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Senior Nursing Students' Perception of Clinical Teacher Behavior

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Senior Nursing Students' Perception of Clinical Teacher Behavior

by

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A thesis submitted to the faculty of
Gardner-Webb University School of Nursing
in partial fulfillment of the requirements for the
Degree of Master of Science in Nursing

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Submitted by:

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Date

Abstract

Clinical experience is the most important component of nursing education (Gaberson and Oermann, 2007; Walker, 2005). As part of the clinical education environment, the teaching behaviors of nursing faculty have considerable potential to influence students' learning. To produce effective learning by students, nurse educators have a responsibility to instruct students so that learning is optimal. The purpose of this study was to explore students' perception of clinical teaching behaviors of nursing faculty. The study uncovers new knowledge about clinical teaching behaviors based on the student's perceptions during their own clinical experiences. A non-experimental survey, descriptive exploratory design was used. A single convenience sample was drawn from senior level nursing students attending an on-campus associate degree nursing program in southern North Carolina. All students had completed clinical courses involving patient care. The instrument utilized was the Nursing Clinical Teacher Effectiveness Inventory (NCTEI) (Morgan and Know, 1985). The NCTEI consists of 47 teaching behaviors for which students rated frequency of use for the clinical instructor on a seven point Likert scale.

Dedication

This work is dedicated to the late Carmon “Butch” Adams, my father, who passed away in November 2011. He instilled in me a work ethic unmatched by any other person in my life. He served our country through the Air Force with honor and respect for all humans. It is through the nursing profession that I also render respect, dignity and unwavering compassion to the people of this world. Dear Daddy, I have struggled immensely through this task to complete my degree but I know that you have been with me during the most trying times when I couldn’t find the strength to carry on. I love and miss you, Daddy.

Acknowledgments

Many people were influential in my achievement of this goal. First, I owe an enormous Thank You to Dr. Rebecca Beck-Little for always inspiring me through her kind, encouraging words that motivated me to grow through learning from the very first class to the completion of this thesis. It's ironic that my thesis encompasses the influence of teaching behaviors; your influence on me has been one that I will take with me through my entire career. I consider myself fortunate to have had you as a teacher and advisor. Thanks also to all of the professors who took the time to answer many questions I posed in my quest for an in-depth understanding of subjects taught.

Thank you to my family for always understanding my pursuit of higher learning. I am grateful to my mother and sister for always being available to assist me and interested in what I was learning. I owe them gratitude for the support and for always cheering me on.

To my son, Nicklaus, who is been my inspiration, my constant reminder, my shining star and my reason for living. You will one day understand the dedication and time it takes to obtain higher learning; I hope I have been an example you will follow and surpass. Thank you all.

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Chapter I

Introduction

The predominance of clinical experience in the instruction of nursing students cannot be underestimated. It is significant in the guidance of and the support of the nursing education process. Clinical experience has been found to be a more important component of the educational process than classroom learning (Gaberson & Oermann, 2007; Walker, 2005). The educational process is unique in the practice professions because being able to perform the activities of the profession in live situations as opposed to simply being able to express understanding of principles is a requisite competency of graduation (Shuman, 2005). This competency cannot be achieved by classroom learning alone (Oermann, 1998). Learning experiences must provide opportunities to apply theoretical principles to real time situation encountered on a daily basis by practicing nurses (Benner, 1984; Reilly & Oermann, 1992).

It is in the clinical setting that students are allowed to provide specified care for patients. Students learn how to care for patients via their clinical nursing teachers. The process for learning is well designed so as to expose the student to a clinical experience that supports the students' capacity to practice and also assists educators to determine learned outcomes. Assignments during clinical are developed alongside and in collaboration with a registered nurse. The registered nurse can lend support to the care of the patient if needed and fully understands that he/she still remains responsible for the outcome of the patients care received. The student should have sufficient time to prepare for the assignment so that they will be able to deliver desirable care. The clinical instructor facilitates the education process by working in conjunction with the students to

correct, exhibit and promote proper nursing care. It is expected that the student will incorporate knowledge obtained in the classroom into the clinical setting. Through a series of these clinical experiences, students learn to become nurses (Gaberson & Oermann, 2007).

Each students interaction with patients will be exclusively their own. There will be some uncertainties associated with such things as the patients' condition, response to treatment, and decisions made by members of the entire health care team involved in the patients care. "Learning occurs in a social context that is influenced by factors such as comfort, space and privacy issues, agency policy, personnel and staffing practices, institutional norms, and accessibility of educational experiences" (Raingruber & Bowels, 2000, p.66). In order to obtain excellence in education during the clinical setting, the connection of clinical teaching behaviors to student learning has to be comprehensively explored. "The effectiveness of clinical teaching can be judged on the extent to which it produces intended learning outcomes" (Gaberson & Oermann, 2007, p.21).

Statement of the Problem

Nurse graduates must be prepared to assume the responsibility to care for patients. This is obtained through the classroom and clinical preparation taught during nursing school. The ability to teach nursing students the importance of being prepared to practice is the responsibility of all nurse educators. Nurse clinical educators are an extremely important component of nursing clinical education. Various tools have been utilized in research to study and describe behaviors of clinical educators in collaboration with student behaviors. Research regarding clinical teaching behaviors has the potential to

assist with identification of quality attributes of educators and related student learning behaviors.

Purpose

The purpose of this descriptive study was to explore the perception of students regarding the behavior of nursing faculty teaching in the clinical setting.

Research Question

What is the senior nursing student's perception of behaviors of faculty teaching in the clinical setting that they have experienced in their program of study?

Assumptions

Prior to conducting this research, the following assumptions were identified: 1) Student ratings of self and faculty are valid. Although some controversy exists about absolute validity of student rating of faculty (McDaniel, 2006), students' assessments of faculty are used frequently and are generally considered valid measures (Hassan, 2009; Raingruber & Bowles, 2000; Zimmerman & Westfall, 1988). 2) Students learn to become nurses, in part, through repeated clinical experiences (Gaberson & Oermann, 2007). Clinical experience is incorporated in nursing education.

Significance

This study has the potential to provide information about the behaviors of faculty teaching in the clinical setting. Historically, effectiveness has been based on outcomes of various tools to determine teacher effectiveness and student achievement of learning outcomes. Teachers have typically evaluated students learning outcomes which meant that the teaching behavior was effective. Without empirical evidence, this is not sufficient evidence. This research has the potential to provide a basis for changing clinical

instruction in nursing education. This research may also provide evidence of how teaching behaviors can influence a students' perception of their clinical experience.

Theoretical Framework

Albert Bandura's social learning theory provided the framework for this study. The social perspective of learning theorizes that human function occurs in a reciprocal relationship with the environment in which there is interplay between one's personal factors, the environment, and their behavior (Bandura, 1977). Learning is an internal progression that does not automatically result in an instantaneous alteration in behavior. Learners experience the environment and interpret it according to unique, internal, personal factors then display behavior in response (Bandura, 1977). This results in replication in the learning environment. Therefore, it is important for teachers to ascertain what learners perceive about the environment and how they interpret it (Braungart & Braungart, 2008).

Reciprocal determination, modeling, and self efficacy are paramount in this study. Reciprocal determination is the outcome of the interplay between the personal factors of the learner, the environment, and overt behavior (Bandura, 1974). The learners' personal factors include "cognitive, affective and biological events" (Pajerus, 2002, p.2). As the learner interacts with the environment, the personal factors manipulate and motivate behaviors to respond in a certain manner. Successive experiences with comparable situations are not likely to result in equal interpretation, and therefore behavior, due to the active and ever changing interplay of factors. The interplay of the major concepts according to Bandura is depicted in Figure 1.

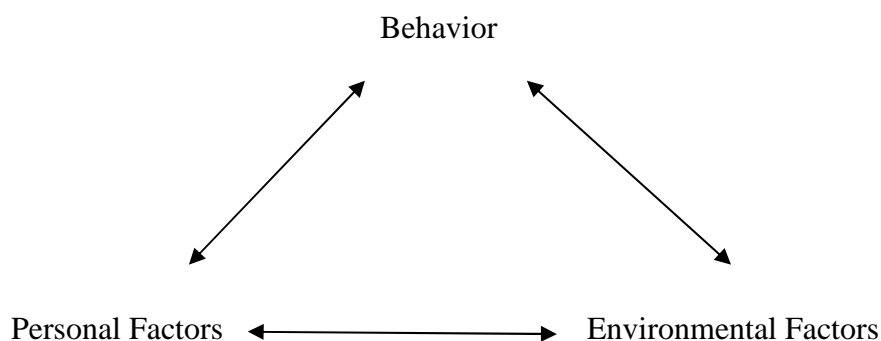


Figure 1: *Bandura's Reciprocal Determination* (Huit, 2006; Pajeras, 2002)

Reciprocal determination is the outcome of the interplay between the personal factors of the learner, the environment, and over behavior (Bandura, 1974.) As the learner begins developing and interacting in their environment, motivational influence will lead the learner to behave or respond to the situation. Future behavior is predicted by the consequences they were subjected to in the environment or from their own behavior. Typical direct experiences are not needed in order to learn. They also learn by observing and interpreting the behavior, and associate consequences, of others in a process termed vicarious reinforcement or modeling (Bandura, 1977). Learning by modeling involves a complex process of interpreting, coding, and retaining the information for future application, then engaging in the modeled behavior (Bandura, 1969).

“Whether the model is viewed by the observer as rewarded or punished may have a direct influence on learning” (Braungart & Braungart, 2008, p.68). Students who learn in settings, in which clinical teachers are not supportive, can tend to have negative feelings about clinical education. Learners may code and retain information about a modeled behavior however; psychomotor skills will likely require repeated direct experiences for mastery (Bigge & Shermis, 2004).

At the core of the personal factors affecting human behavior are self-efficacy beliefs (Bandura, Barbaranelli, Caprara & Pastorelli, 1996). Self-efficacy beliefs are particularly pertinent to learning situations because behavior is determined more by what people believe they are capable of doing “than what they are actually capable of accomplishing” (Pajerus, 2002, p.4). People with an elevated sense of self-efficacy view “difficult tasks as challenges to be mastered” (p.2) as opposed to people with a low sense of self-efficacy who tend to avoid challenging tasks (Bandura, 1977). As one’s sense of self-efficacy increases, so too, does “how long they will strive and how long they will persist in their attempts” (Bandura, Adams & Beyer, 1977, p.138).

The social learning theory is applicable to the realm of clinical education. Students and their clinical experiences will involve an interaction of sorts. The social learning environment consists of interactions with patients and families, their peers, instructors and many health care providers. Instructors may interpret behavior at this point which can lead to how future interactions will provide suggestions for future behavior. This can be the result of consequences of untoward behavior.

Modeling can be observed in the clinical setting when students observe interactions between the instructor and the other students. An example of modeling would be when a student is explaining procedures or processes to an instructor. This interaction between the other student and the instructor can provide a learning opportunity for future behavior.

On a daily basis, nursing students are exposed to many learning opportunities within the clinical setting. Self-efficacy can lend itself to the outcome of the learning obtained in the clinical setting. Novel clinical situations have a tendency to produce

anxiety in nursing students, which may decrease their sense of self-efficacy (Kleehammer, Hart & Keck, 1990). The response of clinical instructors may increase or decrease self-efficacy in students.

Chapter II

Literature Review

The following review of the literature regarding nursing faculty and clinical teaching behaviors was conducted to 1) review the state of nursing in regards to clinical teaching behaviors and 2) provide information for studies in areas of clinical learning. Exploration of current literature was completed utilizing the Cumulative Index for Nursing and Allied Health and research of clinical experience, clinical learning, clinical teacher, clinical teaching, clinical teaching behaviors, clinical teaching categories, instructor, learning, learning environment and perception.

Researchers have often chosen to examine the role of the nursing instructor to learn more about teaching actions. A few have sought to define activities or behaviors of the clinical teacher. Many have attempted to describe the influence or efficacy of behaviors examined in the clinical teaching arena. Most studies sought to differentiate as to whether clinical teaching is effective or ineffective and or to assess the effectiveness of teaching behaviors.

Teaching Behaviors

The teaching behavior of faculty in nursing clinical setting has been a frequent topic of research. Barham's (1965) study was one of the first to address effective teaching behavior. His study captured effective or ineffective teaching behaviors which resulted in 19 critical behaviors that were found to be effective by the author. Jacobson (1966) evolved the technique by using 961 written responses from students combined with interview in group settings. The list of 58 paramount requirements soon followed. These two studies set the stage for future clinical teaching behavioral studies.

Student Perception

Several authors conducted studies exploring the facilitation of behaviors and also obstructing or hindering of teaching behaviors. Flager, Loper-Powers and Spitzer (1988) created a survey involving 16 faculty behaviors. Students ranked the behaviors in terms of helping or hindering their confidence and answered open ended questions also. The study was conducted over a two-year span with 139 students. Once complete, five dimensions of clinical instruction were revealed: benevolent presence, promoter of patient care, encourager, resource and evaluator. The four non –evaluation dimensions were anecdotal in identifying an influence on leaning. Limitations of the study included that the study did not address influence on learning but that student confidence was inferred and learning was influential.

Sellick and Kanitsaki (1991) compared teacher and student rating of 20 clinical teacher behaviors that included five categories: teaching, nursing, evaluation, guidance and application. What they found was that both students and teachers rated teaching behaviors related to the teacher-student relationship as the highest and evaluation the lowest. The highly rated behaviors were the teachers that demonstrated interest in the student, provided helpful feedback and gave positive feedback. Limitations included that because the authors did not study the efficacy of teaching behavior alone, they did not associate the importance of ratings with the facilitation of learning.

Other studies have attempted to identify specific clinical teaching behaviors of faculty that facilitate or interfere with learning (Lofmark & Wikblad, 2001; O'Shea & Parsons, 1979; Wong, 1978). Wong (1978) used a critical incident technique to evaluate first and second year students' perceptions of behaviors that helped or hindered learning.

Responses indicated sensitivity to how the instructor made the student feel: four of nine helping behaviors and five of seven hindering behaviors focused on interpersonal interactions. This was more evident in the first year student than the second year student. Lofmark and Wikblad (2001) found that students at two colleges in Sweden perceived their learning was facilitated by being given independence and positive feedback and obstructed by deficits in the student-instructor relationship. Universal themes in these studies were that positive feedback and mutual supervision facilitated learning and a meager student-instructor relationship delayed learning.

O'Shea and Parsons (1979) conducted a qualitative study of 205 students and 24 instructors in one private university. The declared intention of the study was to identify and compare effective and ineffective clinical teaching behaviors. The students and faculty were asked to write three to five teacher behaviors that facilitated and interfered with clinical learning. The categories that emerged from the responses were evaluative behaviors, instructive/assistive behaviors, and personal characteristics. The delivery of the negative and positive feedback that was provided was a major theme in evaluative behaviors. A major theme in instructive/assistive behaviors was accessibility of the instructor in the clinical setting and motivation to help students.

Effect of Clinical Teaching Behaviors

Multiple authors have described support issues and anxiety associated with the student's disruption in clinical learning. Kushnir (1986) explored student reactions to the presence of instructors in the clinical setting. In new, unfamiliar situations, 75 percent of the stressful situations with faculty occurred of the 20 students studied. Students identified that both nonverbal and verbal behaviors of faculty produced stress. The

physiological responses included a quicker heart rate and hand tremors. Psychological responses included crying, inability to manipulate some equipment, impaired memory and slowness; and emotional responses such as embarrassment, anger and fear developed in the students.

Kushnir's (1986) findings are further supported by the work of Kleehammer, Hart and Keck (1990) who also reported faculty observation and evaluation were stressful for students. Other anxiety producing situations for students were fear of making mistakes, negative interaction with clinical faculty, initial experience, being late, working with physicians, procedures, and equipment (Kleemhammer, Hart and Keck, 1990).

In a survey of 276 nursing student at three colleges in Norway, Espeland and Indrehus (2003) found that students considered the supportive behavior of faculty to be more important than challenging behavior. Fink (2005) studied clinical support and supervision of 60 sophomore and 29 junior nursing students at one university. Supervision and support was desired by the students more so than the support and supervision they actually obtained. The collective implication of these studies was that the student relationship and faculty role are both major influences in the clinical learning atmosphere.

A major portion of the research concerning teaching behaviors of clinical nursing faculty revolved around the use of the term: effective. If nursing education is to execute best practice, the best and most effective teaching behaviors must be identified. Barham (1965) and Jacobson (1966) coined the term, effective, from the educational literature dating to the 1930's and primarily used it to describe nursing clinical teaching behavior as "those actions, activities and verbalizations of the clinical instructor which facilitate

student learning in the clinical setting” (p.411). This definition was adopted in the development of the Nursing Clinical Teacher Effectiveness Instrument (Knox & Morgan, 1985). Brown (1981) defined effective as “producing a desired effect; impressive” (p.6). Bergamna & Gitskill (1990) modified Brown’s definition with the addition of “accomplishing goals and expectations” to “producing a desired effect” (p.36). Whether it was definite or not, for three decades the term effective was used comprehensively as the fundamental descriptor in the study of clinical teaching behavior in nursing.

Summary

The literature provides evidence that the teacher-student relationship is a noteworthy factor in the clinical learning environment and needs further examination (Brown, 1981; Bergman & Gaitskill, 1990; Lofmark & Wikblad, 2001; O’Shea & Parsons, 1979). Further studies are needed to determine detailed aspects of the teacher-student relationship influence and how to encourage those aspects in the practice of clinical teaching. As part of the clinical learning environment, clinical instructors’ teaching behaviors have important potential to manipulate students’ learning. Research to date has focused solely on relating teaching behaviors in terms of effectiveness but has been unsuccessful in studying them with regard to their influence on student learning.

Chapter III

Methods and Procedures

This chapter explains the methods and procedures used in this study. In addition, the sample size, data collection procedures, and the survey instrument are discussed.

Research Design

This study used a non-experimental descriptive exploratory design to investigate senior nursing students' perception of behaviors of faculty teaching in the clinical setting. Non-experimental designs are often used in nursing, and nursing education, because the research problems faced by these entities may not be appropriate for experimental designs (Polit & Beck, 2008). The survey design provided a way to collect data from students about how they perceived clinical instructors' behaviors actually influenced learning. The design was an economical means to use, considering the allotted time frame, to provide data about the research questions that could be inferred from the sample to the population (Creswell, 2009). Collection of data utilized a cross-sectional approach.

Method

The method for this study was a nonrandomized survey utilizing the NCTEI (Morgan & Knox, 1985). The NCTEI reports learning influences on a Likert scale for 47 teaching behaviors. Survey participants rated how the clinical instructor assisted in their learning process.

Sample

A single convenience sample of senior level nursing students attending a traditional classroom, medical-surgical course as part of an on-campus associate degree nursing program in western North Carolina was used. Excluding students from other

levels of nursing programs such as bachelor programs and from alternate delivery methods such as distance learning, assisted in achieving homogeneity of the sample. Although increasing homogeneity in the sample limits the population to which the sample may be generalized, it is an effective method to control extraneous variable, thus strengthening rigor of the design (Polit & Beck, 2009).

All participants had completed three clinical courses involving patient care. Students must have participated in patient clinical activities in order to have the essential experience to complete this survey. Invitations were extended to 49 students. There were 49 surveys returned with 42 being complete and useable that yielded a 92% return rate.

Setting

The setting for this study was a university located in western North Carolina. The University is a private, Christian, Baptist-related university. The University consists of three distinctive academic programs strongly grounded in the liberal arts: The traditional undergraduate program, a degree-completion program, and graduate programs. The University has nine departments and five professional schools, including the School of Nursing.

The ADN Program, which is approved by the North Carolina Board of Nursing and accredited by the National League for Nursing Accrediting Commission (NLNAC, 3343 Peachtree Rd, NE, Suite 850, Atlanta, GA 30326. Phone (404)975-5000, www.nlnac.org), prepares graduates to successfully pass the National Council of State Boards Licensing Exam and become registered nurses. The ADN curriculum consists of twenty-nine semester hours of general education courses and forty-three semester hours

of nursing courses. Nursing courses are categorized as didactic (classroom), experiential (laboratory), and application (hospital/clinical) experiences.

Instrument

The Nursing Clinical Teacher Effectiveness Inventory (NCTEI), developed by Knox and Morgan, (1985) has become one of the most well-known instruments used to study teaching behaviors of nursing faculty. The authors of the qualitative study from which the NCTEI was developed go on to state, “Thus we do not really know what students learn from their clinical teacher, nor do we have any indication whether students learn more from a teacher they rate high” (Morgan & Knox, 1983, p.11).

The NCTEI is a 47- item survey instrument on which respondents rate instructors’ use of clinical teaching behaviors on a seven point Likert scale ranging from “not at all descriptive” to “very descriptive”. The items are grouped into five categories of teaching behaviors: Teaching ability, nursing competence, personality traits, interpersonal relations and evaluation. Scores are reported for each category and item. In the original study, category scores were obtained by summing scores of all items with a category (Knox & Morgan, 1985, p.333).

The NCTEI was based on data obtained in a post hoc qualitative study of teacher effectiveness at the University of British Columbia, Vancouver (Morgan & Knox, 1983). The researchers used written responses to open-ended questions from the university’s existing teacher evaluation tool that was administered to all students at the completion of each clinical rotation. The questions were, “What are the most effective aspects of this individual’s instruction?” and “How can this instructor’s effectiveness be improved in this course?” (Morgan & Knox, 1983, p.6). The five categories of teaching effectiveness

emerged from the analysis. These categories were determined to be consistent with teaching behaviors identified in the literature (Brown, 1981; Jacobsen, 1966; O'Shea & parson, 1979).

The NCTEI was published in 1985 by Knox & Morgan. The NCTEI was administered at a university school of nursing in Canada to 393 nursing students, 49 faculty and 45 graduate in this exploratory, comparative study. Ratings were comparable amongst all three groups and showed importance.

Reliability and validity of the NCTEI was established through several methods. Initial reliability coefficients for each item ranged from .79 to .89 (Knox & Morgan, 1985). Test-retest reliability was reported to be acceptable (Knox & Morgan, 1985) with probability ranging from .76 to .93 (Morgan & Knox, 1987). A reliability coefficient was determined based on the results of the students' responses to the 47 item survey for this study utilizing Chronbach alpha statistical analysis. For this study of senior students' perception of clinical teacher behaviors, the Cronbach alpha was .95, indicating good reliability of the NCTEI.

Validity of the tool was established by determining that the clinical teacher behavior items from the NCTEI were consistent with other clinical teaching behaviors that appeared in the literature (Morgan & Knox, 1985). Permission to utilize the NCTEI was obtained from John Wiley and Sons via email from Rightslink Licensure (Appendix A).

One form of the NCTEI was used for this study. Students were asked to use the seven point Likert scale to rate an instructor for one clinical experience. Students were

instructed to rate each item regarding how regularly the instructor used the clinical teaching behavior during the selected clinical experience.

Procedure to Administer the Instrument

Appropriate approvals were obtained prior to the data collection. Approval to conduct the study was granted by the University institutional review board (IRB). Approval to conduct the study was granted by the Director of the ADN Program. The invitation to participate were attached to each survey and then emailed to the designated contact person at Gardner Webb. Each participant had the opportunity to read and have explained the information on the consent form (Appendix B). At any time during the study the participant could decline to participate in the study. A copy of the consent form was given to all participants at the time of the survey.

The form provided the participant with the contact email of the primary investigator and the IRB at the University. The detailed consent provided information concerning the potential risks and benefits of the study. No risk to the subject was anticipated. Participation did not affect their standing in class, and subjects were allowed to withdraw at any time without penalty. No deception was involved in the study. The study was explained to the participants and the results will be made available to them. No incentives were provided. Participation was strictly voluntary. Subjects were allowed to complete survey at their desks. To protect the subjects' confidentiality, the surveys were anonymous as well as the data collection. The participants were instructed to refrain from placing any identifying marks on the survey. All data was reported as aggregate data.

Chapter IV

Results

The following chapter presents the statistical findings of the study of senior nursing students' perception of clinical teacher behavior. The research study asked the students to rank the clinical teaching behaviors that were most descriptive of their best clinical teacher. The four clinical teaching behaviors that were most descriptive of the students' best clinical teacher are depicted in Table 1. The table includes the item number on the NCTEI Survey, a description of the teaching behavior, and the measure of central tendency for that item. The teaching behaviors rated as most descriptive were: Responsibility of own actions, has a good sense of humor, listens attentively, shows a personal interest and listens attentively.

Table 1

Highest Frequency of Clinical Teaching Behaviors

Item	Behavior Description	Category	M	SD
Q25	Responsibility	Nursing Competence	6.83	.377
Q46	Sense of humor	Personality	6.83	.377
Q39	Interest in students	Interpersonal Relations	6.81	.397
Q38	Listen attentively	Interpersonal Relations	6.79	.415

The four clinical teaching behaviors that were reported to be not all descriptive of the students' best clinical teacher were: Directs students to useful literature in nursing, is self-critical, reveals broad reading in his/her area of interest and provides specific

practice opportunity. The descriptive statistics for the four clinical teaching behaviors reported on the NCTEI as not at all descriptive are presented in Table 2.

Table 2

Lowest Frequency of Clinical Teaching Behaviors

Item	Behavior Description	Category	M	SD
Q22	Directs student to nursing literature	Nursing Competence	6.07	1.438
Q46	Is self-critical	Personality	6.26	1.270
Q20	Knowledgeable in area of interest	Nursing Competence	6.33	.874
Q7	Provides specific practice opportunity	Teaching Ability	6.36	.821

The students' total score and subset scores for the five categories were analyzed using measures of central tendencies and variability. The mean total score for the 47 items of the NCTEI was 6.61 (SD .36). Of the five categories, interpersonal relations had the highest mean score ($M = 8.09$, $SD = .47$) and teaching ability had the lowest mean score ($M = 6.17$, $SD = .38$). Table 3 reports the descriptive statistics for the mean total score and subset scores on the NCTEI.

Table 3

Descriptive Statistics for the NCTEI Total and Subset Scores

	Mean	Standard Deviation
Total NCTEI Score	6.61	.36
Teaching ability	6.17	.38
Nurse competence	6.56	.46
Evaluation	6.63	.40
Interpersonal	8.09	.47
Personality	6.67	.40

Chapter V

Summary and Implications

The following chapter will discuss the purpose of the study, research design, interpretations of outcomes and relationship to the literature and the theoretical context, as well as implications for education and future research.

Discussion

The purpose of the study was to explore the perception of senior students regarding the behavior of nursing faculty teaching in the clinical setting. The clinical portion of nursing education is a critical component of the educational process. Such a significant construct demands use of the best, most successful and effective teaching strategies achievable. Since the 1960's nurse educators have used a variety of tools to assess clinical teaching. This study design revealed the students' perception of clinical teaching behaviors.

Overall, students reported "Interpersonal relations" to be the most descriptive of the qualities of their best clinical teacher and "Personality" to be the next most descriptive quality. This was upheld by their choice of "Interest in students" and "Listen attentively" as two of the four highest rated qualities of their best clinical teacher. In addition, "Sense of humor" as a personality quality was also one of the four highest rated qualities of their best clinical teacher. In contrast "teaching ability" was rated as the lowest quality of their best clinical teacher, followed by nurse competence. This was upheld by their choice of "Provides specific practice opportunity" as one of the lowest rated qualities of their best clinical teacher. Teaching ability can be aligned with Nursing

competence in which the students chose “Directs student to nursing literature” and “Knowledgeable in area of interest” as not descriptive of their best clinical teacher.

While the mean score for “Evaluation” was the third highest quality of the students’ best clinical teacher, no individual “Evaluation” item of the NCTEI was chosen by the students.

It is apparent that interpersonal relations and personality are primary indicators of what students perceive as good clinical teachers. While educators and administrators may value teaching ability and nursing competence, these factors may not be indicative of the most qualified clinical nurse educator. Those educators that make a student feel supported through showing they are interested and actively listening while displaying a sense of humor may be better suited for the clinical setting. This may be a result of the intense anxiety students feel in the clinical setting and the high acuity of patients currently found in that setting.

Relationship to Theoretical Framework

Bandura’s social learning theory describes an internal process of learning, able to be known to the learner, which involves reciprocal determination, modeling and self-efficacy (Bandura, 1977). Applicability of the three components of Bandura’s theory was evident in this study. The student learners were able to recognize and rate the facilitation of their own learning. This survey was completed in a short amount of time and therefore would indicate that the learner possessed self awareness of learning styles and influences which affected it.

The study was intended to reflect reciprocal determination and not to measure it directly. The interchanges of multiple variables, particularly the five categories of

teaching behaviors of the nursing faculty, were examined by asking students to rate only one clinical instructor and one clinical experience while completing the survey. Self-efficacy beliefs are views one has about one's own ability that influences one's ability to achieve (Bandura, Adams, and Beyer, 1977). This study demonstrated that the students' perceive caring, cultivating teaching behaviors had a noteworthy influence on learning. Such caring actions lend themselves to decreasing stress and anxiety in the clinical situation and increasing self-efficacy values of students.

Delimitations

Delimitations of the study were related to the sample. This study was conducted using a single convenience sample of senior level nursing students in an ADN Program attending a medical surgical course in the traditional classroom setting. No effort was made to gather data from other types of nursing programs.

Limitations

Although care was taken to reassure rigor of the study design, some limitations can be identified. It seems reasonable to assume students who had very positive or a very negative clinical experience would consent to participate. An unknown variable is if a higher portion of these student consented than students who had perception of their experience as average. It is not identified if the experiences the students selected for completion of the survey were representative of their general clinical experiences or if they were isolated incidents that would negatively or positively affect their answers. Even though the survey procedures assured the students that no one from their college would connect their responses with their name, students may have had concerns and altered their responses for that reason.

Stressors of time, peer pressure, and personal issues may have unfairly determined the amount of time and consideration students gave to completing the survey. It is conceivable that some students may have provided spontaneous responses that did not echo their true opinions in an effort to complete the survey quickly.

Implications for Future Research

A number of recommendations for prospective future research can be far-reaching from this study. The results of this study are an early finding of association of clinical teaching behaviors to facilitation of learning. Replication of this study with a larger student sample size and geographic area are needed to validate the results. The NCTEI contains a number of items that are alike and some of the category names are not visibly reflective of the intention of the items within, specifically the evaluation category. Several clinical teaching behaviors involve providing feedback and eliciting information from students. These actions obviously contribute to the learning-teaching process, they are also evaluative actions. The nature of clinical education requires the instructor to take the dual function of evaluator and teacher. Studies that differentiate teaching from evaluation are sorely needed to clarify practice for faculty and to help alleviate students stress regarding perceptions that their teachers are in constant evaluation mode (Kushnir, 1986; Morgan, 1991; Wilson, 1994).

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Appendix A

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Appendix B
Informed Consent

INFORMED CONSENT

Study Title: Academic and Clinical Preparation for Psychiatry as a specialty.

Investigator: Karen Baker RN,BSN

Dear Participant,

You are being invited to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please take the time to read the following information carefully. Please ask the research assistant if there is anything that is not clear or if you need more information.

The purpose of this study is to examine how well prepared the senior level nursing student is in identifying and impending psychiatric emergency or crisis.

You expected time commitment for this study is 30 minutes. You will be asked to complete the survey handed out to you. Please circle the most appropriate response to each question using your best judgment.

The risks of this study are minimal. These risks are similar to those you experience when disclosing information to others. The topics in the survey are related to people that may be or who are experiencing anxiety and irritability. You may decline to answer any or all questions and you may terminate your involvement at any time if you choose.

There will be no direct benefit to you for your participation in this study. However, we hope the information obtained from this study may link academic and clinical preparation for job readiness.

If you do not want to be in the study, you may choose not to participate and leave your answers blank, or you may read quietly at your desk.

Please do not write any identifying information on your questionnaire. Your responses will be anonymous.

Should you have any questions about the research or any related matters, please contact the researcher at kadams@gardner-webb.edu.

If you have any questions regarding your rights as a research subject, or in problems arise which you do not feel you can discuss with the Investigator, please contact the Institutional Review Board Office at Gardner Webb University.

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you do decide to take part in this study, you will be asked to sign a consent form. If you decide to take part in this study, you are still free to withdraw at any time and without giving a reason. You are free to not answer any question or questions if you choose. This will not affect the relationship you have with the research assistant.

There may be risks that are not anticipated. However, every effort will be made to minimize any risks.

There are no costs to you for your participation in this study.

There is no monetary compensation to you for your participation in this study.

By signing this consent form, I confirm that I have read and understood the information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I voluntarily agree to take part in this study.

Signature: _____

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