Very Highly Practiced
10. Invites feedback during post-conference or reflective discussion.	4.42	Very Highly Practiced
Average Weighted Mean	4.48	Very Highly Practiced

Table 3 indicates that participative decision-making was Very Highly Practiced, with an average weighted mean of 4.48. Students gave the highest rating to being allowed to participate in care planning within safe limits (4.57). This result means that clinical instructors give students meaningful but supervised opportunities to take part in discussions, planning, and reflection.

This result is supported by Lewin (1939) and Likert (1961), who emphasized that participation strengthens involvement, commitment, and shared responsibility. In clinical instruction, participation must remain supervised and within safe limits, but it can still allow students to join discussions, care planning, reflection, and feedback. This implies that clinical instructors should continue creating safe spaces where students can ask questions, share observations, and participate responsibly in decision-making activities.

Table 4. Evaluation of the students in the level of innovative management practices of clinical instructors in terms of creativity and change management

Statement Indicators	Weighted Mean	Qualitative Description
11. Uses varied strategies to explain nursing concepts and procedures.	4.48	Very Highly Practiced
12. Guides students when clinical activities or schedules change.	4.47	Very Highly Practiced
13. Helps students adjust to new clinical procedures and requirements.	4.50	Very Highly Practiced
14. Encourages flexibility and open-minded learning during clinical duty.	4.49	Very Highly Practiced
15. Welcomes safe and creative ways of learning patient care.	4.55	Very Highly Practiced
Average Weighted Mean	4.50	Very Highly Practiced

Table 4 reveals that creativity and change management obtained an average weighted mean of 4.50, interpreted as Very Highly Practiced. The highest item was welcoming safe and creative ways of learning patient care (4.55). This suggests that clinical instructors help students remain flexible and responsive even when clinical schedules, procedures, or learning situations change.

This finding is aligned with O'Hara et al. (2022), who emphasized the need to support innovation in nursing education and practice, and with Hobenu et al. (2025), who identified transformative teaching, simulation,

technology integration, and interprofessional collaboration as strategies that enhance clinical learning. This implies that clinical instructors should continue using flexible strategies such as case analysis, simulation, reflective conferences, return demonstration, and problem-based learning to help students adjust to changing clinical situations.

Table 5. Evaluation of the students in the level of innovative management practices of clinical instructors in terms of use of technology and evidence-based practices

Statement Indicators	Weighted Mean	Qualitative Description
16. Encourages the use of reliable digital references for learning.	4.33	Very Highly Practiced
17. Connects clinical teaching with current evidence and nursing standards.	4.47	Very Highly Practiced
18. Encourages evidence-based reasoning during clinical discussions.	4.54	Very Highly Practiced
19. Provides or recommends updated health information for student learning.	4.49	Very Highly Practiced
20. Uses guidelines, data, or research-based information when discussing clinical decisions.	4.52	Very Highly Practiced
Average Weighted Mean	4.47	Very Highly Practiced

Table 5 shows that the use of technology and evidence-based practices was Very Highly Practiced, with an average weighted mean of 4.47. The strongest item was encouraging evidence-based reasoning during clinical discussions (4.54). Although all items were very highly practiced, the use of reliable digital references had the lowest mean (4.33), suggesting a helpful area for continued strengthening.

The result supports Hobenu et al. (2025), who identified technology integration as a strategy for strengthening clinical teaching and learning, and O'Hara et al. (2022), who emphasized innovation as a key element in nursing education and practice. It is also consistent with the National Academies of Sciences, Engineering, and Medicine (2021), which highlighted the need to prepare nurses for complex and changing health-care demands. This implies that clinical instructors should strengthen guided use of reliable digital references, clinical guidelines, online journals, simulation resources, and evidence-based materials.

Table 6. Evaluation of the students in the level of innovative management practices of clinical instructors in terms of support for professional development

Statement Indicators	Weighted Mean	Qualitative Description
21. Encourages students to keep improving their knowledge and skills.	4.66	Very Highly Practiced
22. Supports participation in seminars, trainings, or learning activities when available.	4.41	Very Highly Practiced
23. Gives constructive feedback that students can use for improvement.	4.45	Very Highly Practiced
24. Recognizes student effort and progress.	4.55	Very Highly Practiced
25. Uses mentoring and coaching to guide student growth.	4.52	Very Highly Practiced
Average Weighted Mean	4.52	Very Highly Practiced

Table 6 presents an average weighted mean of 4.52 for support for professional development, described as Very Highly Practiced. The highest item was encouraging students to keep improving their knowledge and skills (4.66), followed by recognizing student effort and progress (4.55). These findings show that clinical instructors are seen as mentors who support growth, feedback, and continuing improvement.

This finding is supported by Bandura's (1986) Social Cognitive Theory, which explains that students learn

through observation, self-efficacy, and support from the learning environment. It also relates to Zou et al. (2024) and Li et al. (2025), who associated professional identity, values, self-efficacy, and clinical practice behaviors with students' development. This implies that clinical instructors should continue mentoring, coaching, giving constructive feedback, recognizing progress, and providing more opportunities for seminars, trainings, and professional learning activities.

Table 7. Summary of the evaluation of the students in the level of innovative management practices of clinical instructors

Category	Weighted Mean	Qualitative Description	Rank
Transformational Leadership	4.57	Very Highly Practiced	1
Support for Professional Development	4.52	Very Highly Practiced	2
Creativity and Change Management	4.50	Very Highly Practiced	3
Participative Decision-Making	4.48	Very Highly Practiced	4
Use of Technology and Evidence-Based Practices	4.47	Very Highly Practiced	5
Overall Mean	4.51	Very Highly Practiced	

Table 7 summarizes that the innovative management practices of clinical instructors were Very Highly Practiced overall, with an average weighted mean of 4.51. Transformational leadership ranked first, suggesting that students most strongly observed guidance, motivation, professionalism, and responsible clinical direction. The lowest category was the use of technology and evidence-based practices, yet it was still rated Very Highly Practiced, showing that this area is already strong but can still be refined through more systematic use of approved digital and evidence-based resources.

The overall finding is consistent with Hobenu et al. (2025), who reported that clinical teaching can be enhanced through transformative and technology-supported strategies, and Consolo et al. (2025), who emphasized the central role of clinical instructors in bridging theory and practice. This implies that the College of Nursing should sustain the strong innovative practices already observed while continuously improving technology use, reflective feedback, and professional development support.

Student Performance Based on the Six-Dimension Scale of Nursing Performance

Table 8. Level of student performance in terms of leadership

Statement Indicators	Weighted Mean	Qualitative Description
1. Prepares for clinical learning activities without waiting to be reminded.	4.08	Very Good
2. Shows accountability and responsibility during clinical duty.	4.47	Excellent
3. Coordinates properly with classmates and the health-care team under supervision.	4.50	Excellent
4. Assists classmates when appropriate and within level of competence.	4.31	Excellent
5. Takes part responsibly in clinical discussions and decision-making activities.	4.34	Excellent
Average Weighted Mean	4.34	Excellent

Table 8 shows that student performance in leadership obtained an average weighted mean of 4.34, interpreted as Excellent. The highest item was coordinating properly with classmates and the health-care team under supervision (4.50). The lowest item was preparing for clinical learning activities without waiting to be reminded (4.08), which was still Very Good but points to the need for stronger self-leadership and readiness habits.

This finding supports Schwirian (1978), who identified leadership as one of the core dimensions of nursing performance, and Abdul-Rahim et al. (2025), who emphasized that student nurses need leadership and

management skills such as communication, prioritization, decision-making, self-awareness, and teamwork. This implies that students should be given more structured opportunities to prepare before duty, lead small clinical tasks, coordinate with peers, and practice guided decision-making.

Table 9. Level of student performance in terms of critical care

Statement Indicators	Weighted Mean	Qualitative Description
6. Responds to patient needs appropriately under the supervision of the clinical instructor.	4.47	Excellent
7. Applies critical thinking when observing and assessing patient conditions.	4.46	Excellent
8. Observes accuracy and safety when performing supervised nursing procedures.	4.54	Excellent
9. Evaluates patient responses and reports relevant observations to the instructor or staff nurse.	4.49	Excellent
10. Remains professional when clinical activities become demanding.	4.48	Excellent
Average Weighted Mean	4.49	Excellent

Table 9 reflects that student performance in critical care was Excellent, with an average weighted mean of 4.49. Accuracy and safety in supervised nursing procedures received the highest mean (4.54), showing that students value safe practice and careful performance. This supports the idea that clinical reasoning and supervised action are essential in preparing student nurses for safe patient care.

This finding is supported by Perez-Perdomo and Zabalegui (2024), who explained that clinical reasoning helps nursing students recognize patient situations and choose appropriate actions, and by Son (2023), who showed that simulation with problem-based learning can enhance clinical reasoning. This implies that clinical instructors should continue strengthening safe practice through case discussions, guided questioning, simulation, problem-based learning, and immediate feedback on patient-care decisions.

Table 10. Level of student performance in terms of teaching-collaboration

Statement Indicators	Weighted Mean	Qualitative Description
11. Provides basic health teaching to patients and families when permitted and supervised.	4.35	Excellent
12. Shares useful learning experiences with classmates.	4.32	Excellent
13. Works respectfully with classmates, staff nurses, clinical instructors, and other health-care personnel.	4.51	Excellent
14. Participates in health education activities during clinical exposure.	4.42	Excellent
15. Helps peers understand procedures or learning tasks when appropriate.	4.39	Excellent
Average Weighted Mean	4.40	Excellent

Table 10 shows that teaching-collaboration obtained an average weighted mean of 4.40, interpreted as Excellent. The strongest item was working respectfully with classmates, staff nurses, clinical instructors, and other health-care personnel (4.51). This means that students generally demonstrate teamwork, shared learning, and respectful participation in the clinical area.

This result agrees with Zenani et al. (2023), who emphasized that interprofessional education helps develop competent nursing students through teamwork, communication, and collaboration. This implies that clinical instructors may strengthen collaboration through peer teaching, group case discussions, supervised health teaching demonstrations, and reflective sharing after duty.

Table 11. Level of student performance in terms of planning-evaluation

Statement Indicators	Weighted Mean	Qualitative Description
16. Sets realistic goals and plans nursing interventions under supervision.	4.43	Excellent
17. Evaluates nursing interventions based on patient responses.	4.39	Excellent
18. Completes clinical documentation accurately and on time.	4.43	Excellent
19. Uses assessment data when planning patient care activities.	4.43	Excellent
20. Participates in evaluating nursing standards and clinical learning outcomes.	4.44	Excellent
Average Weighted Mean	4.42	Excellent

Table 11 reveals that planning-evaluation was rated Excellent, with an average weighted mean of 4.42. The highest item was participating in evaluating nursing standards and clinical learning outcomes (4.44). These findings suggest that students are able to connect assessment, care planning, documentation, and evaluation under supervision.

This finding relates to Son (2023), who described clinical reasoning as a process of noticing patient data, interpreting the situation, responding appropriately, and reflecting on results, and to Perez-Perdomo and Zabalegui (2024), who linked clinical reasoning with decision-making and problem-solving. This implies that students should continue receiving guidance in care planning, documentation, patient-response evaluation, and reflective review of nursing interventions.

Table 12. Level of student performance in terms of interpersonal relations

Statement Indicators	Weighted Mean	Qualitative Description
21. Maintains respectful relationships with classmates, patients, and health-care personnel.	4.62	Excellent
22. Handles conflicts or misunderstandings in a constructive way.	4.41	Excellent
23. Communicates clearly and respectfully during clinical learning activities.	4.50	Excellent
24. Shows empathy toward patients and families.	4.56	Excellent
25. Promotes teamwork and mutual respect in the clinical area.	4.58	Excellent
Average Weighted Mean	4.53	Excellent

Table 12 illustrates that interpersonal relations received the highest student performance category mean of 4.53, interpreted as Excellent. Maintaining respectful relationships obtained the highest item mean (4.62). This shows that students strongly demonstrate respect, empathy, teamwork, and professional communication in the clinical environment.

This finding is supported by Zenani et al. (2023), who highlighted the value of communication, mutual respect, and teamwork in nursing education, and by Li et al. (2025), who connected clinical communication competence with professional identity, values, and clinical practice behaviors. This implies that interpersonal relations should be sustained as a strong area, while conflict handling may be strengthened through role-play, therapeutic communication exercises, and guided reflection.

Table 13. Level of student performance in terms of professional development

Statement Indicators	Weighted Mean	Qualitative Description
26. Participates in learning activities that improve nursing competence.	4.56	Excellent
27. Asks for feedback to improve clinical skills.	4.33	Excellent
28. Upholds ethical and professional standards during clinical exposure.	4.55	Excellent
29. Reflects on clinical performance to identify areas for improvement.	4.51	Excellent
30. Takes responsibility for learning and professional growth.	4.56	Excellent
Average Weighted Mean	4.50	Excellent

Table 13 indicates that professional development was Excellent, with an average weighted mean of 4.50. Participation in learning activities and taking responsibility for professional growth both obtained the highest mean (4.56). Asking for feedback had the lowest mean (4.33), suggesting that students are developing well but may still need more encouragement to seek feedback actively.

This result supports Schwirian (1978), who included professional development as one of the six dimensions of nursing performance, and Zou et al. (2024), who found that professional identity can influence academic achievement through self-efficacy and learning engagement. It also relates to Li et al. (2025), who linked professional identity and values with clinical practice behaviors. This implies that students should be encouraged to seek feedback more actively through coaching, self-assessment, reflective journals, and post-duty conferences.

Table 14. Summary of student performance based on the Six-Dimension Scale of Nursing Performance

Category	Weighted Mean	Qualitative Description	Rank
Interpersonal Relations	4.53	Excellent	1
Professional Development	4.50	Excellent	2
Critical Care	4.49	Excellent	3
Planning-Evaluation	4.42	Excellent	4
Teaching-Collaboration	4.40	Excellent	5
Leadership	4.34	Excellent	6
Overall Mean	4.45	Excellent	

Table 14 summarizes that students' overall performance was Excellent, with an average weighted mean of 4.45. Interpersonal relations ranked first, showing that students were strongest in respectful communication, empathy, and teamwork. Leadership ranked last but remained Excellent, indicating that students perform well in this area while still needing more structured support in readiness, initiative, and self-directed participation.

The overall finding is supported by Schwirian (1978), whose Six-Dimension Scale provides a structured way of evaluating nursing performance, and Ta'an et al. (2024), who reconfirmed the usefulness and reliability of the scale across nursing contexts. This implies that nursing students generally demonstrate strong clinical performance, but leadership development should still be emphasized through preparation routines, student-led discussions, guided clinical responsibilities, and reflective evaluation.

Differences in the Students' Evaluation of Clinical Instructors' Innovative Practices

Table 15. Differences in students' evaluation of clinical instructors' innovative practices when grouped according to age

Category	H Test	df	p-value	Decision
Transformational Leadership	0.905	3	0.824	Not Significant
Participative Decision-Making	1.385	3	0.716	Not Significant
Creativity and Change Management	3.096	3	0.377	Not Significant
Use of Technology and Evidence-Based Practices	1.424	3	0.700	Not Significant
Support for Professional Development	1.374	3	0.712	Not Significant

Table 16. Differences in students' evaluation of clinical instructors' innovative practices when grouped according to sex

Category	U	p-value	Decision
Transformational Leadership	11794.000	0.379	Not Significant
Participative Decision-Making	11768.500	0.365	Not Significant
Creativity and Change Management	12045.000	0.557	Not Significant
Use of Technology and Evidence-Based Practices	11837.000	0.413	Not Significant
Support for Professional Development	12239.500	0.716	Not Significant

Table 17. Differences in students' evaluation of clinical instructors' innovative practices when grouped according to year level

Category	U	p-value	Decision
Transformational Leadership	16574.000	0.097	Not Significant
Participative Decision-Making	16128.500	0.138	Not Significant
Creativity and Change Management	15652.500	0.112	Not Significant
Use of Technology and Evidence-Based Practices	16809.000	0.157	Not Significant
Support for Professional Development	17708.500	0.566	Not Significant

Tables 15 to 17 show that there were no significant differences in the students' evaluation of clinical instructors' innovative practices when grouped according to age, sex, and year level. All p-values were greater than 0.05. Therefore, the null hypothesis stating that there is no significant difference in the students' evaluation of clinical instructors' innovative practices according to profile variables was accepted. This suggests that students generally shared similar perceptions of their clinical instructors' innovative practices regardless of demographic grouping.

This finding may be viewed in relation to Consolo et al. (2025) and Hobenu et al. (2025), who emphasized that the roles of clinical instructors in supervision, facilitation, and theory-practice connection are experienced across student groups. It also supports Dayon and Dagoc (2025), who highlighted the importance of clinical instructors' competency and pedagogical performance in nursing education. This implies that enhancement activities for clinical instructors may be implemented broadly for all students while remaining sensitive to individual readiness, maturity, gender responsiveness, and year-level competence.

Differences in Students' Performance

Table 18. Differences in students' performance when grouped according to age

Category	H Test	df	p-value	Decision
Leadership	1.316	3	0.725	Not Significant
Critical Care	6.438	3	0.092	Not Significant
Teaching-Collaboration	3.240	3	0.356	Not Significant
Planning-Evaluation	3.754	3	0.289	Not Significant
Interpersonal Relations	1.198	3	0.754	Not Significant
Professional Development	1.130	3	0.770	Not Significant

Table 19. Differences in students' performance when grouped according to sex

Category	U	p-value	Decision
Leadership	12089.500	0.598	Not Significant
Critical Care	11879.000	0.439	Not Significant
Teaching-Collaboration	11681.500	0.321	Not Significant
Planning-Evaluation	11728.500	0.346	Not Significant
Interpersonal Relations	12457.500	0.908	Not Significant
Professional Development	12063.500	0.572	Not Significant

Table 20. Differences in students' performance when grouped according to year level

Category	U	p-value	Decision
Leadership	18249.000	0.951	Not Significant
Critical Care	17400.500	0.388	Not Significant
Teaching-Collaboration	18299.000	0.988	Not Significant
Planning-Evaluation	18053.000	0.805	Not Significant
Interpersonal Relations	17945.500	0.726	Not Significant
Professional Development	17702.500	0.562	Not Significant

Tables 18 to 20 reveal that there were no significant differences in students' performance when grouped according to age, sex, and year level. All p-values exceeded the 0.05 level of significance. Thus, the null hypothesis stating that there is no significant difference in student performance according to profile variables was accepted. This indicates that the performance support provided in clinical learning may be applied broadly across student groups, while still attending to individual learning needs.

This finding is consistent with Schwirian's (1978) view that nursing performance is evaluated through competence-related areas such as leadership, critical care, collaboration, planning-evaluation, interpersonal relations, and professional development, rather than profile variables alone. It also relates to Hobenu et al. (2025), who noted that competence may be shaped by student-related, clinical-area, and instructor-related factors. This implies that clinical performance support should be offered equitably to all students, with individualized coaching based on actual performance needs rather than demographic grouping.

Relationship Between Innovative Practices of Clinical Instructors and Student Performance

Table 21. Relationship between the innovative practices of clinical instructors and student performance

Innovative Practices	Leadership	Critical Care	Teaching-Collab.	Planning-Eval.	Interpersonal	Prof. Dev.
Transformational Leadership	0.310	0.379	0.335	0.307	0.344	0.361
Participative Decision-Making	0.310	0.371	0.336	0.310	0.350	0.304
Creativity and Change Management	0.339	0.391	0.354	0.368	0.340	0.350
Use of Technology and Evidence-Based Practices	0.346	0.320	0.346	0.397	0.367	0.362
Support for Professional Development	0.352	0.309	0.388	0.320	0.394	0.378

Note. All reported correlations were significant at $p < 0.001$.

Table 21 presents positive and significant relationships between all areas of innovative clinical instruction and all dimensions of student performance. The correlation coefficients ranged from 0.304 to 0.397, indicating that better practice of innovative, participative, creative, evidence-based, and development-oriented clinical teaching was associated with better student performance. Therefore, the null hypothesis stating that there is no significant relationship between innovative practices of clinical instructors and student performance was rejected.

This result supports Burns (1978), Bass (1985), and Avolio and Bass (1991), who described the performance-enhancing role of transformational leadership. It also aligns with Kolb's (1984) Experiential Learning Theory and Bandura's (1986) Social Cognitive Theory because students learn through experience, reflection, modeling, feedback, and self-efficacy. Further, Hobenu et al. (2025) and Consolo et al. (2025) emphasized the role of clinical instructors in strengthening competence and bridging theory with practice. This implies that innovative clinical instruction is not merely an added feature but a meaningful contributor to student performance; therefore, faculty development should focus on transformational leadership, reflective teaching, evidence-based instruction, technology integration, mentoring, and student-centered supervision.

Proposed Clinical Practice Enhancement Program

Table 22. Proposed Clinical Practice Enhancement Program based on the findings

Program Area	SMART Goal	Activities / Responsible Persons	Indicators
Clinical Readiness and Student Self-Leadership	At least 90% of students complete a pre-duty readiness checklist and brief self-leadership reflection every clinical rotation.	Conduct 10-minute pre-duty huddles; use readiness checklists; assign rotating student leaders.	SDG 4 and SDG 3; checklist completion rate; improved student preparedness notes.
Evidence-Based and	Within one semester, all	Prepare approved digital	SDG 4, SDG 9, and SDG 3;

Program Area	SMART Goal	Activities / Responsible Persons	Indicators
Digital Clinical Learning	clinical groups use at least two approved evidence-based or digital references in case discussions or care planning.	references; require weekly evidence notes; demonstrate how to verify reliable online health information.	submitted evidence notes; improved digital reference use.
Guided Participation and Reflective Feedback	Each clinical group conducts at least four structured reflective conferences per semester.	Use reflection guides; invite safe feedback; document common concerns and action points.	SDG 4 and SDG 16; reflection logs; increased comfort in asking questions.
Creative and Adaptive Clinical Teaching	Every clinical instructor uses at least two varied teaching strategies per rotation.	Apply case huddles, simulation, return demonstration, role play, or mini problem-based learning tasks.	SDG 4, SDG 3, and SDG 9; documented teaching strategies; better student adjustment.
Mentoring, Feedback, and Professional Growth	At least 90% of students complete a clinical growth portfolio each semester.	Use growth portfolio templates; schedule mentoring check-ins; encourage feedback-seeking after procedures or conferences.	SDG 4 and SDG 8; portfolio completion; documented feedback and improvement actions.
Interpersonal Relations and Collaborative Clinical Culture	Students sustain excellent interpersonal relations and improve constructive conflict-handling through two communication activities per semester.	Conduct activities on respectful communication, empathy, and conflict management; use peer feedback.	SDG 3, SDG 4, and SDG 16; communication activities conducted; respectful teamwork observed.
Program Monitoring and Continuous Improvement	The College of Nursing reviews implementation data and prepares one improvement action plan every semester.	Collect checklists, logs, evidence notes, and portfolio summaries; discuss results in review meetings.	SDG 4, SDG 17, and SDG 3; semester monitoring report; updated action plan.

Table 22 presents the proposed Clinical Practice Enhancement Program. The program was developed from the major findings: leadership had the lowest student performance category mean, the use of technology and evidence-based practices had the lowest innovative-practice category mean, and feedback-seeking behavior remained an area for growth. The program therefore focuses on readiness, evidence-based and digital learning, reflection, adaptive teaching, mentoring, interpersonal relations, and continuous monitoring. Like a clinical compass, it is intended to keep both instruction and student growth moving in the same safe direction.

The program is anchored on the findings and is consistent with O'Hara et al. (2022), who emphasized building a culture of innovation in nursing, and the National Academies of Sciences, Engineering, and Medicine (2021), which highlighted the need to prepare nurses for complex health-care demands. It also responds to Dayon and Dagoc (2025), who stressed the value of clinical instructors' competency and pedagogical performance. This implies that the enhancement program should be implemented as a continuing quality-improvement plan rather than a one-time activity, with semester-end monitoring of student readiness, evidence-based learning, feedback-seeking behavior, leadership, and professional growth.

CONCLUSION & RECOMMENDATIONS

Conclusion

The findings show that the student respondents were properly represented in terms of age, sex, and year level. Most were within the 20-23 age range, predominantly female, and almost evenly distributed between third-year and fourth-year levels. The clinical instructors were evaluated as Very Highly Practiced in innovative

management approaches, especially transformational leadership, support for professional development, creativity and change management, participative decision-making, and the use of technology and evidence-based practices. Student performance was rated Excellent across the six dimensions of nursing performance, with interpersonal relations as the strongest area and leadership as the area that may still be further strengthened. No significant differences were found in students' evaluation of clinical instructors' innovative practices or in student performance when grouped according to age, sex, and year level. However, a significant positive relationship was found between innovative practices of clinical instructors and student performance. This means that when clinical instructors use supportive, participative, creative, and evidence-based approaches, students tend to perform better in clinical learning activities.

Recommendations

Based on the findings, clinical instructors may continue using innovative teaching practices, particularly transformational leadership, mentoring, guided participation, and evidence-based instruction. The College of Nursing may implement the proposed Clinical Practice Enhancement Program for both third-year and fourth-year nursing students to strengthen student readiness, leadership, confidence, reflective learning, and professional growth. Clinical instructors may also give students more structured opportunities to prepare, lead, participate, ask questions, and reflect during clinical activities. Students may be encouraged to seek feedback more actively and use it as a practical tool for improvement. The College of Nursing may further strengthen the use of reliable digital references, updated nursing guidelines, simulation, and evidence-based resources in clinical instruction. Future researchers may conduct similar studies involving other nursing schools, clinical instructors, or partner clinical areas to gain a wider understanding of how innovative clinical teaching influences nursing student performance.

The study was limited to nursing students of the University of La Salette who were in the third-year and fourth-year levels during the conduct of the research. Since the study used self-reported student evaluations and a descriptive-correlational design, the findings describe relationships and perceptions but do not establish direct causation. Future studies may include clinical instructors, hospital staff, direct observation, or longitudinal measures to provide a deeper view of clinical instruction and performance development.

Compliance with ethical standards

The study complied with institutional academic and ethical standards by securing permission from the proper university offices, explaining the purpose of the study to the respondents, and observing voluntary participation, informed consent, confidentiality, anonymity, and respectful treatment of all participants. The responses were used only for academic purposes and were presented in summarized form. No individual answer was used to evaluate a specific student, clinical instructor, section, or class. The researcher remained responsible for the accuracy, integrity, analysis, and final content of the manuscript. No conflict of interest was declared.

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