To the Graduate Council:

I am submitting herewith a dissertation written by Martha Prater Craig entitled "Nursing Students' Perceptions of Interpersonal Relationships with Clinical Instructors". I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Education.

John R. Ray, Major Professor

We have read this dissertation
and recommend its acceptance:

Accepted for the Council:

Associate Vice Chancellor
and Dean of The Graduate School

Nursing Students' Perceptions of Interpersonal Relationships with Clinical Instructors

A Dissertation

Presented for the

Doctor of Philosophy

Degree

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Martha Prater Craig

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DEDICATION

This dissertation is dedicated to my family for their perseverance and patience during the project. My husband, Jeff, and children, Heather, Lindsay, and Zachary filled in the gaps when I needed to work. My mother, Kathryn Prater, and mother-in-law, Joan Craig, were supportive and encouraging. They made numerous carpool trips for me. And lastly, my father, the late W. K. Prater, whose memory lives on in my life.

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ABSTRACT

This descriptive study used surveys and open-ended follow-up interviews to determine the status of interpersonal relationships between nursing students and clinical instructors. One hundred seventy-nine junior and senior nursing students at three NLN accredited schools of nursing in the southeastern United States participated in the study. Students responded to a survey instrument developed by the researcher. Respondents were asked to indicate the degree of agreement with 23 statements about clinical instructors' interpersonal characteristics. Following the survey, the researcher conducted 13 follow-up interviews which encouraged students to elaborate on their interpersonal relationships with their clinical instructors.

Survey and interview results were analyzed for consistency and disagreement. In general, survey data were more positive than interview data. Respondents perceived their clinical instructors as more respectful to and genuine with students than empathetic toward them. The most common positive interpersonal characteristics reported were demonstrating kindness, encouraging questions, and displaying confidence and respect for student abilities. The most prevalent negative characteristics reported were exhibiting behaviors which increased student anxiety, avoiding admission of one's own limitations and mistakes, and intimidating students. Clinical instructors were perceived as a source of stress. Respondents emphasized the importance of interpersonal relationships between students and clinical instructors on learning and role modeling. Positive instructor characteristics

of respect, empathy, and genuineness were also perceived to be indicative of a caring relationship.

The findings of this research suggest that nursing educators should examine their interactions with students for elements of respect, empathy, and genuineness. Further research is needed to develop a method to evaluate interpersonal relationships between students and clinical instructors and to determine their effect on learning. The effects of interpersonal relationships between students and clinical instructors on attrition and choice of role models also require further study.

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CHAPTER I

INTRODUCTION

Goals of General and Nursing Education

Controversy exists regarding the purpose of education. Some theorists argue that schools should preserve and maintain current societal values while others support the belief that schools should be an instrument for social change. Educators agree, however, that education should lead to human competence which requires expression of concern and dignity for other people (Boyer, 1987). A number of authors emphasize the moral context of education. Noddings (1988) proposes development and enhancement of caring as the primary goal of education. Bevis and Watson (1989) assert that the goal of education is to create a learning community fostering development of persons who exhibit a sense of agency, responsibility, accountability, and connection. Carl Rogers (1969) sees the goal of education as facilitation of significant and self-reliant learning. He bases his argument on the acknowledgement that the environment continually changes. As a result of ongoing change, ideas and concepts quickly become outmoded. Educated persons adapt because they can confront and solve new problems as they arise.

The goals of nursing education reflect similar concerns for the future. The American Association of Colleges of Nursing (AACN) (1986) professes the aim of nursing education to be the preparation of fully functioning persons.

Rapid changes in health care technology and delivery systems and exacerbation of social ills demand creative approaches to problem solving. In addition to increasingly complex technology issues, the aging of the American population and changes in health care financing present new problems in health care and require nurses to be adept at developing solutions to health care concerns. The ever increasing responsibility for nurses to provide leadership in health care necessitates a redistribution of power in the health care field. Nurses must be ready to assume these roles to further progress toward health promotion and wellness.

Educational goals are achieved through a variety of pedagogical approaches. Essential factors include student motivation to learn and a logically structured educational process. Teachers themselves assume an important role in assisting students to meet educational goals. The interpersonal relationship between teacher and learner greatly influences learning (Rogers, 1969).

Processes and Methods of Goal Achievement

In general, the primary means of achieving educational goals involves the structured educational program and clinical practice plus the less prescriptive approaches of socialization through modeling and interpersonal relationships between faculty and students. The formal educational program is the list of courses necessary for degree completion. Socialization, a less structured process, occurs as students incorporate the norms, values, and

skills of the profession into their own identity. Faculty-student interpersonal relationships affect goal attainment by creating a climate for learning which ranges from supportive to adversarial.

Educational program

Nursing curricular plans specify courses required to earn the Bachelor's Degree in Nursing. Courses are categorized in four general groups: general education courses, major-related courses, electives, and nursing courses. General education courses are those required by all students at a particular college and usually include liberal arts courses, including the humanities. These courses in literature, history, fine arts, and culture are designed to add a humanizing element to the curriculum. Major-related courses such as anatomy and physiology, microbiology, sociology, and psychology provide a strong knowledge base in the natural and social sciences on which to build and support nursing knowledge. Electives enable students to diversify their education based on self-identified needs and interests. Nursing courses introduce students to the nursing profession and provide activities and opportunities which enable students to learn essential skills and attitudes and practice holistic nursing in a variety of settings. Many nursing courses have both classroom and clinical components. Classroom settings focus on theoretical information and experiences while the clinical settings provide opportunities for students to practice nursing with faculty guidance.

Socialization

Socialization into the profession is perhaps as important to nursing education as professional knowledge. The American Association of Colleges of Nursing (AACN) (1986) defines socialization as:

> a largely unconscious process by which an individual acquires the attributes associated with a profession. Through the socialization process, the student develops a sense of identity and commitment to the profession by internalizing the norms, values, knowledge, skills, and behaviors shared by members of that profession (p. 3).

Professional education involves socialization. Professions ensure survival by transmitting knowledge and skills as well as values, norms, and roles to future practitioners (McCain, 1985; Raya, 1990; Sabari, 1985). Socialization occurs during the formal education process. Cohen and Jordet (1988) found nursing students' values to become more closely aligned to those of the faculty as they progressed through the nursing program.

The professional culture must be integrated into students' self concepts in order for socialization to be complete. Individual student personality factors contribute to differing degrees of success in socialization efforts (McCain, 1985; Sabari, 1985). Successful socialization requires students to substitute newly internalized values and rules of behavior for those attitudes and behaviors which might be otherwise exhibited (Bandura, 1977).

Behaviorist theories propose that learning occurs by experiencing effects of behavior. Bandura's (1974, 1986) social learning theory explains that learning can occur vicariously by observing the behavior of others; vicarious learning has the advantage of being efficient because learners do not have to go through the experience themselves. Models enhance learning when they inform observers of the benefits of particular behaviors and when they have established relationships with the observers (Bandura, 1977, 1986). Both cognitive and actual practice of the modeled behaviors aid retention. Bandura (1986) further explains the importance of symbolic transformation as a process in which observers restructure observed behaviors into symbols. Learners then combine these symbols into rules for future action in perceived similar circumstances. Bandura's theory explains the critical role of clinical instructors in modeling desirable nursing behaviors to nursing students.

Research indicates the importance of nursing faculty as role models in the socialization process. Hedin (1989) explains the teacher's role as a "modeler" of nursing behavior. Other authors and researchers agree that instructors provide the primary role models for students. In one study (Jones & Jones, 1977) 50 to 77% of nursing students identified the clinical instructor as their primary role model. A more recent study (Bellinger, Reid and Posey, 1985) reported 54.9%; although lower than the previous study, clinical instructors outranked any other single group. Students recognize the value of role modeling (Kiker, 1973; Sabari, 1985; Stuebbe, 1980). Research indicates

it as one of the most frequent characteristics associated with effective clinical teaching (Bergman & Gaitskill, 1990).

The nature of student-faculty interpersonal relationships also influences socialization. Successful socialization requires a trusting relationship between students and faculty (Griffith & Bakanauskas, 1983; Karns & Schwab, 1982). The student-faculty interpersonal relationship itself serves as a model for future nurse-patient relationships (Hedin, 1989; Miller, Haber, & Byrne, 1990). Halldòrsdòttir (1990) reports students usually model themselves after those instructors with whom they have experienced a caring relationship. According to Rogers (1969), significant learning depends upon attitudes existing in the personal relationship between teacher and student.

Interpersonal relationships

The importance of interpersonal relationships between students and faculty cannot be over emphasized. Tetreault (1976) reports a direct relationship between teacher consideration and student values. Her study suggests that respectful, trusting, and empathetic teachers improve students' professional values. According to Bevis and Watson (1989), relationships and interactions are the basis of the nursing curriculum. They define curriculum as "those transactions and interactions that take place between and among students and teachers with the intent that learning takes place" (p. 72). This viewpoint contrasts the hidden or implicit curriculum discussed and analyzed by curriculum theorists. The hidden curriculum--the unstructured and unplanned affectual component of the curriculum--socializes students in a

subtle but powerful way by coloring students' perceptions, values, and priorities. By acknowledging interpersonal aspects of teaching, nursing educators bring these relationships out of the hidden curriculum into the legitimate curriculum. This move brings the relationships into awareness where they can be more clearly planned and analyzed (Bevis & Watson, 1989).

Clinical education

Clinical practice is an integral part of professional nursing education. The many hours students spend in clinical settings during their junior and senior years reflect its emphasis and importance. Nursing educators recognize clinical education as the primary socializing force which enables students to incorporate the norms, values, and skills of the profession into their own identity and professional practice. Students provide direct patient care and observe the attitudes and actions of more experienced nurses. They model their practice after the practice they observe. Clinical practice provides students opportunities to practice problem solving skills under the guidance of clinical instructors. Successful, positive clinical experiences promote the self-confidence and self-esteem necessary to function effectively as caring, knowledgeable practitioners.

The literature documents significant problems in clinical nursing education. Students report perceptions of high stress and anxiety which are exacerbated by non- supportive, controlling faculty. These perceptions contribute to the problem of student retention in nursing programs (Flagler,

Loper-Powers, & Spitzer, 1988; Manderino & Yonkman, 1985; McKay, 1978; Miller, 1984). A certain amount of anxiety in new learning environments is inevitable, but excessive anxiety impairs concentration and cognitive processing abilities (Blainey, 1980; Pagana, 1990). Meisenhelder (1987) labels student stress in the clinical area as a serious obstacle in nursing schools.

Both internal and external sources generate student stress and anxiety. Internal sources of stress include unrealistic perceptions about the demands of nursing school and their late adolescent stage of development which is often associated with stress and anxiety, insecurity about personal adequacy, fear of making mistakes, and fear of the unknown (McKay, 1978; Pagana, 1988; Policinski & Davidhizar, 1985). The most often identified source of external stress is what students perceive as non-supportive, threatening, and adversarial clinical instructors (Kleehammer, Hart, & Keck, 1990; Pagana, 1988; Policinski & Davidhizar, 1985).

Supportive clinical instructors who provide safe learning environments assist students to cope and alleviate their anxiety and stress associated with clinical experiences. Blainey (1980) encourages nursing faculty to "reduce anxiety and increase learning by creating a climate for learning in which less-than-perfect behavior at new skills and application of knowledge is acceptable" (p. 35). Unfortunately, students report experiences in which negative student-faculty relationships and ineffective teaching behaviors obstruct learning (Knox & Mogan, 1985; McKay, 1978).

Revolutions are often uncontrolled and unsteady. However, the curriculum revolution advocated by the National League for Nursing (NLN) is one of planned changes which charge nurse educators with altering curricula to better meet current and future health care demands. The NLN charges nursing educators

> to create a new curriculum-development paradigm for nursing education . . . to enable nursing graduates to be more responsive to societal needs, more successful in humanizing the highly technological milieus of health care, more caring and compassionate, more insightful about ethical and moral issues, more creative, more capable of critical thinking, and better able to bring scholarly approaches to client problems and issues and to advocate ethical positions on behalf of clients (Bevis & Watson, 1989, p. 1).

In recent decades, the process of nursing education has been based on Ralph Tyler's concept of curriculum. The curriculum revolution requires abandonment of a rigid Tylerian approach to curriculum with its emphasis on behavioral outcomes. This behaviorist approach helped the nursing profession to progress to its present streamlined, logical approach to curriculum development. The focus on behavioral objectives and evaluation techniques has served its purpose in forcing nursing educators to specify overarching

curricular goals and establish norms (Bevis & Watson, 1989; Moccia, 1988). To accommodate rapid changes in health care, nurses must become more flexible and freethinking in their approaches to problems. The Tylerian model, with its emphasis on product outcomes, has become too restrictive for current nursing education. Freire (1970) makes the analogy of this traditional educational process to that of a bank in which teachers make deposits of knowledge in students' minds. On demand, the teacher can make withdrawals, but students deposit nothing on their own. Teachers control the learning process by determining the course descriptions, content, and student evaluation. This situation produces a passive learner with a heightened sense of powerlessness and low self esteem.

Symonds (1990) suggests that nursing should reject the current separate model of education and shift to a connected model. The separate model is one in which the teacher and institution control educational decisions. In contrast, the connected model transforms teaching into a process rather than a product. Open discourse with respect for student values encourages more creative thinking and active learning.

The curriculum revolution requires that the term curriculum be reconceptualized to mean interaction between students and teachers as compared to a written plan specifying behaviors of finished products (Bevis & Watson, 1989). Moccia (1988) asserts that it is "time to focus on the process of education--the student-teacher relationship--rather than its content or anything else" (p. 59).

The goal of the curriculum revolution is to develop curricula which emphasizes human caring as a core value. The moral context will take precedence over the technical context as a more accurate reflection of the professional-client relationship. J. Watson (1988b) defines caring as, "the moral ideal that guides the nurse through the caregiving process, and knowledgeable caring (i.e. professional nursing) is the highest form of commitment, an end in and of itself" (p. 2). The strongest and weakest links in the new "caring" curriculum are teachers. The quality of caring interactions between students and faculty will determine the success of the new paradigm (Murray, 1989).

Problem

Nursing education has a long history of producing stress among its students (Fox, Diamond, Walsh, Knopf, & Hodgin, 1963; McKay, 1978 Meisenhelder, 1987; Pagana, 1988; Policinski & Davidhizar, 1985). Many stressors identified by students relate to conditions found in the clinical education component of the curriculum. Students attribute a significant amount of stress and anxiety to their interactions and interpersonal relationships with clinical instructors.

Nursing educators (Griffith & Bakanouskas, 1983; Murray, 1989; Watson, 1988a) express concern that uncaring, nonempathetic nursing faculty fail to provide students with necessary role models and supportive learning environments conducive to developing self confident, humane practitioners.

They assert that the quality of caring behaviors exhibited by nurses to clients depends upon the caring relationships established as students with clinical instructors. To prepare caring, ethical and sensitive nurses, the educational process must reflect these same values. Traditional nursing education is characterized as being too authoritarian, over structured, and insensitive to the human needs of the students (Tanner, 1990; Watson, 1990a). Other authors (Blainey, 1980; Infante, 1985) suggest that the anxiety and stress associated with nursing education could be reduced by establishing understanding caring relationships between nursing students and instructors. The poor affective quality of the component of clinical education contribute to high levels of dissatisfaction and stress among nursing students (Rauen, 1974; Lindeman, 1989).

A modest amount of research exists which deals with affectual and interpersonal relationships between nursing faculty and students. Most of the literature focuses on students' identification of the characteristics of effective clinical instruction. Many of the characteristics associated with effective instruction reflect the importance of interpersonal relationships as perceived by students. Very little research, however, deals exclusively with interpersonal aspects of clinical education or describes the current state of these relationships in schools of nursing.

Purpose

The purpose of this study was to identify junior and senior nursing students' perceptions of their interpersonal interactions and relationships with clinical instructors. This information will direct the implementation of curricula to enhance students' satisfaction with nursing education and determine the need to include caring interactions and relationships between nursing students and faculty.

Questions

The study was designed to answer the following research questions:

1) What are nursing students' perceptions about the nature of their interpersonal relationships with clinical instructors.

2) What interpersonal behaviors of clinical instructors are most prevalent?

3) Which interpersonal characteristics of clinical instructors do students define as being "caring"?

4) What are nursing students' perceptions of the effects of their relationships with clinical instructors?

Conceptual Framework

Jean Watson's (1988b) theory of human science and human care, along with the educational philosophies of Christine Tanner (1990) and Carl Rogers (1969) provide the frame of reference for the study of interpersonal

relationships between nursing students and clinical instructors. Bandura's (1974, 1977, 1986) social learning theory is used to explain the importance of clinical instructors as role models.

Watson (1988b) classifies nursing as both an art and a science. As a science it includes theory, paradigms, and a research tradition. The art of nursing relies on individual nurses' creativity, intuition, and understanding. Benner's (1984) work From Novice to Expert: Excellence and Power in Clinical Nursing Practice has awakened renewed interest and pride in the artistic aspects of nursing. Professional nursing practice requires a blend of scientific methodology and artistic interpretation. According to Watson (1988a), caring, the goal of all nursing care, protects, enhances, and preserves human dignity. The nature of nursing lacks congruency with medical and natural science paradigms; however, nursing has allowed its unique position in healthcare delivery to be overshadowed in an attempt to be viewed by other disciplines as "scientific". Watson urges nursing to move from a scientific pathway that "categorizes, manipulates, controls, and treats disease" to one in which "holism, human choice, freedom and responsibility are enhanced" (p. 16). These attributes are best developed through caring interpersonal interactions between nurses and clients. As leaders in the curriculum revolution, Watson (Bevis & Watson, 1989) and Tanner (1990) explain that nursing students must be educated in supportive, caring, learning environments which foster individual growth. Individuals nurtured and

educated in an atmosphere of caring and moral dignity are more likely to develop these characteristics themselves.

Carl Roger's (1969) philosophy of education supports the view that positive, open-ended student-faculty relationships enhance learning. He believes authoritarian, hierarchical relationships reduce students' "personal growth, creativity, initiative, imagination, self discipline, self-acceptance and understanding" (p. 20). The attitudes and characteristics of the interpersonal relationship between student and teacher influence learning. Interpersonal qualities which promote learning include: realness or genuineness, prizing, acceptance and trust, and empathetic understanding (Rogers, 1969).

Assumptions

This study is based on these assumptions:

1. Clinical nursing instructors influence nursing students' attitudes.
2. Students can identify instructor characteristics which influence them.
3. Students will respond honestly to questions in the research instrument and during interviews.

Limitations

Because this study partially depended upon student reactions to a survey instrument, refusal to participate may be a limitation. Eliciting the cooperation of schools of nursing and employing research assistants to administer the questionnaires reduced this potential problem. A random

sample of students willing to participate in follow-up, open-ended interviews was selected. The perceptions of students who agreed to interviews and those who decline to participate may differ.

Another potential limitation to the study relates to the possible influence of the survey instrument on the follow-up interviews. The instrument may have sensitized the respondents to the topic. The process of responding to the survey instrument may have caused the subjects to more critically examine subsequent relationships and interactions with faculty. The interviews may reflect perceptions different from those that might have been shared without exposure to the survey.

Delimitations

The research delimits the study to junior and senior nursing students enrolled in clinical courses of a curriculum leading to a Bachelor of Science in Nursing. The study further delimits the population to students in NLN accredited programs at public universities in the southeastern United States.

Definition of Terms

Caring:

Supportive actions reflecting concern for the welfare of individuals or groups.

Clinical Instructor/Clinical Teacher:

A faculty member responsible for the clinical education activities of nursing students.

Clinical Practice:

Nursing care given to patients/clients by students under the supervision and guidance of a faculty member.

Clinical Education/Clinical Teaching:

Teaching which takes place in settings where students provide nursing care to patients/clients as part of the nursing curriculum.

Interpersonal Relationships:

The unspoken affectual considerations which occur between individuals in ongoing interactions regarding the presence or absence of perceived empathy, genuineness, and respect.

Nursing Care:

Cognitive and physical activities of nurses and nursing students related to individuals' responses to the human condition.

Summary

Through the auspices of the NLN and nursing authors (Bevis & Watson, 1989; Tanner, 1990), the nursing profession is reexamining its curricula to better prepare nurses for the realities of health care in the future. Technological advances will necessitate greater emphasis on preserving the human elements of care and making difficult moral decisions. Nurses must

establish caring relationships with clients and others to enhance human aspects of health care. Along with other components of nursing education, caring behaviors are learned and reinforced by interactions and relationships with clinical instructors. Clinical instructors play a crucial role in modeling the professional role and promoting student self-confidence and creativity.

In this chapter the goals of nursing education and an explanation of the methods used to achieve them has been addressed. Students learn to be nurses through a combined approach. The structured educational program and planned clinical experiences provide a sound knowledge base, while socialization factors and interpersonal relationships with faculty influence affectual characteristics. The importance of clinical education is emphasized along with a summary of associated problems. The curriculum revolution advanced by the NLN is discussed in terms of its support for development of positive student-faculty relations. The research problem, purpose and questions for this study are presented. The conceptual framework is explained followed by a list of assumptions, limitations, delimitations and definition of terms. A review of relevant literature is presented in Chapter II.

CHAPTER II

REVIEW OF LITERATURE

Research on effective clinical teaching provides information about interpersonal relationships and interactions between nursing students and clinical instructors. Because the concept of clinical teaching is not well defined, comparison between studies is difficult (McCabe, 1985). Jacobson (1966) describes clinical courses as significantly different from theory courses because of the inability of clinical instructors to control or predict the learning environment. The human component of patients/clients in clinical teaching adds complexity and stress not associated with classroom teaching. The student-teacher relationship becomes more significant in this atmosphere.

Importance of Student-Faculty Interpersonal Relationships

Research literature reflects the importance of student-faculty interpersonal relationships as a perceived determinant of teaching effectiveness. Teaching effectiveness, encompasses the "actions, activities, and verbalizations of the clinical instructor which facilitate student learning in the clinical setting" (O'Shea & Parsons, 1979, p. 411). Jacobson, in a classic study (1966), summarized effective clinical teaching as being based on the following general characteristics: availability, general knowledge and professional competence, teaching practices and mechanics, personal characteristics, evaluation practices, and interpersonal relationships with

students and others. In a review of a number of studies on clinical teaching effectiveness, Zimmerman and Waltman (1986) support the validity of Jacobson's behavioral categories of effective clinical instruction.

Other research on effective teaching supports the importance of interpersonal relationships between students and faculty (Windsor, 1987). Although not limited to clinical teaching, an early study by Barham (1965) found that positive interpersonal behaviors were those most commonly described by students as being characteristic of effective teachers. Students identified characteristics such as "accepting students as individuals . . . [and] demonstrating understanding in working with students" as being effective (p. 67). Other surveys of nursing students reflect a similar emphasis on interpersonal characteristics (Dixon & Koerner, 1976; O'Shea & Parsons, 1979). O'Shea and Parsons identified facilitative behaviors as providing positive as opposed to negative feedback and being supportive and understanding of students rather than intimidating and critical in the presence of others.

Seven additional studies dealing with clinical teaching effectiveness compare student perceptions with those of faculty or other student groups. Brown (1981) sampled 82 seniors and 42 faculty to compare perceptions of important clinical teaching characteristics. Students ranked relationships between students and faculty as most important followed by professional competence and personal attributes. Faculty, however, identified professional competence as the most important. Stuebbe's (1980) research reported the

opposite conclusion. Her study found students more concerned with professional competence and the faculty more concerned with teacher-student relations. In two studies comparing perceptions of faculty, students and graduates, researchers (Knox & Mogan, 1985; Mogan & Knox, 1987) found only minor points of discrepancy among faculty, students, and graduates. Overall, all three groups ascribed importance to the student-faculty relationship. All three groups characterizied the "best" clinical teachers as approachable and those who fostered mutual respect as opposed to those lacking empathy and belittling students.

Bergman and Gaitskill (1990) used the rating method to discover those clinical teaching behaviors considered most important by students and faculty. Again, they found evidence of the importance of interpersonal aspects. Behaviors unanimously identified as important by both groups included: having genuine interest in patients and their care, demonstrating confidence in and respect for students, having realistic expectations, and dealing with students in a direct and honest manner. Citing the importance of developing self-confidence in nursing students, Flagler, Loper-Powers, and Spitzer (1988) asked students to rate 16 instructor characteristics as to the degree they influenced self-confidence. Students rated positive feedback and being accepting of student questions as the two most important characteristics associated with increased self-confidence. This finding further emphasizes the importance of student-teacher relationships in clinical nursing education.

Critical elements of student-faculty relationships and interactions can be categorized according to Roger's (1969) educational philosophy. Rogers contends that learning occurs more readily when a positive interpersonal relationship exists between teacher and student. He specifies empathy, congruence, and positive regard as being essential elements in positive teaching-learning relationships. Karns and Schwab (1982) interpret these terms as signifying understanding and sensing another's world view, genuineness, and respect.

Empathy

Empathy, as a facilitative teacher attribute, is characterized by those behaviors and attitudes indicating understanding of student needs, abilities, problems, and a willingness to view learning situations from student perspectives. Research indicates empathy as an important determinant of effective clinical nursing education. The degree of empathy exhibited by clinical nursing instructors varies from behaviors reflecting a clear lack of understanding, thereby crippling student growth, to that signifying full understanding and awareness of student feelings (Karns & Schwab, 1982).

Having realistic expectations and being sensitive to student needs and feelings indicates instructor empathy (Bergman & Gaitskill, 1990; Karns & Schwab, 1982). Students associate effective clinical instructors with those who accept less than perfect behavior for new skills and application of knowledge (Bergman & Gaitskill, 1990; Flagler, Loper-Powers, & Spitzer, 1988; Jacobson,

1966; Meisenhelder, 1987). In contrast, they associate rigidity and inflexibility in requirements and expectations with a lack of empathy and ineffective teaching (Bergman & Gaitskill, 1990; Jacobson, 1966; Kiker, 1973). Students appreciate instructors who are sensitive to student needs and feelings (Hedin, 1989; Jacobson, 1966; Karns & Schwab, 1982). Instructors manifest this sensitivity by demonstrating a sincere interest in students as individuals and using techniques which decrease student anxiety. Students also identify these clinical instructor characteristics as being effective (Brown, 1981; Griffith & Bakanauskas, 1983; Hedin, 1989; Jacobson, 1966; Karns & Schwab, 1982; Kleehammer, Hart, & Keck, 1990). Although not directly related to the student-faculty relationship, students identify availability in the clinical area as an effective instructor characteristic (Hedin, 1989; Jacobson, 1966; Mims, 1970; Stritter, Hains, & Grimmes, 1975). Being readily available to students in anxiety-ridden clinical areas indicates a degree of empathy and understanding of student stress and fulfills students' need for security (Flagler, Loper-Powers, & Spitzer, 1988).

Genuineness

Displaying congruence or demonstrating genuineness requires mutual trust, honesty, self-esteem and self-knowledge. Open communication in which instructors share their real selves and discuss feelings and values is associated with positive student-teacher relationships (Griffith & Bakanauskas, 1983). This open disclosure demonstrates respect and trust of students.

Students relate genuineness with teaching effectiveness. Sharing personal values and feelings, admitting own limitations and mistakes, displaying a sense of humor and being honest characterizes genuineness. Mutual sharing fosters collegial rather than prescriptive authoritarian relationships between students and faculty (Barham, 1965; Bergman & Gaitskill, 1990; Hedin, 1989; Gorham, 1988; Jacobson, 1966; Karns & Schwab, 1982; Kiker, 1973; Mogan & Knox, 1987).

Respect

Students identify effective teachers as those demonstrating respect for students. The majority of specific behaviors identified by students as effective relate to Rogers (1969) concepts of positive regard. The four general categories of behaviors include: using therapeutic communication, having confidence in and respect for student abilities, providing relevant feedback, and being accepting of students (Karns & Schwab, 1982).

Nurses must use therapeutic communication techniques to establish relationships with clients. Nursing students must develop expertise in using therapeutic communication. Nursing faculty assist student learning by modeling therapeutic communication with students. In addition to modeling desired interaction techniques, use of therapeutic communication skills indicates faculty respect for students as worthy individuals (Karns & Schwab, 1982). Effective teachers use the following therapeutic communication techniques: exhibiting kindness in interactions with people, permitting and promoting free discussion, and avoiding intimidation (Flagler, Loper-Powers, &

Spitzer, 1988; Hedin, 1989; Jacobson, 1966; Karns & Schwab, 1982; Mogan & Knox, 1987; O'Shea & Parsons, 1979). In addition to serving as a learning laboratory, the clinical setting provides students opportunities to receive cues from others about their capabilities (Flagler, Loper-Powers, & Spitzer, 1988). Use of therapeutic communication produces a learning environment fostering open discussion and promoting creativity and individual growth. Therapeutic communication precludes intimidation and promotes self confidence (Flagler, Loper-Powers, Spitzer, 1988).

Effective instructor behaviors demonstrate confidence in and respect for students. Desirable instructor characteristics are those which make students feel more confident. An expert clinical teacher interviewed in one study stated her role as "making sure the patient gets taken care of and that the students feel good about themselves" (Hedin, 1989, p. 74). Students view condescending attitudes and actions as a lack of respect (Griffith & Bakanauskas, 1983).

Students express definite ideas regarding the role of instructor feedback. Many research articles report student interest and concern regarding the effects of clinical evaluation. They identify positive reinforcement as a very important characteristic of effective clinical instructors (Bergman & Gaitskill, 1990; Flagler, Loper-Powers, & Spitzer, 1988; Hedin, 1989; Karns & Schwab, 1982; O'Shea & Parsons, 1979; Wong, 1978). Students adamantly request that negative comments be shared in private (Hedin, 1989; O'Shea & Parsons, 1979).

Effective instructors communicate warmth and acceptance of students (Griffith & Bakanauskas, 1983; Karns & Schwab, 1982; Lowery, Keane & Hyman, 1971). Students perceive impatient instructors or those who lose their tempers as less effective. These behaviors reduce self-confidence and increase stress (Bergman & Gaitskill, 1990; Brown, 1981; Jacobson, 1966). These behaviors affect self-confidence by reflecting the worth with which instructors view students.

Caring Behaviors in Nursing Education

Caring is defined as supportive actions reflecting concern for the welfare of individuals or groups. The curriculum revolution promoted by the NLN urges nursing educators to develop caring relationships with students characterized by warmth, concern, and understanding. Although limited, the research on caring relationships in nursing education echoes research findings related to effective clinical teaching.

Halldòrsdòttir (1990) explored nursing students' perceptions of caring and uncaring incidents involving nursing faculty. Caring instructors are those perceived as being concerned and interested in students as well as professionally competent and committed. In response to caring, students' report increased feelings of self-worth. Uncaring behaviors contribute to opposite student responses. Indifference and insensitivity to student needs characterizes a lack of concern. Uncaring instructors demand control and

power and exhibit destructive behaviors such as ridicule and manipulation (Halldòrsdòttir, 1990).

In a phenomenological analysis of caring behaviors in nursing education, Miller, Haber, and Byrne (1990) summarized the caring relationship as being characterized by a "pervasive climate of support" (p. 128). Faculty exhibit holistic concern for students. Students describe caring teachers as "nonjudgemental, respectful, patient, available, dependable, flexible, supportive, open, warm, and genuine" (p. 129). Caring teachers also provide positive feedback and help students explore thoughts, feelings and opinions.

Research clearly provides evidence that instructor characteristics categorized as "caring" are identical to those identified as being "effective." Interpersonal relationships reflect the degree of caring between students and faculty. Additional research is needed to validate the need for nursing educators to develop a different type of student-faculty relationships.

Characteristics of Nursing Students

For education to be effective, teachers must match instructional styles and techniques to student characteristics and needs. Research (Bailey & Claus, 1969; Broughn, 1988; Stein, 1969) suggests that nursing students differ from students in other disciplines. These differences must be examined and analyzed in terms of necessary pedagogical modifications needed to meet their specific needs. Unique characteristics of nursing students may provide rationale for the need to promote "caring" relationships with clinical instructors.

Two studies published over two decades ago (Bailey & Claus, 1969; Stein, 1969), provided information on personalities, strengths and weaknesses of nursing students. Personality profiles on students entering schools of nursing indicated they had high deference for authority, intraception, and endurance; they wanted to straighten disorder, and desired to have "compassionate and satisfying relationships with patients and health oriented personnel" (Stein, 1969, p. 314). Nursing school may alter these attributes, because senior nursing students tended to have greater autonomy than did freshmen. Whether this finding reflected maturation, sampling, or education is unclear. Bailey and Claus (1969) discovered similar characteristics and personality attributes in four consecutive nursing classes at the University of California. Compared to other students, they found nursing students to be conforming, orderly, analytical, abasing, and nurturant.

Recently, Broughn (1988) investigated autonomy (self-direction) in female nursing students and compared them to other female university students in education, arts and sciences, and business. Students in nursing scored the lowest on autonomy. These research findings may reflect consistency in the type of student attracted to nursing. If so, nursing educators must implement teaching methods which foster self-confidence and autonomy. Educators need to establish supportive mentoring student-faculty relationships rather than those which are judgmental and adversarial.

Summary

Research literature provides data supporting the need to emphasize positive student-faculty interpersonal relationships in nursing education. Perceived teaching effectiveness depends to a great extent on the quality and type of relationships established between students and faculty. Empathy, genuineness, and respect are critical elements of positive student-faculty interpersonal relationships. Instructor behaviors identified as being "caring" by nursing students are the same behaviors identified as being "effective" in other studies of clinical nursing education. This finding suggests that caring behaviors shown by clinical instructors to nursing students are effective teaching behaviors. Research examined personality characteristics of students who chose nursing as a career path. Nursing students' had lower self-confidence and autonomy scores than did other students. These findings indicate a need for supportive, encouraging relationships with faculty to help foster student self-confidence and independence.

CHAPTER III

METHODOLOGY

In this descriptive study the researcher used student surveys followed by open-ended telephone interviews to answer the research questions. These methods were chosen in order to obtain a clear picture regarding the current status of student-faculty interpersonal relationships between nursing students and clinical instructors. The surveys, using a Likert-type scale, provided quantitative data, while the interviews provided depth of information about individual students' perceptions.

Sample

The research used a sample of junior and senior nursing students in NLN approved public schools of nursing in the southeastern United States. All junior and senior students enrolled in clinical nursing classes at three schools of nursing between April 8 and 23, 1991 were invited to participate in the research. A total of 179 completed surveys were returned. The number of surveys returned from junior and senior students at each school is listed in Table 1.

Table 1: Numbers and Response Rates of Students Participating in Survey

School	Enrollment No.	Juniors No.	Seniors No.	Response Rate No.
A	148	19	26	30%
B	182	6	59	36%
C	158	33	36	43%

Instruments

The researcher developed the instruments used in the study to answer the research questions. The survey instrument helped obtain information regarding student perceptions about interpersonal relationships with clinical instructors (See Appendix A). Eleven of the 23 survey items were written from a negative point of view. Interspersal of negative behaviors with positive behaviors discouraged respondents from generalizing from item to item. Items related to the components of respect, empathy, and genuineness randomly occurred throughout the survey instrument. Items for the tool are based on published literature regarding interpersonal relationships between students and faculty in clinical nursing education. This review of literature established content validity (See Appendix B).

The interview schedule consisted of five open-ended questions which encouraged students to respond based on their personal experiences and perceptions regarding their relationships with clinical instructors (See Appendix C). The interviews augmented the information obtained from the surveys and amplified the perceptions of randomly selected students' experiences and perceptions. In sharing their experiences, students provided many examples of positive and negative clinical instructor behaviors (See Appendix D for an example of an interview transcript).

Setting

Three schools of nursing participated in the research. All schools are NLN accredited public schools of nursing which offer the Bachelor of Science Degree in Nursing (BSN). All are located in the southeastern United States from three of the following states: Alabama, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia. All schools reported at least 75 BSN graduates in 1989.

Procedure

Schools of nursing meeting the criteria for inclusion in the research study were identified from information in State-Approved Schools of Nursing, RN, 1990 (NLN, 1990). Schools included NLN accredited public schools of nursing offering the Bachelors Degree in Nursing and, with at least 75

students graduating in 1989. Southeastern schools were targeted for convenience purposes. Proximity of the nursing schools to Colleges of Education was considered in selecting schools for participation to make arrangements for research assistants more convenient.

The first, third, and fourth schools contacted by telephone expressed interest in participating in the research. Letters requesting permission to include students in the research study and a brief proposal of the study were sent to each of the three schools (See Appendix E). In return for their participation, schools were promised confidentiality and summary data from their school. Each of the schools provided written permission to include their students in the research.

Potential research assistants from the College of Education at each institution were contacted from a list of graduate students in Education who had applied for research assistantships at their Colleges of Education. Telephone interviews with the research assistants included a description of the responsibilities and the remuneration for their assistance.

The appropriate number of survey instruments along with instructions for administering the survey were mailed to each research assistant. Contact persons, either the Dean of Undergraduate Studies or Director of Research, provided the research assistants with the names of faculty teaching junior and senior level nursing courses and the times the classes met. They distributed brief explanatory letters regarding the research study to faculty teaching the courses (See Appendix F).

The research assistants arranged to be at the classes at the end of the class period. The research assistants introduced themselves and students were given the option to stay after class and participate in the study or leave the classroom. A total of 179 students agreed to participate (See Table 1 on page 31).

Students agreeing to participate in the research study were given the survey instrument to complete along with two copies of the cover letter and consent form (See Appendix G). Survey forms requested brief demographic information and asked students to provide their name, address, and telephone numbers. On the consent form, students indicated if they desired a summary of research results and if they would respond via a telephone interview. The number of students willing to participate in follow-up telephone interviews is displayed in Table 2. Twenty-four of the 58 eligible juniors and 41 of the 121 eligible seniors agreed to participate in telephone interviews. Instructions directed students to complete the survey tool and place it and the signed consent form in the envelope. One copy of the letter and consent form was to be retained by the student. The research assistant collected and returned sealed envelopes to the researcher. Students received ball point pens, distributed with the surveys, as a small gift for participating in the research study. Upon receipt, the completed surveys were coded according to school, class rank, and participant number.

The researcher conducted 13 (7% of participants) follow-up, open-ended telephone interviews. Students were arbitrarily selected based on their

availability to be interviewed when the researcher called. The researcher identified herself, the reason for the call, and assured confidentiality of responses. Upon agreeing once again to the telephone interview, students indicated consent for the interview to be recorded. Eleven agreed to taping their interviews while one requested that their interview not be taped. One interview was not recorded due to technical problems. Transcripts of interviews not recorded were recreated from notes taken by the researcher during the interview. Copies of interviews that were not taped were sent to the respective participants asking them to verify the transcripts. Recorded interviews were professionally transcribed. Identifying tapes by the coded number maintained confidentiality.

Table 2: Survey Participants Willing to Participate in Follow-up Interviews

School	Juniors No./(%)	Seniors No./(%)
School A	6 (32)	13 (50)
School B	6 (100)	16 (27)
School C	12 (38)	12 (34)

Summary

Three schools participated in the research. Research assistants distributed the surveys. One hundred, seventy-nine students responded. The researcher conducted 13 follow-up telephone interviews. Survey results, presented in Chapter IV, are followed by interview themes discussed in Chapter V. An integrated discussion of findings is found in Chapter VI. Chapter VII includes the summary, conclusions, implications for nursing education and future research, and closing remarks.

CHAPTER IV

SURVEY RESULTS

Junior and senior nursing students at three selected schools of nursing responded to the survey regarding interpersonal characteristics of their clinical instructors. The survey responses provide information about students' perceptions of clinical instructors' respect for students, empathy, and genuineness. One hundred seventy-nine survey instruments were returned, a response of 37% of junior and senior nursing students enrolled at the three schools.

Students provided basic demographic data about class rank, gender, prior nursing qualifications, and age group. Demographic data are presented as background information rather than for group comparisons. Demographic characteristics of respondents are summarized in Table 3. More seniors than juniors responded to the surveys. Thirty-two percent of the respondents were juniors and 68% seniors. Registered nurses and males each accounted for 8% of the sample. Although the majority (61%) of students were traditional college age, 39% were over 25 years old.

Survey items are grouped according to instructor characteristics indicating respect for students, demonstrating empathy, and demonstrating genuineness. The survey item asking for perceptions regarding instructor role modeling is considered as a separate entity (See item one on Clinical Instructor Characteristics Instrument in Appendix A). Responses to each

Table 3: Frequency and Percentages of Demographic Characteristics of Survey Respondents

Characteristic	No. Respondents	% Respondents
Class Ranking		
Junior	58	34
Senior	121	68
RN		
Yes	14	8
No	158	92
Gender		
Male	15	8
Female	158	92
Age Group		
25 or Under	106	61
26-30	28	16
31-40	26	15
Over 40	13	8
Total*	173	

*Six respondents did not provide demographic data.

survey item are summarized by school and level of student (See Appendix H, Tables A-1 through A-23). For analysis, the response scale was collapsed to include strongly disagree and the disagree categories together, and strongly agree responses and agree catgories together. The items in which the extreme responses accounted for at least 33% of the agree or disagree response category are identified in the text. Summary information is presented in the tables using key words in the survey items. The item number on the survey instrument is displayed in parentheses before the key phrase.

Because respondents occasionally left items blank, frequencies do not equal 179 consistently. Percentages are rounded to the nearest whole number.

Respect

Eleven of the survey items relate to clinical instructors' respect for students. Survey data are presented in tables (See Tables 4, 5, and 6). An asterisk indicates those items written in reverse (i.e. from the negative viewpoint). The most prominent responses indicating positive respect for students were: demonstrating kindness (Item 2, 85%), encouraging questions or requests for help (Item 17, 82%), and having confidence and respect for abilities (Item 6, 80%) (See Table 4).

Sixty-one percent of respondents indicated one or more clinical instructor characteristics related to lack of respect for students; 32% indicated two or more characteristics (See Table 5). Intimidation was identified most often (Item 11, 37%). The other most commonly identified characteristics related to a lack of respect included condescending attitudes (Item 18, 29%), and giving mostly negative feedback (Item 15, 15%) (See Table 6). Neutral responses indicate respondents' unwillingness to agree or disagree with the survey instrument. Items related to promoting self-confidence (Item 8), rewarding efforts to give quality care (Item 19), and criticizing them in presence of others (Item 20) had relatively higher percentages choosing the neutral position.

Table 4: Frequency and Percentages of Responses Related to Respect from Clinical Instructor Characteristics Instrument

Survey Item	Responses		
	Disagree No./(%)	Neutral No./(%)	Agree No./(%)
(2) Demonstrated kindness	13 (7)	14 (8)	152 (85)
(6) Confidence and respect for abilities	22 (12)	14 (8)	143 (80)
(8) Promoted self-confidence	25 (14)	34 (19)	115 (67)
*(11) Intimidates	77 (43)	33 (18)	67 (37)
(12) Warm and accepting	18 (10)	31 (17)	127 (71)
*(15) Mostly negative feedback	123 (69)	26 (16)	27 (15)
*(16) Impatient and lost temper	137 (77)	29 (16)	18 (10)
(17) Encouraged questions or requests for help	11 (6)	17 (9)	147 (82)
*(18) Condescending	82 (46)	40 (22)	52 (29)
(19) Rewarded efforts to give quality care	22 (12)	36 (20)	104 (58)
*(20) Criticized in presence of others	117 (65)	30 (17)	27 (15)

N=179

*Indicates a reverse scale

Table 5: Frequency and Percentages of Students Indicated Lack of Respect Characteristics on Clinical Instructor Characteristics Instrument

No. Characteristics indicating a lack of respect	No. Students N=179	% Students
0	70	39
1	48	27
2	15	8
3	13	7
4	8	4
5	7	4
6	8	4
7	6	3
8	3	2
9	0	0
10	0	0
11	1	.05

Table 6: Frequency and Percentages of Most Commonly Selected Items Indicating Respect Problems on Clinical Instructor Characteristics Instrument

Survey item	No. Responses	% Students
(11) Intimidation	67	37
(18) Condescending	52	29
(15) Give mostly negative feedback	27	15

N=179

Empathy

Six of the survey items relate to perceived clinical instructors' empathy toward students. Survey data are presented in tables (See Tables 7, 8, and 9). The most common characteristic identified reflecting positive empathy was interest in students as individuals (Item 13, 69%). However, one female student wrote that she did not think any of her clinical instructors had been interested in her as an individual. Other positive characteristics were related to flexibility (Item 21, 59%) and sensitivity to needs and feelings (Item 10, 52%) (See Table 7).

Seventy-eight percent of respondents indicated at least one characteristic of their clinical instructors reflecting a lack of empathy toward students (See Table 8). Forty-six percent indicated two or more characteristics. Respondents most often selected increases anxiety (Item 7, 58%) as the characteristic associated with a lack of empathy. The strongly agree response was prominent with 42% choosing the category. Other frequently selected characteristics reflecting a lack of empathy included: failure to accept less than perfect behavior (Item 14, 32%), having unreasonable expectations (Item 19, 30%), and insensitivity to student needs and feelings (Item 10, 22%) (See Table 9). A majority (57%) of respondents used the neutral response for having unreasonable expectations (Item 9). Other items related to empathy had neutral responses ranging from 13% to 23%.

Table 7: Frequency and Percentages of Responses Related to Empathy from Clinical Instructor Characteristic Instrument

Survey Item	Responses		
	Disagree No./(%)	Neutral No./(%)	Agree No./(%)
*(7) Increased anxiety	52 (29)	24 (13)	103 (58)
*(9) Had unreasonable expectations	77 (43)	45 (57)	53 (30)
*(10) Insensitive to needs and feelings	93 (52)	42 (23)	40 (22)
(13) Interested in student as individual	18 (10)	34 (19)	124 (69)
(14) Accepted less than perfect behavior	57 (32)	29 (16)	89 (50)
*(21) Overly rigid and inflexible	106 (59)	36 (20)	30 (17)

N=179

*Indicates a reverse scale

Table 8: Frequency and Percentages of Students Indicating Empathy Characteristics on Clinical Instructor Characteristics Instrument

No. Problems indicating a lack of empathy	No. Students N=179	% Students
0	40	22
1	56	31
2	38	21
3	29	16
4	7	4
5	6	3
6	3	2

Table 9: Frequency and Percentages of Most Commonly Selected Items Indicating Lack of Empathy on Clinical Instructor Characteristics Instrument

Survey Item	No. Responses	% Students
(7) Increases anxiety	103	58
(14) Accepts less than perfect behavior	57	32
(9) Unreasonable expectations	53	30
(10) Insensitive to needs and feelings	40	22

N=179

Genuineness

Five of the survey items related to clinical instructors' genuineness. Survey data are presented in tables (See Tables 10, 11, and 12). Respondents most commonly selected permitting free discussion (Item 3, 77%), demonstrating honesty (Item 23, 76%), and sharing personal values and feelings (Item 5, 75%) as characteristics reflecting genuineness (See Table 10). Responses in the strongly agree category related to permitting free discussion (Item 3) were prominent; 36% of the 137 respondents indicating agreement chose the strongly agree category.

Fifty-nine percent of respondents identifed at least one characteristic reflecting a lack of genuineness. Twnety-one percent indicated two or more problems (See Table 11). The characteristics most often identified as showing a lack of genuineness were avoiding admitting own limitations and mistakes (Item 4, 51%), failure to display a sense of humor (Item 22, 16%), failure to permit free discussion(Item 3, 12%), and failure to share personal values and feelings (Item 5, 11%) (See Table 12).

Fewer problems were identified in the genuineness category of clinical instructor charactersitics than with the respect or empathy categories. Neutral responses accounted for 9% to 17% of the responses.

Table 10: Frequency and Percentages of Responses Related to Genuineness from Clinical Instructor Characteristics Instrument

Survey Item	Responses		
	Disagree No./(%)	Neutral No./(%)	Agree No./(%)
(3) Permitted free discussion	21 (12)	17 (9)	137 (77)
*(4) Avoided admitting own mistakes and limitations	55 (31)	31 (17)	92 (51)
(5) Shared personal values and feelings	20 (11)	25 (14)	134 (75)
*(22) No sense of humor	117 (65)	30 (17)	29 (16)
(23) Demonstrated honesty	11 (6)	27 (15)	136 (76)

N = 179

*Indicates a reverse scale

Table 11: Frequency and Percentages of Students Indicating Lack of Genuineness on Clinical Instructor Characteristics Instrument

No. Problems indicating a lack of genuineness	No. Students N=179	% Students
0	69	39
1	72	40
2	23	13
3	7	4
4	7	4

Table 12: Frequency and Percentages of Most Commonly Selected Items Indicating Lack of Genuineness on Clinical Instructor Characteristics Instrument

Survey Item		No. Responses	% Students
(4)	Avoiding admitting own limitations and mistakes	92	51
(22)	Sense of humor	29	6
(3)	Permitting free discussion	21	12
(5)	Sharing personal values and feelings	20	11

N=179

Item one on the survey tool indicates students' agreement that clinical instructors demonstrate skills, attitudes, and values which they should develop in their clinical practice. Twenty-six of the 179 respondents (15%) failed to agree with the statement; 10 (6%) overtly disagreed while 16 (9%) were neutral. Of the 153 (87%) respondents indicating agreement with the statement; 37% indicated strong agreement.

Summary

The survey results from the 179 respondents were collapsed from five categories ranging from strongly agree to strongly disagree to three categories ranging from agree to disagree for analysis. Items in which the strongly disagree or strongly agree response accounted for 33% or more of the response were identified. Overall, the most positive instructor characteristics were instructors serving as role models (Item 1, 85%), demonstrating kindness in interactions (Item 2, 85%), and showing confidence and respect for student abilities (Item 6, 80%). The majority of respondents identified one or more problems in each of the three general categories of respect, empathy and genuineness.

The most commonly identified negative characteristics were increasing anxiety (Item 7, 58%), avoiding admitting their own limitations and

mistakes (Item 4, 51%), and being intimidating (Item 11, 37%). Discussion of these findings along with general themes from follow-up interviews is found in Chapter VI.

CHAPTER V

INTERVIEW RESULTS

To provide further information about the perceptions of the respondents, the researcher conducted 13 follow-up telephone interviews using an open-ended question approach. Respondents' comments regarding their interpersonal relationships with clinical instructors are subdivided into categories indicative of positive interpersonal relationships: respect, empathy, and genuineness. Respondents' perceptions regarding the adequacy of clinical instructors as role models are also included. Substantive comments from the interviews are included as sample dialogue. Identifying comments and information are deleted to protect respondent confidentiality.

Although some respondents responded to questions in generalities, others provided specific examples of interpersonal interactions. Both types of responses are presented. Specific behaviors and characteristics of clinical instructors perceived as caring are designated as such within the text.

Most students readily responded to the interview questions, and provided examples of both positive and negative interpersonal relationships with clinical instructors. Students' perceptions about the importance of the interpersonal relationship are illustrated by the following comments:

> I think it's [the interpersonal relationship] extremely important because they're the people that you are learning from. Granted,

you're sitting in a lecture and you are listening to a professor, but it's when you get in a clinical setting, that you are learning from that person, and you are learning the way that they do things, and I think that your relationship has to be good or there's going to be a wall between you, and you are not going to learn what you need to learn.

Oh, I think they [instructors] have a great, great effect on our attitudes because . . . well, I think their attitudes have great effect because I think we look to them as sort of a yardstick, I guess, or ruler of our performance.

Respondents indicated that interpersonal problems between clinical instructors and students may be exaggerated. Several students explained that although they had not personally had problems, they knew other students who had had bad experiences. The following comments suggest this phenomenon:

Oh, yes . . . but the majority of that is just coming from hearsay from upperclassmen or the people who have already graduated . . . saying "You don't want so-and-so...you know...because they failed three people in my group" or something. A lot of it is just hearsay. You get yourself paranoid wondering who you're going

to get, or if you get so-and-so, you're scared you're not going to do well, or that type of thing.

Well, I've heard other people with horror stories. A lot of times the people they say are going to be the worst have been some of my best professors. It just depends . . .

Respect

Many of the respondents' comments and examples of interpersonal relationships with clinical instructors indicated clinical instructors' respect for students. The themes identified from student responses relate to their perceptions regarding the following characteristics: displaying interest and respect for students as individuals, encouraging questions, providing positive feedback, demonstrating respect and confidence in student abilities, developing collegial relationships, and demonstrating kindness and encouragement.

Interest and respect for students as individuals

Respondents appreciated clinical instructors who indicated personal interest and respect for them. Two students perceived all their clinical instructors as being interested and respectful. The remainder, however, could only provide examples of some instructors who demonstrated this characteristic. The following quotes indicate positive student experiences related to clinical instructor interest and respect:

> I've been lucky, I feel like . . . I mean I've heard other stories and, you know, of other instructors but the instructors that I've had, its always been a, you know, mutual respectful relationship. It's gotten a lot better in like my junior and senior year. I think as a whole everybody thinks that your freshman and sophomore status that you're just a number and you're trying to be weeded out . . . and that type of thing. But I think overall that once we hit that junior level that you are actually seen as a person and not just a social security number. And that's what made a big difference in the clinical area.
>
> I think for the most part my instructors have been interested in me as a person and they...have been concerned about me as an individual, wanting to know how my life experiences impacted my nursing.

The majority of interview respondents indicated that instructor interest and concern varied depending on the individual clinical instructor. Most indicated that they had experienced a negative interpersonal relationship with a clinical instructor during school. Two students, providing examples of instructor interest, indicated it as an unusual experience.

> Even at the end of the semester, she let us know that she really enjoyed having our class and that in the future, if we felt that she could help us out in any way, just to feel free to contact her. That type of thing. But the other clinical instructors I've had, have not indicated that at all.

> I have been real lucky my senior year. I think all three of my instructors have been great. They respect you in a way the other group didn't. They seemed to understand that you do have a life outside clinical and that it's an important part of your life, too. I mean they seemed to understand if you had an "off" day and didn't penalize you for it. It was like that's OK - everybody has bad days, it will be better tomorrow or next time. It's like you're allowed to make a mistake.

Three students perceived their clinical instructors, in general, to be uninterested and lacking respect for them as individuals. The following comments illustrate this perception:

> they treat us like we're . . . what's a good word . . . well, like you're just a student and that's all. I'm not saying we didn't learn from them. I think I learned a lot, but it was like you knew that

you were just a student to them. They didn't treat us, any of us, like we were humans, just students.

Well, it's like some are difficult to get along with and you don't like being in their group. They're the ones that don't respect you. They act like you don't have a life other than nursing school and it has to be the most important thing in your life and nothing else matters. If you're sick, too bad. If your patient dies, too bad. They don't consider your feelings or the fact that you're somebody other than a student. I really have had a hard time with these instructors.

Interest in students as individuals was identified as being an indication of caring by clinical instructors. This interest could be either personal or professional. Seemingly, displaying personal interest in students enhances their self-concept. A student provided the following example in response to the interview question about caring behaviors of clinical instructors:

One instructor was very interested in as far as what I wanted to do after I graduated. Was really kind of pushing me to go on for my Master's degree and really interested in what I was willing to do after I did graduate this year. I was glad that she was really interested and she was, like I was a person, it was like a person-

to-person type thing not just class. She was really interested in me as a person.

Encouraging questions

Clinical instructors' perceived approachability and willingness to answer student questions indicated respect for students. References made regarding specific "good" or "bad" clinical instructors related to their handling of student questions. Seven respondents mentioned clinical instructors' reactions to student questions as an indicator of interpersonal relationships. Their anxiety increased when they were afraid to ask questions. Positive comments indicate situations in which students were comfortable asking questions. The following comment exemplifies the "good" clinical instructor:

> You could ask her a question and she was straightforward in answering you. A lot of times she might, you know, lead you to the answer by asking you some questions, which was fine. But, eventually, she did...you did get the question answered. She encouraged questions and when you asked her questions she really seemed to enjoy that. If you were thinking, she was really positive about that, it didn't matter that what you thought agreed with her thoughts, it was just that you were doing some thinking.

So, she was just...she just was really positive in her approach to students.

Five interviews yielded more negative comments. Student willingness to ask questions of certain instructors was related to overall negative experiences with clinical instructors. Student comments indicating failure of clinical instructors to encourage student questions included:

> Well, they don't allow you . . . I haven't had an instructor, really, besides that one that had really made me feel comfortable asking questions. They kind of make you feel, dumb, you know. So, it's kind of...you know, I hate to complain but that's really the kind of way it's been really for about everybody. They don't really allow you to feel real comfortable asking questions.

> This group of instructors I've had don't care about you in any way but that you're a student and they've got to make sure you don't mess up. They're not good in terms of feeling like you can ask questions or not be perfect. They make clinical very difficult.

Being accepting of student questions without being demeaning was viewed as caring by clinical instructors. Respondents indicated that some instructors were demeaning and belittled their lack of knowledge. Students

feared being perceived as not being knowledgeable or unprepared if they asked questions of some instructors. Students expressed concern that their questions be taken seriously. Two examples of dialogue supporting the importance of answering questions is provided below.

> How do we know that instructors care? . . . I'm thinking . . . paying attention to you. Letting you know that if you have a comment or you have a question, it's valid. And that you're not just being ignorant by asking it.

> . . . answering your questions or either giving you some hints so that you can answer the question on your own. But not just stand there and look at you and say well, you should know that.

Providing positive feedback

Providing positive feedback was perceived to be an important characteristic of clinical instructors. Respondents comments were split evenly regarding clinical instructors' provision of adequate positive feedback. The following respondents' comments reflected the importance of positive as opposed to negative feedback:

> Well, I know, a lot of my self-esteem is tied into what I'm doing in school right now . . . People react differently towards criticism,

but me personally, it hurts first. I get very wounded and it bruises my ego . . . We do get angry and kind of cold and try to distance ourselves sometimes from unfair treatment, but it still hurts. It's like a personal affront to you when someone criticizes your work, especially if you weren't just being sloppy or slack.

Just in the way they come across to you as a student is going to affect your performance. If you think that they don't think you're a good student then when they get in the room, you're going to be all thumbs.

If an instructor feels really good about my skills, I tend to have more self-confidence.

Five of the 13 interviewed respondents stated that providing positive feedback characterized "good" clinical instructors. Specific examples of student comments are:

She did give a lot of feedback. She pointed out the areas that needed work and she always did it in a positive way though. She was able to point out your weaknesses without making you feel bad as a person.

> She gives me real good positive feedback and when I didn't do something or was not knowledgeable about something that she thought I should have been, she did not . . . she didn't use . . . A lot of people will ridicule in front of other people. She just never really put you down . . . She always did everthing constructively.

Failure to provide positive feedback is a source of student dissatisfaction with clinical instructors. Comments indicate that students have experienced situations in which they were not provided with feedback necessary to support their self confidence. Half of the respondents had experiences in which they received inadequate feedback. One student summarized the situation by stating:

> Well, they don't say a whole lot of encouraging words. They don't give much encouragement and I think that's been kind of discouraging all the way around.

Respondents also indentified positive feedback as well as encouraging questions as indicating a clinical instructor's caring attitude toward students. Students perceive caring instructors as those who increase student self confidence through praise and encouragement. Examples of dialogue support this interpretation.

. . . it was just little things that could have made a difference and sometimes had made a difference and when it did they were always there ready to be the first to say you did a good job, I saw that you were there with that, all that . . . it's like when we had a code one time, and there was this spouse sitting outside, nobody was saying anything to her; she was terrified, here her husband was inside getting CPR and a million people were running in and out, you know, when you're sitting there and you're not taking care of his life, you know, and there wasn't anything I could do in the code, especially being a student, except for watching. You know, I was there for her, and you know they were always the first to say I noticed that you did this and that was really good.

Well, it's just like after I had just . . . the first time I had done a procedure like tracheal suctioning, you know, I had never done that and I was anxious about it the first time I did it and I did fine and it's like she pulled me aside and she gave me a hug and said "see, it wasn't so bad, you did wonderful." It's just real encouraging; it brought real positive responses.

Respect and confidence in student abilities

Demonstrating respect for students' knowledge and confidence in their abilities enhanced their self-concepts and indicated personal respect. As with other indicators of instructor respect, disparity exists among student perceptions of clinical instructors' respect and confidence in their abilities. Student perceptions were evenly divided regarding clinical instructors' confidence and respect in their abilities. The following quotes exemplify positive experiences:

> They've [instructors] helped me to grow . . . their instruction has been guiding rather than hovering over and you will do this . . . and it's been more of a guidance type thing. My very first experience in clinical was terrible.

> She was very much on, you know, our level. She didn't . . . she wasn't upon this pedestal that she was going to look over you like God and make decisions as to what was right and wrong. She was there to allow you to make your mistakes, and then let you learn by them rather than having this fear involved. And she would do things along with you. And, maybe just like having an IV and letting you start to do something and she says "well, you know, I really wouldn't quite do it like that. You know, this might be a better way" and then she would explain or she would say

"you know, you might want to tape your connections because if the pump or there's a break in the line, then". . . you know. She would explain it to you but she wound't say "(GASP) You should have taped those connections", like the other teacher would have done. She was very good with that.

And she kind of let you go at your own pace, and she prompted now and then, but you knew, you were responsible, and she wasn't watching over you like a hawk. She trusted you, and that was very helpful.

Most responses were more negative. The following comments are examples of interactions indicating lack of instructor respect and confidence in student abilities:

She was not there to teach us. She was more like a babysitter, I believe. She expected us to come in and know how to do everything, you know. She never once really taught us how to do anything, she would just yell and scream at you if you didn't know how to do something. We would ask her questions and she wouldn't know the answer. Oh, my self confidence was blown at that point because I had felt pretty good about nursing school and also I had done well in the theory part of it and I was

> really anxious to get into the clinical setting. And I really did like it, but the instructor just made it so stressful.

Three students described relationships in which they felt clinical instructors devalued their opinions and concerns. One student described "playing a game" whereby she told the instructor what she believed the instructor wanted to hear rather than feeling encouraged to put forth her own ideas. A male respondent perceived his ideas and opinions to be valueless to clinical instructors. He perceived the clinical instructors as being too rigid and inflexible to listen to his ideas.

> I get along but that's just because I just go with the flow and say yes and her name . . . Yes, Yes, Okay, Okay. That's what I mean by playing her game. I agree and I agree, but yet I really don't because I just don't want to cause myself a hard time in clinical.

> I think most of them tend to treat students on a kind of parent-child type relationship. I don't know if it's because they're used to dealing with people younger than me, but I get the impression that they don't like to be challenged in any way. They feel that our opinions are just that and generally aren't very valid.

. . . she wanted to oversee every . . . you know, every little move we made.

Development of collegial relationships

Respondents who perceived colleagial relationships with clinical instructors believed that there was mutual respect. Respondents expressed satisfaction with clinical experiences in which clinical instructors promoted and developed this type of relationship with students. Some respondents' comments indicated the presence of this type of relationship with clinical instructors. A respondent best described instructors promoting this type of relationship by stating:

> But there are some who are . . . it's more of a collegial relationship. They are the ones with the superior experience, and they are the teacher, but they feel comfortable working with students as colleagues.

Other respondents, however, shared experiences indicative of authoritarian relationships with clinical instructors. Demeaning, belittling behaviors intimidated them and increased their anxiety. Five respondents complained specifically about how clinical instructors intimidated them and increased their anxiety.

She would drill you as you were learning your skills and saying "go back and do it again", or "that's not right, you can't do that in the clinical setting" or she would kind of embarrass you, you know, just make you feel kind of bad. Taking blood pressures, when we first started to take blood pressures she was in there and she was trying to get us to do it right, and I know that was her purpose, but people that kept doing it wrong, she kept after them, and after them, to get it right, get it right. And as a result, people were very upset and left the room crying and stuff. It didn't help, I don't think . . . She did intimidate the younger students a lot. But it ended up being that she was very . . . she did know her stuff and people that did take her really knew what they were doing when they left but it's just some of the people didn't . . . felt very intimidated by that. And this other particular instructor that I had, she was pretty good. She didn't make me feel that way. So, as a result I think I learned better just by, you know, being around someone who was more comfortable, and laid back.

She would actually, more or less, ridicule you in front of other people and she did that once in the med room to me. She . . . I can't remember now what was going on. I can't remember the exact instance but I do remember that there was two other

students in there and after she got finished we were . . . I don't remember what it was. I just felt terrible. I couldn't even face the other students. And she did this to other students so by the end of the semester we were all . . . we all understood what was going on, so it wasn't so embarrassing when she did it after that.

They sort of intimidate you or make you nervous. You're worried or scared of them. You can't ask them anything without them getting all upset. What happens is that you don't ask them anything and avoid them . . . Usually they start talking real loud and fast. They make you feel small.

Respondents perceived caring clinical instructors as those who are conpetent and who willingly accepted them as colleagues. An attitude of respect toward students was associated with their perception of having collegial relationships. Caring clinical instructors are described as those who treat students as colleagues. One student summarized this caring by saying:

As far as the instructors that impress me the most, are the ones who seem to, you know, really know their area very well, but don't have an attitude of "I know it all". You know, and they're

just really willing to . . . share what they know. So, in a very nonintimidating way and a kind of sort of collegial sort of way.

Demonstrating kindness and encouragement

Some clinical instructors encourage students. Respondents describe encouragement as an important behavior which indicates respect for students as worthwhile individuals capable of success. Six respondents shared examples of encouraging clinical instructors. Two comments are provided:

> She encouraged me a whole lot as far as my leadership skills and things like that. Even since I've been out of her clinical, she stills follows me in that respect and encourages me in my leadership.

> Now my psychiatric instructor has been wonderful, she was just super great. And she left the college of nursing where I am and she was my most favorite instructor. The other ones, I can't say I've had an outstanding instructor in any regard. But, she was the best one definitely. Now, she did give good input and I learned a lot from her. But, the other ones just seem to not give you any kind of encouragement or anything. It's just do the job and that's it without giving any positive input so . . .

Another six respondents shared experiences in which they perceived clinical instructors as non-supportive. This lack of support necessitated students' dependence on each other for support and encouragement. A student explained:

> We support each other and if you have a good clinical group that really has been my help, to get people that help me. We kind of support each other and make each other feel better.

Summary

Student interviews reflected a wide variety of experiences and perceptions of clinical instructors' respect for students. Some students have experienced primarily positive, respectful interpersonal relationships while others report examples of disrespect. Characteristics perceived to be indicative of caring include: interest and respect for students as individuals, acceptance of student questions, providing positive feedback, and developing collegial relationships.

Empathy

Empathy signifies understanding and sensing of another's world view. Students identify empathy as a desirable characteristic of clinical instructors. The following characteristics indicative of clinical instructor empathy, emerged from interviews: understanding and acceptance of student background and

knowledge, being sensitive to student needs, recognizing and understanding other student responsibilities, and reducing anxiety.

Understanding and accepting background and knowledge

Inability to consistently provide correct nursing care concerns nursing students. Students worry about their abilities in relation to clinical instructors' expectations. They want instructors to understand that they are not unprepared, but inexperienced. As one student explained:

> We are not going to be perfect. There are going to be people who are going to be able to perform some things at a very high level the first time they do it, you know, they've prepared. But, you know, you (speaking of instructors) have to expect that their sterile technique isn't really perfect or . . . but you allow for that and understand that. Your goal is to have them get better and better and better towards perfecting their technique.

Respondent comments varied regarding their perceptions of clinical instructors' acceptance and understanding of their abilities and learning needs. The majority of respondents shared experiences in which they felt unprepared and lost. They said they would have appreciated a better sense of understanding from their clinical instructors. A few positive comments reflecting a general perception of acceptance include:

She expected us to do our very best but she wouldn't be appalled if we were not perfect.

Well, basically, they try to help you. If you don't know something or don't know what to do, they help you find out what you need to do. And it's OK if you don't know something.

Over half of respondents related negative experiences in regards to clinical instructor acceptance of their abilities.

And if they see that you are not knowledgeable from the very beginning, that kind of affects their thinking throughout the entire semester. And I think that's unfortunate . . . I think one reason is because it is one of those professions where a lot of people come in already having experience. You may have LPNs or techs, you know, people that have worked in a hospital setting. And so, the majority do come in with experience and maybe that's why they are like that so often, that they assume that you already have knowledge coming in. For those of us who are brand new, it is really difficult because they get a little impatient, I think, and really frustrated that they have to start you from the beginning.

Respondents shared perceptions that clinical instructors did not take students' lack of experience into consideration when determining expectations. Expectations were not considered problematic when clinical instructors were positive and encouraging. One student explained it well by stating:

> . . . when they're positive towards me, I have no problems with having my mistakes pointed out because I think that's a real important thing that I look to them to do because I don't want to graduate and make the same mistakes over and over again. So, I do really appreciate having my mistakes pointed out to me but I think that it would be a lot more helpful if in general, clinical instructors didn't make you feel as though you were a complete failure because you didn't come into clinical knowing everything there was to know. Sometimes that's the feeling that you get. Rather than this being a learning experience, you go in . . . or I have gone in feeling that I'm afraid to ask questions, and I'm afraid to show my faults because it will be reflected later on in my group.

Students' perception that the clinical instructor was impatient with them or frustrated by their lack of ability was described as characteristic of nonsupportive clinical instructors.

Sensitivity to student needs

Respondents shared that clinical instructors need to know them as individuals in order to be sensitive to their needs and feelings. Students want clinical instructors to accept their needs and feelings and take action to resolve issues. Several respondents perceived their clinical instructors as being sensitive to them. The following examples describe their experiences:

> Overall they've been really good. They've been somebody that you could go to if you had a problem at school or if you have a problem on the side, and you just didn't see them as your clinical instructor and that was the only purpose that they offered. But they were your friend and you could come to them for whatever reason.

While a few students perceived all their instructors as sensitive to their needs, others could identify two or three positive experiences in this regard. They indicated that these sensitive clinical instructors were different from the norm.

> Well, two or three of them, I guess, that's really impressed me and they have been just really great, even since I've been out of their clinicals, about following up with, like I said, my leadership skills or my continuing education and stuff like that. And, two of them in particular, I feel are my role models for when I get out.

> They have been, like, inspirational and they will be role models. I plan on basing my practice on . . .

One student shared a specific example in which her clinical instructor demonstrated sensitivity to her needs and feelings. She appreciated the expression of empathy.

> I know one time in clinical when my husband left for Saudi Arabia, I was a mess. My instructor said, "It's OK, I know this is a bad time for you in clinical, you just finish up your paperwork and go home and rest. You're not doing yourself or your client any good right now. You'll be able to do better tomorrow. Just go on now." I'll always remember how supportive she was to me and that she knew other things were important in my life and that I could make a mistake and not be perfect because of it.

Other respondents however, shared experiences in which they believed their instructors were nonsupportive and insensitive to their needs. Six students shared perceptions that their clinical instructors have lacked sensitivity and empathy for their needs. Two examples are shared which support this perception:

My feelings have been . . . and I came right from not having any hospital exposure whatsoever, all I've had is from clinical, so I feel basically like I've been thrown into it. You know, sink or swim, and you know, just felt really bad through the whole semester. This semester and last semester which is where we've gotten most of our clinical has been really kind of an eye opener. They haven't really encouraged you or made you feel good going into the clinical setting, knowing how nervous we were and how unsure. They haven't done much to be supportive in that way. So, I've felt kind of . . . kind of alone.

And, the other teachers really I don't see them as being all that caring. We supposedly were going to be doing grand rounds for example, in gerontology, we ran a nursing home in this particular semester, essentially the whole semester, we ran a nursing home all day one day. Basically, unless you went up to the instructor to ask her something, you never saw her unless it was your day to give medications. She wasn't there with you, she didn't help you do things, she didn't come by and say "Okay, we're going to hang a tube feeding, let's see how you're doing, do you have any problems", or anything like that that showed really . . . it wasn't necessarily mean and hateful and intentionally just seemed distant and cold and was there and didn't really seem to want to

be there, but had to because this was her job. And didn't really offer any caring attitudes towards us.

The issue of sensitivity to student needs and feelings permeated the interviews and served as a specific indicator of clinical instructors' caring behaviors towards students. The following examples indicate caring:

> And the first delivery I went to was really hard for me. And . . . I came out, and I was all excited. I was about to cry, and my instructor came up and she said, "I'm so proud of you, you did so well". And she said, "I was amazed at how strong you were." And you know that just . . . I just could have danced because I thought I had really come through a turning point in myself, personally. And she was aware of that and was very supportive of it, too.

> That they care about us . . . if it's obvious that we're having a bad day or we're not feeling well or what not, for them just to come up and put their hand on your shoulder and say "what's wrong," or "can I help," or "what's going on"?

> And also, she took an interest in our personal lives, what was going on, if we had problems. My husband had been sent

overseas at the time, and she wanted to know about it, you know, and she says "how is he doing"? And that made me feel better because since then, I haven't had any instructors who have asked about anything like that. So, that made me know that she cared as a person, she did that with the other students too.

Recognition and understanding of other student responsibilities

Several nursing students discussed the need for clinical instructors to recognize and accept other demands made on their time and energies. Although nursing school was a big part of their life, students explained that they often had other responsibilities. Understanding, acceptance of, and making allowances for these other demands reflect empathy for students. The following exerpts describe positive experiences:

I know earlier this year when I found out my husband, who was then my fiance, was going to be going to Saudi Arabia, I was REALLY upset. My clinical instructor in Psych. was so nice and so supportive. She knew what I was going through and gave me her home phone number and told me to call her anytime I needed to talk or whatever. She really cared about what was going on in my life and recognized that it was important.

Attendance in clinical was an issue with three respondents with children. All indicated that their clinical instructors were willing to excuse absences because of ill children. One shared an example:

> Yes, well you know, I have a child and when my child was sick this winter, professors were understanding when I needed to be absent a couple of times. Usually the attendance to clinicals is very important, but they were understanding when it was necessary. So they, I didn't feel any penalities for that. I felt like they understood.

Clinical instructors were seen as less flexible regarding deadlines for written work. As one student explained, some instructors were willing to negotiate deadlines while others were not willing to negotiate.

> Well, like I said, the teachers that I had the best rapport with are generally the ones that will say, they have deadlines. And I understand the need for deadlines, but when you have so much going on and you ask in advance for an extension I think that that is not unreasonable, especially if you are just asking for a day or two...The instructors I had a good rapport with, they were very willing to do that.

Other students had experiences in which they perceived clinical instructors to be unwilling to accept and make allowances for other student responsibilities.

> They don't like it if something is . . . not turned in on time. And you may have a very valid reason for it . . . And if you have a valid reason for something, they won't accept it. It's like well . . . it's due today. No excuses can be made.

> Sometimes I have really felt that teachers, my clinical instructors, haven't really . . . I don't know how to exactly say this. It's like I really think they want to be fair but in being fair, they don't . . . I believed that they don't look at people as individuals or each case that comes up when someone has conflict, or some difficulty. For example, I have three really young children and although everything's going okay right now, (explained family crisis) and I was late with a couple of assignments and I told the teacher in advance that I needed a little more time and they took off points anyway, you know, which really does hurt.

Students expressed distress for their perceptions that clinical instructors lacked empathy and consideration for demands on their time. Those with more positive experiences expressed acceptance as indicative of instructor caring. A student shared the following description of caring:

> Another thing, if you have a bad day, it's fine, you can share where you're coming from. I don't know if the change is in me or what . . . but these last three instructors treat us differently. They treat us like we're adults. And we are adults. They accept that you have another life and they accept that other life. We're not friends exactly but they're supportive of you and what you have going on in your life. They try not to attack your ego. If you make a mistake, OK, what needs to be to take care of it. It's like you're more confident and relaxed. I know my confidence is a lot better now.

Reducing anxiety

Nursing students exhibit anxiety about clinical practice. They attribute some anxiety to internal sources. Anxiety diminishes as they gain experience and self confidence. A student shared an early clinical experience in which she had unreasonable anxiety:

> Oh, we were just scared to death, I mean, I remember one time we were going to the hospital and we thought that we were going to have another instructor than our regular instructor and we were panicking all the way to the hospital saying, oh no, we don't remember about the AM care, and which we do first and

this or that. I mean we put ourselves in complete panic over a complete bed bath.

The following statements indicated that continued clinical exposure and practice diminish anxiety:

> Maybe a lot of the inferiority was coming from ourselves, I guess, just because we didn't really have the information that we have now to fall back on.

> I don't know if it's because I'm more confident than I was when I was a junior or whether it's just a difference in the instructors but I don't think I could tolerate those other instructors now. I don't know if they'd be like that now. I've never had the same instructor twice. It could be that I'm more comfortable in clinical now, well I know I am. I'm not so frantic about every little thing I do.

Some students attribute anxiety to their clinical instructors' behavior. Along with strained relationships with clinical instructors, their perceptions of the requirement to always be correct results in anxiety.

> They really put the pressure on you and you feel so much pressure to be right that you get really nervous. So nervous that you can't think. I know in Peds, my instructor was so strict I was a wreck. I remember trying to give my patient a dose of liquid Tylenol. She was sitting on my shoulder the whole time I was doing my calculation. She made me so nervous that I couldn't even add. Another time in Rehab I had this old farmer type patient who wanted to do everything himself by himself and wouldn't listen. Well, anyway, he decided he wanted out of bed. It didn't matter that his legs didn't work--he was going to get up right now. I tried to keep him in bed until I could get help. No, he was getting up then, come hell or high water. Well, I tried to catch him and as we were fumbling around trying to safely get to the floor or chair, my instructor walks in. She really reamed me out. It's almost like they're trying to catch you doing something wrong.

The anxiety is real. Students view it as an integral part of their clinical experience. Regardless of the source, students view clinical instructor behaviors aimed at decreasing anxiety as caring. The following example of interview dialogue supports the generalization that caring behaviors are those which decrease student anxiety.

> Well, I would say when I'm on the floor, it's when they're . . . when I'm comfortable letting them know when I'm apprehensive because I haven't done this before. And, they can help to reduce my anxiety level and give me some mild support, some encouragement that I can do whatever it is. And also when they're aware that maybe I haven't had the opportunity to do something, when they . . . when an opportunity to do, say that procedure arrives, that they'll remember that I'm a student who hasn't had the opportunity to do that yet and they'll come look for me. They hold those kind of details in their head.

Summary

Respondents reflected varied experiences with clinical instructors with regard to perceived empathy. Some respondents have found their clinical instructors to be empathetic and understanding while others related experiences indicative of a lack of clinical instructor empathy. Characteristics of empathy perceived to indicate caring include demonstrating sensitivity to individual needs and feelings, recognizing and allowing for competing demands on time and energy, and taking actions to reduce student anxiety.

Genuineness

Students related fewer experiences related to genuineness, characterized by willingness to share personal feelings and beliefs, admit

mistakes and limitations, and to openly discuss and accept opposing viewpoints, than with respect and empathy. Sharing a sense of humor also reflects a willingness to share the inner self. The majority of comments related to genuineness were positive. A few comments had more negative perceptions. Students related several instances in which clinical instructors reflected genuineness.

> Hum . . . well, for one . . . with my Peds instructor, if she didn't know something she would just matter of factly tell you she didn't know, but we'd look it up and then we'd both know. And, she, you know, was willing to talk about when she was first starting as a nurse and how she made some mistakes. She would use her mistakes as examples. Things never to do . . . you know, and it made her seem more human and it made it seem that nurses have to do their very best, but aren't perfect. They do sometimes make mistakes.

Respondents expressed pleasure with their relationships with clinical instructors who were genuine. One student was pleasantly surprised at being encouraged to laugh and share humor in the clinical setting. The following dialogue example explains her reaction:

> I've had some excellent role models. For example, in my Psych clinical, my teacher was very warm and she was this way with all of the students, and friendly, you know, we laughed. You have to keep a sense of humor especially when you are first learning Psych. She had a really great sense of humor. I was a little too sensitive towards laughing about certain . . . you know, not laughing at patients exactly, but being able to laugh at the situation or things that occurred. I was a little hypersensitive about that because I thought that that was not very professional. Well, that was good for me, it kind of made me relax a little bit and learn it's okay. You have to be able to laugh at situations or laugh at yourself. It does not mean you are not a caring person.

Three respondents shared instances when clinical instructors failed to reflect genuineness. Respondents perceived a distance between themselves and these clinical instructors. They explained that the relationship was uncomfortable for them.

> She tried to make it look like she knew what she was doing and when I would ask her something, she would make it more like I didn't know what I was doing. So, she didn't really give me any kind of instruction. We were basically thrown into it and just tried to find things out ourselves.

> The other people kept, you know, a very "closed" student-teacher relationship. They weren't...they didn't open up the conversation for divulging any interpersonal things at all.

Respondents described behaviors indicative of genuineness when discussing instructors with whom they had positive interpersonal relationships. Examples in which clinical instructors failed to reflect genuineness reflected strained interpersonal relationships between the students and faculty members.

Sharing personal information is perceived as a caring behavior. Students felt comfortable with self disclosure when they had a trusting relationship characterized by mutual respect. Respondents further described caring clinical instructors as those who share information and inner feelings.

> Well, you know. It's pretty much split up where the people . . . the teachers that I had good relationships with that, disclosed of themselves. You know, we found that we had things in common. They started out the clinical by asking about each of us, for example. You know, those little things kind of indicated that they do care about you.

> One thing that's helped me, is like in pre- or post-conference is for them to give examples of when they were students or to let you realize that they've gone through what you're going through

and not that they are just so superior that they don't remember how it was to be a student. I think that's helped a lot. It's kind of them to let us know that they remember how it was and give us some examples of, you know, how they got through a certain section in the book . . . how they dealt with the problems.

In summary, positive behaviors reflecting clinical instructors' genuineness included: self-disclosure, willingness to admit mistakes, sharing personal viewpoints, and exhibiting a sense of humor. Respondents shared both positive and negative experiences related to the degree of clinical instructors' genuineness. They shared the belief that self-disclosure was a caring behavior.

Role Modeling

Student perceptions varied regarding the adequacy of their clinical instructors as role models. Those who reported having positive interpersonal relationships with clinical instructors tended to identify those instructors as role models. They did not identify clinical instructors with whom they had negative interactions as role models. In the following examples of dialogue, students identified clinical instructors as role models:

Most have been good role models. Those that you like are usually the ones you want to be like. The good instructors with a good personality are the ones you think are good nurses.

Having a good personality and being a good instructor usually go together.

Being clinically competent was shared as an important consideration when selecting role models. However, clinical competence alone was not enough. The clinical instructors interactions with students and patients was also a factor. Respondents shared the following positive experiences:

And, the first semester, was a Psych nursing course and I thought the instructor, the clinical instructor was excellent. She was wonderful and that was good because she was teaching us about interpersonal relationships. So that was really good. I thought, not only did she, was she knowledgeable in the course content, but she was an excellent role model.

I found her (an instructor) to be just real knowledgeable on the subject. And I think that one thing that I really liked about her was the fact that she didn't expect us to come in knowing everything, even though we had books and things like that. She knew that part of our learning would come from observing her. And she had no problems with that so, often in the clinical area she would go in with us and allow us just to watch how she

interacted with some of the patients. And that was very, very helpful.

Respondents demonstrated an unwillingness to unconditionally identify clinical instructors as role models. Their ambivalence stemmed from perceptions regarding interpersonal warmth and clinical competence.

(Pause) . . . Hum . . . I think they've all been very competent. I just think some of them, maybe the manner in which they interact, some of them are just warmer I guess. I'd rather be more like the warmer ones. They make people feel like they care about them, more than some people.

Well, I can tell you that that one, the one particular nurse that I really look up to, she was my mentor and I just, I will always remember her and hope that I'll be like that. I want to be able to be concerned with people and if someday I teach or I'm involved with helping other people like she was, I would want to be like that, I want to be concerned about other people, you know, not just concerned with myself like so many of them seem to be, you know, and she really boosted my ego and it made me feel good and I'm real glad I had her at the beginning rather than now because I think it would have discouraged me to have some of

> the instructors following her that were just so critical, you know, and very limited in their support. If I had not had her, I don't know . . . I believe I would have continued, because my grades were good, but I don't know that I would . . . I feel like I'd be very dejected right now and as a result I really want to go into Psych nursing. That's really where I'm hoping to be headed.

The existence of negative interpersonal relationships caused a student to question the adequacy of certain clinical instructors as role models.

> They're not really good nurses, I mean, how could they be? . . . But I take that back, maybe 20% of them are good nurses anyway. They're organized and have all their stuff together, and what I observe with their patients is pretty good.

Another respondent explained how clinical instructors' attitudes towards students influence future career choices:

> If you have a bad experience with an instructor in a particular rotation, you don't like the whole rotation or the specialty area. I know that there are certain areas I won't practice in because of a clinical instructor I had. It made me not like the whole thing.

Several respondents made comments which indicate students' choices of role models from groups other than clinical instructors. Respondents explained the reason as related to perceived realistic practice and concern for people.

> And I know that some of the things they are trying to teach us really, maybe they're relevant, but there's not time to do a lot of things they emphasize. I think the program, and because the program, the instructors, is basically kind of unrealistic.

> I want to be . . . technical perfection is wonderful . . . that's how my teacher right now is, technically perfect. But I just don't feel there is the human caring there. It's more concern with the tubes, the wires, the machine and not so much for that person connected to them and I work at a children's hospital right now, and I think 75% of the nurses up there (in the Pediatric unit) are more of the kind of nurses that I would like to be.

Students' perception of instructor clinical competence closely relates to acceptance of clinical instructors as role models. Respondents rarely mentioned clinical competence except related to negative interpersonal relationship with the clinical instructor. Examples from dialogue illustrate students' concerns with their instructor's clinical competence:

I don't really think she made me feel anyway because I think that, like I said, she was somewhat demeaning but I didn't take it personally because I knew that part of it . . . I just didn't take her real seriously I guess because I knew she didn't really know the material that well, so I think if she was a real knowledgeable instructor, I think I would have tended to feel real bad about myself, but, you know, because I felt that she wasn't real knowledgeable, I didn't take some of the things she said real seriously.

But a lot of times she does not know the answers and that was the frustrating part because we would ask her a question, something very basic that I would have thought she should have known, being in that situation, and she didn't know and so, I'd end up either asking another nurse or one of the other students.

Respondents indicated that they expected to select clinical instructors as role models. Four respondents expressed surprise that their clinical instructors did not possess the characteristics that students wanted to emulate.

I really expected more of . . . oh, how can I say . . . I thought she would be able to relate to patients a little better. And what I

found instead was that it's the . . . I don't know, I really can't exactly explain this, but . . . For example, we had one patient who was complaining about his medication. He wasn't interested in the heart medication and he said that there was no use in giving him the medication because as soon as he left the hospital he was not going to comply with the medications anyway. Rather than explore that a little bit, she just looked at him and said "well, I'm sorry but we have other patients that we need to deal with so if you could just hurry up and take this. We'd like to move on." And I was so shocked.

In summary, the clinical instructor characteristic categories of respect, empathy, and genuineness, and student responses regarding perception of clinical instructors as role models lacked consistency. Some respondents reported having good experiences, while others reported more negative experiences. In some cases respondents considered non-facuty to be better role models than clinical instructors.

Summary

In this chapter, respondents' comments were categorized as they related to interpersonal relationships with clinical instructors into areas related to respect, empathy, genuineness, and role modeling. Respondents shared both positive and negative perceptions and experiences for each category.

Responses were never unanimously positive or negative for any specific interpersonal characteristic. Most responses were evenly divided between positive and negative perceptions. Behaviors of concern related to respect were: displaying interest and respect for students as individuals, encouraging questions, providing positive feedback, demonstrating respect and confidence in student abilities, developing colleagial relationships and demonstrating kindness and encouragement. The presence or absence of clinical instructor empathy was based on sensitivity to students' backgrounds, needs, and other responsibilities. Behaviors which affected students' anxiety were emphasized. Self disclosure, willingness to admit mistakes and limitations, and exhibiting a sense of humor indicates genuineness. Comments varied regarding the adequacy of clinical instructors as role models. Interview findings and survey findings are discussed in Chapter VI. Student comments to open-ended questions about interpersonal relationships with clinical instructors addressed the same characteristics of effective clinical teaching as the literature and survey instrument.

CHAPTER VI

DISCUSSION

Both responses to survey and interview questions indicate disparity in the type and nature of students' interpersonal relationships with clinical instructors. Most survey respondents indicated one or more problems with clinical instructors' respect, empathy, and genuineness. Interview comments were usually equally divided between positive and negative comments.

Respect

According to responses to both survey and interview questions, some students perceived their clinical instructors as lacking respect for students. Intimidation and condescension are the most common problems reported in the surveys (See Table 4 on page 40 and Table 6 on page 41). Interview comments described authoritarian, demeaning relationships in which students feel uncomfortable asking questions and resented clinical instructors' apparent lack of confidence in their abilities. Students also perceived a lack of trust when they were not encouraged to act independently. An absence of collegial relationships between students and clinical instructors also constituted a source of student dissatisfaction.

On a more positive note, the surveys indicated a large majority of students believe clinical instructors demonstrate kindness to students and others, promote student self confidence and encourage questions and

requests for help (See Table 4 on page 40). Although student interview responses provided some positive examples of each of these attributes, respondents shared many negative comments.

Respondents reported instructor receptivity to questions to be an important characteristic of clinical instructors. Eighty-two percent of students agreed that clinical instructors encouraged questions and requests for help (See Table 4 on page 40), however interview comments relative to instructor receptivity were more negative. The discrepancy between survey and interview responses may be due to responding in generalities on the survey tool and responding specifically about particular instructors during the interview.

Lack of positive feedback is related to respect for students. Although 15% of the respondents perceived their clinical instructors as giving mostly negative feedback, 69% of students disagreed (See Table 4 on page 40). Interview comments indicated that students view instructor feedback as extremely useful. Although several negative comments were made, students reported more positive than negative experiences with clinical instructor feedback.

Empathy

Seventy-eight percent of survey respondents perceived problems with clinical instructors' empathy toward students, 46% indicated two or more problems (See Table 8 on page 44). The perception that clinical instructors

increase student anxiety is clearly the most common complaint. Failure to accept less than perfect behavior as students learn new skills, and having unrealistic expectations are also identified as problems (See Table 7 on page 43 and Table 9 on page 44).

Student interviews yielded almost equal numbers of positive and negative comments with respect to instructor empathy. Satisfying interpersonal relationships are characterized as those in which clinical instructors make allowances for students' inexperience when determining realistic clinical expectations. Respondents frequently identified accepting and making allowances for their outside commitments as characteristic of instructors with whom they shared a positive interpersonal relationship.

Respondents accepted anxiety as an inherent part of clinical practice. They attributed some anxieties to their own insecurities, but said attitudes and behaviors of clinical instructors exacerbate anxiety. Fifty-eight percent of survey respondents agreed that their clinical instructors increased their anxiety (See Table 7 on page 43). Interview comments support these results.

Genuineness

Fifty-nine percent of survey respondents identified a clinical instructor characteristic indicative of a lack of genuineness. Fewer (19%), however, identified two or more characteristics (See Table 11 on page 47). The most commonly identified problem was avoiding admitting their own limitations and mistakes (See Table 12 on page 47).

Interview comments were primarily positive. Students shared experiences in which clinical instructors divulged information and encouraged open discussion. Comments suggest that some students experience less genuine, cooler relationships with clinical instructors than do other students. The survey data regarding avoidance of admitting own limitations and mistakes was supported in the interviews.

Role Modeling

According to survey responses, the majority (87%) of students accepted clinical instructors as role models (See Table A-1 on page 138). Interview comments yielded both positive and negative responses. Some students indicated preference for non-faculty nurses as role models.

Prevalent Interpersonal Behaviors of Clinical Instructors

Interview findings supported data obtained from the survey regarding prevalent interpersonal behaviors of clinical instructors. Although more negative, student comments provide detail about prominent clinical instructor characteristics. In general, respondents perceived clinical instructors as more respecting and genuine than empathetic.

According to the surveys, the most prominent positive clinical instructor characteristics included demonstrating kindness, encouraging questions, and displaying confidence and respect for student abilities. In contrast, the most prominent negative characteristics included behaviors associated with

increasing student anxiety, avoiding admitting own limitations and mistakes, and intimidating students (See Table 4 on page 40 and Table 7 on page 43).

Although 67% of responses in the respect category were positive (See Table 4 on page 40), interview comments suggest clinical instructors' respect for students to be a more significant problem than indicated by survey data. Student comments regarding clinical instructors' lack of respect for students as individuals and failure to develop collegial relationships with students contradict any conclusions which might be drawn from survey data alone. Both survey and interview data suggest that clinical instructors are not consistently perceived by students as empathetic. Both the survey and interview responses yielded 50% positive comments (See Table 7 on page 43).

Characteristics of Caring Clinical Instructors

During the interview, each respondent was asked to describe examples of caring behaviors of clinical instructors. Specific student comments can be categorized in terms of respect, empathy, and genuineness. Caring clinical instructors demonstrate respect for students by indicating an interest in students as individuals, accepting student questions as meaningful, providing positive feedback, and accepting students as colleagues. Caring clinical instructors also exhibit empathy toward students. Sensitivity to student needs and feelings, making allowances for students' outside responsibilities, and taking action to reduce student anxiety are empathetic behaviors indicative of

caring. Respondents also perceived clinical instructors who share personal information and inner feelings as caring.

Importance of Interpersonal Relationships

Interpersonal relationships between students and clinical instructors affect learning. Because anxiety is a pervasive problem in clinical practice, students believe they learn more effectively in a supportive, encouraging environment. Respondents also indicated that having positive interpersonal relationships with clinical instructors effectively reduced anxiety and promoted their self confidence. Respondent comments reflect the belief that positive student-clinical instructor interpersonal relationships increased their ability to cope with anxiety. Respondents also reported being more comfortable asking questions and the ability to maintain self confidence while learning from their mistakes. Warm, encouraging interpersonal relationships increased students' self confidence. Students report that they feel more confident of their own abilities when clinical instructors are accepting and supportive. Students report being relaxed and enthusiastically learning when clinical instructors give encouraging and positive feedback.

Limitations

This research study was limited by the sample size (179 students participated). The small number volunteering to participate is attributed to the distribution of surveys at the end of class periods during the last weeks of the

semester. Students choosing not to participate made the choice prior to knowing the research subject. Therefore, their decision not to participate was due to factors unrelated to their relationships with clinical instructors.

The study is also limited by the survey instrument. Because students generalized their perceptions about their clinical instructors, one strongly positive or negative experience could have influenced their perceptions of all clinical instructors. Interview comments suggest that one or two clinical instructors played a prominent role in their perceptions of all clinical instructors.

No appreciable differences between survey responses of students willing to be interviewed and those choosing not to participate in interviews could be ascertained. Therefore agreement to participate in interviews is not considered to be a limitation of interview findings. It is, however, unclear what effect prior exposure to the survey tool had on interview responses.

CHAPTER VII

SUMMARY, CONCLUSIONS, IMPLICATIONS, AND CONCLUDING REMARKS

Summary

One hundred seventy-nine junior and senior students enrolled in clinical nursing courses at three NLN accredited schools of nursing in the southeastern United States agreed to participate in this research. Students responded to a survey instrument developed by the researcher. Students were asked to indicate the degree of agreement with 23 statements about their clinical instructors' interpersonal characteristics. Following the survey, the researcher conducted 13 follow-up interviews which encouraged students to elaborate on their interpersonal relationships with their clinical instructors.

Surveys and interviews were analyzed for consistency and disagreement. In general, survey data were more positive than interview data. The most common positive interpersonal characteristics reported were demonstrating kindness, encouraging questions, and displaying confidence and respect for student abilities. The most prevalent negative characteristics reported were exhibiting behaviors which increased student anxiety, avoiding admission of one's own limitations and mistakes, and intimidating students. In general, students perceived their clinical instructors as more respectful to and genuine with students than empathetic toward them.

Interview data provided examples in which clinical instructors exhibited both negative and positive interpersonal behaviors. Students emphasized the

importance of interpersonal relationships between students and clinical instructors. Positive interpersonal characteristics related to respect for students included: having interest and respect for students as individuals, encouraging questions, providing positive feedback, demonstrating respect and confidence in student abilities, developing colleagial relationships, and demonstrating kindness and encouragement. Empathetic behaviors were those which decreased student anxiety and reflected sensitivity to students' backgrounds, needs, and other responsibilities.

Students reported more problems regarding a lack of instructor empathy than with respect or genuineness. Behaviors reflecting genuineness included self-disclosure, and willingness to share humor, values, and admitting shortcomings. Caring behaviors were identified as those which indicated respect, empathy, and genuineness.

Conclusions

Research findings are consistent with the philosophies presented in the conceptual framework and previous research findings. Students perceive interpersonal relationships with clinical instructors as very important to the learning process. Students stressed the importance of those characteristics indicative of clinical instructors' respect for students, empathy, and genuineness.

Relationship of results to conceptual framework

Results of this research support Watson (Bevis & Watson, 1989) and Tanner's (1990) philosophy that supportive, caring environments foster nursing students' individual growth. Students describe caring behaviors as those actions of clinical instructors which also enhance learning. Students are more relaxed, confident, and ready to learn when they perceive clinical instructors as caring and supportive.

Findings also support Carl Rogers' (1969) belief that learning is enhanced by open-ended student-faculty relationships. Students agree that clinical instructors' respect for students, empathy, and genuineness promote learning. Authoritarian, hierarchial interpersonal relationships inhibit self-confidence and learning. Students prefer collegial relationships which promote their self confidence and self-respect.

Relationship of results to previous research

Results of this research support findings from other studies discussed in the review of literature in Chapter II. Clinical instructor characteristics indicative of respect, empathy, and genuineness are associated with positive student-clinical instructor interpersonal relationships. Students perceive behaviors indicative of positive interpersonal relationships as "caring". Previous research provides a useful list of important interpersonal characteristics of clinical instructors (See Appendix B). No additional characteristics were identified from this research.

Student respondents in this research agree with research emphasizing the importance of interpersonal relationships in clinical nursing education (Barham, 1965; Bergman & Gaitskill, 1990; Jacobson, 1966; O'Shea & Parsons, 1979). Findings from this study also support previous research regarding the importance of clinical instructor feedback in promoting student self confidence (Flagler, Loper-Powers, & Spitzer, 1988). The emphasis on the clinical instructors' role in producing anxiety and taking actions to reduce that anxiety is supported by previous research (Brown, 1981; Griffith & Bakanauskas, 1983; Hedin, 1989; Jacobson, 1966; Karns & Schwab, 1982; Kleehammer, Hart & Keck, 1990).

Student reactions to clinical instructors as role models supports Bandura's (1974, 1978, 1986) social learning theory. Students learn from clinical instructors' actions and attitudes toward students and clients. Students are more likely to model themselves after those clinical instructors with whom they have a positive interpersonal relationship. Students reporting primarily neutral or negative interpersonal relationships with clinical instructors tended to choose non-faculty nurses as role models.

According to findings in this study, nursing students still want to establish compassionate, satisfying relationships with patients and health care personnel (Steins, 1969). Students expressed pleasure when their interpersonal relationships with clinical instructors were warm, supportive, and encouraging. However, in contrast to Broughn's (1988) findings, students participating in this research indicated a desire for greater independence and

less instructor surveillance in the clinical setting. Students expressed a desire for clinical instructors to allow greater more independent action.

Implications

Implications for nursing educators

The importance which students place on interpersonal relationships with clinical instructors has implications for nursing educators. Findings from this study indicate that although many students report having positive interactions with clinical instructors, they do not consistently exhibit caring interpersonal relationships. The most common problems with the interpersonal relationships are clinical instructor behaviors which intimidate students, increase student anxiety, mask their own limitations and mistakes, and fail to promote collegial relationships with students.

Students believe caring interpersonal relationships with clinical instructors enhance their learning. Caring interactions decrease student anxiety, make students feel more relaxed and comfortable asking questions, and more self confident. Students also select caring clinical instructors as role models as opposed to those instructors with whom they have less positive interactions.

Although conclusions of this research are based on respondents from three schools of nursing, they suggest that nursing educators should examine their interactions with students for elements of respect, empathy, and genuineness. An instrument which helps evaluate clinical instructors' caring

behaviors would assist schools to identify clinical instructors who would benefit from development activities related to interpersonal relationships with students. Interpersonal relationships are affective components of education and are often considered a part of the hidden curriculum. Nursing educators should unveil nursing's hidden curriculum and make it visible through ongoing inspection and analysis of interpersonal relationships between students and clinical instructors.

Implications for future research

Further study is needed to validate student perceptions of the effect of caring interpersonal relationships on learning. Uncertainty exists regarding caring relationships as a prerequisite for enhanced learning or simply a student preference. Additional research is also needed to determine what effect, if any, interpersonal relationships between clinical instructors and students have on attrition. This study suggests clinical instructors as a source of student stress. Possible differences between levels of nursing students in regards to their perception of interpersonal relationship with clinical instructors needs further exploration. Students' decision to leave nursing school may be related to negative interactions with clinical instructors. Such studies might provide additional support for the development of caring interpersonal relationships between students and clinical instructors. Comparative studies should be done to determine if differences exist between nursing faculty and those from other disciplines regarding student-faculty interpersonal relationships. Lastly, research is needed to determine the impact

of interpersonal relationships between students and clinical instructors on students' choice of role models. This study suggests that students choose clinical role models based on interpersonal characteristics.

Concluding Remarks

Interpersonal relationships with clinical instructors affect students' anxiety, self confidence and choice of role models. According to both interviews and survey responses, students identify more problems with clinical instructors' empathy than respect and genuineness. Caring behaviors of clinical instructors are those indicating respect, empathy, and genuineness. Information from this research support the conceptual framework and findings of previous research regarding the importance and impact of interpersonal relationships on student learning. Nursing educators are encouraged to examine interpersonal relationships with students in order to make necessary changes to develop supportive colleagial relationships. Further research is needed to determine variables affected by student-faculty interpersonal relationships.

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APPENDIXES

APPENDIX A
Clinical Instructor Characteristics Instrument

The following tool is designed to measure your perceptions regarding your interpersonal relationships with clinical nursing instructors. No specific instructor is to be identified. Respond to the statements based on all your experiences with clinical instructors; do not generalize from one or two instructors. When you have completed the survey, seal it in the envelope provided. Your responses will be kept confidential. You are encouraged to write comments on the questionnaire.

Instructions:
Indicate your agreement or disagreement with each of the following statements about your experiences with clinical instructors. Circle your responses using the following scale:

0 = Strongly disagree (SD)
1 = Disagree (D)
2 = Neither agree or disagree (N)
3 = Agree (A)
4 = Strongly agree (SA)

Indicate your class ranking (circle one) Junior Senior

Are you already an RN? (circle one) Yes No

Indicate your gender (circle one) Male Female

Indicate your age group

25 or under
26 to 30
31 to 40
Over 40

Generally, my clinical supervisors have:	SD	D	N	A	SA
1. Demonstrated skills, attitudes, and values which I should develop for my clinical practice.	0	1	2	3	4
2. Demonstrated kindness during interactions with me and others.	0	1	2	3	4
3. Permitted me to freely discuss and vent my feelings.	0	1	2	3	4
4. Avoided admitting their own limitations and mistakes.	0	1	2	3	4
5. Shared their personal values and feelings.	0	1	2	3	4

6.	Shown confidence in and respect for my abilities.	0	1	2	3	4
7.	Increased my anxiety.	0	1	2	3	4
8.	Promoted my self-confidence.	0	1	2	3	4
9.	Had unreasonable expectations.	0	1	2	3	4
10.	Been insensitive to my needs and feelings.	0	1	2	3	4
11.	Intimidated me.	0	1	2	3	4
12.	Communicated warmth and acceptance to me.	0	1	2	3	4
13.	Displayed sincere interest in me as an individual.	0	1	2	3	4
14.	Accepted less than perfect behavior on my part as I learn new skills and apply knowledge.	0	1	2	3	4
15.	Given mostly negative feedback to me.	0	1	2	3	4
16.	Been impatient or lost their tempers with me in the clinical setting.	0	1	2	3	4
17.	Encouraged me to ask questions or ask for help.	0	1	2	3	4
18.	Displayed a condescending attitude.	0	1	2	3	4
19.	Rewarded my efforts to give quality nursing care.	0	1	2	3	4
20.	Criticized me in the presence of others.	0	1	2	3	4
21.	Been overly rigid and inflexible.	0	1	2	3	4
22.	Not displayed a sense of humor.	0	1	2	3	4
23.	Demonstrated honesty to me, other students and others.	0	1	2	3	4

Thank you for your time in completing this survey. Replace this and the informed consent form in the envelope, seal, and return to the research assistant. All responses will be kept confidential.

APPENDIX B

Content Validation of the Survey Instrument:
Clinical Instructor Characteristics Indicative of the Presence or Absence of Positive Teacher-Student Interactions

ITEM	SOURCES
My clinical supervisors have:	Bergman & Gaitskill, 1990
1. Demonstrated skills, attitudes, and values which students should develop in the clinical area.	Halldórsdóttir, 1990 Hedin, 1989 Kiker, 1973 Miller, Haber, & Byrne, 1990 Mogan & Knox, 1987 Rauen, 1974 Stuebbe, 1980
2. Demonstrated kindness during interactions with people.	Halldórsdóttir, 1990 Hedin, 1989 Jacobson, 1966
3. Permitted freedom of discussion and venting of feelings.	Jacobson, 1966 Karnes & Schwab, 1982
4. Avoided admitting own limitations and mistakes.	Barham, 1965 Hedin, 1989 Jacobson, 1966 Karnes & Schwab, 1982 Mogan & Knox, 1987
5. Shared personal values and feelings.	Halldórsdóttir, 1990 Hedin, 1989 Karnes & Schwab, 1982
6. Shown confidence in and respect for student abilities.	Bergman & Gaitskill, 1990 Brown, 1981 Halldórsdóttir, 1990 Hedin, 1989 Jacobson, 1966
7. Increased students' anxiety.	Mogan & Knox, 1987
8. Promoted student self-confidence.	Brown, 1981 Halldórsdóttir, 1990 Hedin, 1989 Jacobson, 1966 Kleehammer, Hart & Keck, 1990

9. Had unreasonable expectations.	Bergman & Gaitskill, 1990 Karnes & Schwab, 1982 Miller, Haber & Byrne, 1990
10. Been insensitive to student needs and feelings.	Halldórsdóttir, 1990 Hedin, 1989 Jacobson, 1966 Karnes & Schwab, 1982
11. Intimidated students.	Flagler, Loper-Powers & Spitzer, 1988 Halldórsdóttir, 1990 Miller, Haber & Byrne, 1990 Mogan & Knox, 1987 O'Shea & Parsons, 1979
12. Communicated warmth and acceptance of students.	Griffith & Bakanauskas, 1983 Karnes & Schwab, 1982 Lowery, Keane & Hyman, 1971 Miller, Haber & Byrne, 1990
13. Displayed sincere interest in students as individuals.	Griffith & Bakanauskas, 1983 Halldórsdóttir, 1990 Karnes & Schwab, 1982 Miller, Haber & Byrne, 1990
14. Accepted less than perfect behavior at new skills and application of knowledge.	Bergman & Gaitskill, 1990 Flagler, Loper-Powers & Spitzer, 1988 Jacobson, 1966 Meisenhelder, 1987
15. Given mostly negative feedback.	Bergman & Gaitskill, 1990 Flagler, Loper-Powers & Spitzer, 1988 Halldórsdóttir, 1990 Hedin, 1989 Karnes & Schwab, 1982 O'Shea & Parsons, 1979 Wong, 1978
16. Been impatient or lost their tempers with students in the clinical setting.	Bergman & Gaitskill, 1990 Brown, 1981 Jacobson, 1966

17. Encouraged students to ask questions or ask for help.	Bergman & Gaitskill, 1990 Brown, 1981 Flagler, Loper-Powers & Spitzer, 1988 Halldórsdóttir, 1990 Karnes & Schwab, 1982 Miller, Haber & Byrne, 1990
18. Displayed a condescending attitude.	Griffith & Bakanauskas, 1983 Halldórsdóttir, 1990 Miller, Haber & Byrne, 1990
19. Rewarded student efforts to give quality care.	Bergman & Gaitskill, 1990 Brown, 1981
20. Criticized students in the presence of others.	Hedin, 1989 O'Shea & Parsons, 1979
21. Been overly rigid and inflexible.	Bergman & Gaitskill, 1990 Halldórsdøttir, 1990 Jacobson, 1966 Kiker, 1973 Miller, Haber & Byrne, 1990
22. Not displayed a sense of humor.	Gorham, 1988 Hedin, 1989 Jacobson, 1966 Kiker, 1973 Watson & Emerson, 1988
23. Demonstrated honesty to students and others.	Bergman & Gaitskill, 1990 Halldórsdóttir, 1990 Hedin, 1989 Karnes & Schwab, 1982

APPENDIX C

INTERVIEW SCHEDULE

1. Tell me about your interpersonal relationships with your clinical instructors.

2. Talk about the attitudes that your clinical instructors have exhibited toward you as a person.

3. Tell me about some instances in which your instructors have indicated that they cared for you as an individual.

4. Talk about how often you experience this caring and concern.

5. Tell me how your clinical instructors' attitudes affect you as a person and a nurse.

Interview: SC-S-06

First off, I would like for you to just talk, if you can, about your interpersonal relationships with your clinical instructors.

> Okay. I've had several different kinds of experiences with clinical instructors. I've had a psych clinical, med-surg., gerontology, then I had a fundamentals which was a clinical kind of experience, and then. I would say it was pretty much half and half or excellent. I had good relationships with two of the four. Those, see I'm a mature student for one thing, and so my instructors were really closer to my own age. And we had personal conversations and shared a lot of personal things about our families and about ourselves. And . . . .

Do you feel like that was different for you because you were older?

> Definitely. I definitely do. A lot of the other students had good relationships and probably felt that they could speak about some things with their teachers. Ours went at a much higher level I think. And then, there were two of my instructors that were very cold and it wasn't with just me, I mean, the young students felt that way also. They . . . we didn't have very good experiences, the instructor didn't seem to really genuinely be interested in us as individuals. You know they had their own private lives and did not make themselves available, didn't answer questions in a caring kind of environment.

Now if you would, tell me a little bit more about each of the two types. You had two types, those that you felt really good with and those that you didn't. Can you explain a little bit more about those relationships with those two different types?

> Well, I . . . for the instructors that I felt I had really good experiences with, for example, those are the teachers that at the end of the clinical experience perhaps invited you to their home for a little get together to sort of celebrate the end of the semester. And so, that is sort of a difference right there. The other people kept, you know, a very closed student-teacher relationship. They weren't . . . they didn't open up the conversation for divulging any interpersonal things at all. One of the instructors, as a matter of fact, I just saw her recently at a legislative conference that I went to, and she has since moved on to another school. And I had been thinking about her a lot just about the week before this conference for some reason. And I ran into her at this conference, and she also said, "I have been dying to talk to you. I was getting ready to call you and I want to get together" and you know, so I really feel like a friendship was made. Of course, she's an instructor

and since she's teaching out-of-town now and I'm a full-time student and I also have a young family, I don't have much of a social life. So, otherwise I would have taken the initiative and given her a call or just dropped her a note, something like that. So, you know, I felt like I had somewhat of a peer relationship, even though they have . . . I'm a BSN student and they either have Master's or . . . In fact, the teachers that I've had the best rapport with were masters prepared, the PhD's, I don't know if that has anything to do with it. I don't think it does.

Okay. That's some good information.

I had a....are you interested just in relationships?

Well, anything that's affected you. So...

Well, for instance, this semester, by the time you get to your clinicals you're really keeping your eye out for the better instructors, the instructors that seem fair, that you think you're gonna learn a lot from, or whatever it is that you need, there are probably students who are trying to figure out the easiest instructors too. And I very carefully hand selected my clinical instructors this time because, you know, I've had a really good one and I've had a dud before now. Unfortunately, the teacher that I selected for med-surg was deployed to Saudi Arabia so I understand the University was probably in a jam but they selected a psych nurse to teach . . . she's a psych Master's prepared nurse, to teach the med-surg. clinical. And I, you know, have some serious reservations about that and really, and truly, it was not unfounded completely because there were . . . I mean, she really wasn't clinical skilled in med-surg, even though she said she had worked a lot of med-surg before she got her Master's and then while she was working on her masters. But for instance she didn't know how to hang tube feedings, I mean, she didn't know how to get them started. She was having a lot of trouble and I saw her like on three different occasions. One when she was helping me, one with another student, two others with other students and she couldn't get them going or they had like a triple lumen catheter going to feed one particular client, and she couldn't get the solution to go through the tubing and I, you know, I felt like she was really . . . she obviously felt very awkward about it and she apologized to us lots of times, you know, kind of over apologized for not being able to do it. Well, you know, I just figured that could happen to anybody, especially if you haven't been doing it for a long time. I didn't think very poorly of her until it came time for grading things. Overall, I thought she was a very easy grader but it seemed like, sometimes, I guess she just . . . it's like I don't think she thought she should have students that had a lot of perfect papers because she started taking off little tiny points for kind of insignificant things. You know, the way my care plan was arranged or something like that, and I

had done similar kinds of care plans, set it up in a similar way for two other teachers who were PhDs and had gotten lots of positive feedback about what a well arranged care plan it was. She said, this isn't the form you were supposed to use, this is too difficult to follow. You know . . . so, I don't know. I . . . overall I had a pretty good experience in med-surg. but I didn't get any of the technical skills. We didn't practice. I never once did a head-to-toe physical on a patient during my med-surg. rotation. And I know the other instructors were requiring that of their students. And its sort of those kinds of things, you know, really grilling nursing students. Everybody hates that but that's what makes you really prepared when you go into clinical everyday. Not knowing when you are going to be asked to do something. And to be asked questions and she never did that for any of us. We basically kind of, like very lightly gave her a report about what . . . you know, we picked up our assignments the day before with our patients diagnosis and their medications. And she might ask us about the medications or what the patho of the disease was or something like that but it was very non-pressured.

Okay. So she didn't intimidate you with her knowledge?

Oh no. This was a teacher that I didn't think was qualified.

I see.

I hate to say it that way. She was very nice and I . . . it was . . . in some ways it was a nice break from a real stressful semester when you've got lots of stuff to do and deadlines and exams and, you know, you're intimidated by your teacher. Well, you know, it wasn't that way at all. I felt completely relaxed every time I went into clinical and so that was nice. In that also has a benefit of you're able to learn, if you are not so stressed out.

These other clinical instructors did stress you out?

Different reasons. I always prepared for clinical. I mean, I've always prepared for class and for clinical. But, the other one, it was like their attitude, is what stressed me out. They might make a remark, not to me necessarily, but to other students when . . . I did have one case, when in gerontology, and it was the first time I was ever giving out medication. My teacher, I thought, was very . . . she was trying to hurry me through it. I'm sure she was bored and tired of standing there and I . . . she would have like two students at a time give out medication so this is like the sixth or seventh time I guess that she had to stand there while someone . . . you know, stand there for hours while we gave out our medication. But this was the first time that I had ever given out medications on a floor and I had about, oh I don't know,

maybe 12 patients and they were gerontology patients so each one of them was on 12 or 15 medications. And so, it required an enormous amount of preparation because we had to know what the drug was for, you know, the interactions, the side effects . . . whatever was necessary to know about the drugs. So, I mean, I was very well prepared for that, but you know the first time you give out medications you are going to be so . . . . And she would say things like hurry up, hurry up and it would . . . that really stressed me out because you are so afraid you are going to make a mistake and give the person the wrong medication, or by the wrong route, or you know. You just knew . . . it just takes time to build up a . . . you know, to pass out your pills.

Tell me about the sort of attitudes that they . . . that your clinical instructors have had toward you as a person.

Well, I really think that on a couple of occasions, I really think that, and I'm speaking to my own personal experience.

And that's what I want you to do.

Sometimes I have really felt that teachers, my clinical instructors haven't really . . . . I don't know how to exactly say this. It's like I really think they want to be fair but in being fair, they don't . . . I believe that they don't look at people as individuals or each case that comes up when someone has conflict, or some difficulty. For example, I have three really young children and although everything's going okay right now, my oldest child who is almost 12, has a learning disability and she has required . . . And you see I've been in school now for four years and she has just required an enormous amount of time and attention to get a lot of her things done and to keep up with her because of her difficulties. Also, you know, having your own kids, they get sick sometimes, and since my husband is the breadwinner, by and large, you know, guess who has to take time off sometime when the kids are sick. And I don't have a good backup system because we're living on one income. So I have some, a lot of serious financial concerns that keep me from being able to hire someone else to help me out with some of these things. And so sometimes, you know, things happen and other family members, my husband, my husband's mother had a heart attack; my father was going through cancer therapy, and I was late with a couple of assignments and I told the teacher in advance that I needed a little more time and they took off points anyway, you know, which really does hurt. I had one case where . . . and I discussed this with another student. She was a very good student who took this class before us, before I did last semester. The same thing happened to her on an exam where you go through your exam and answer on the test and then you transfer your answers to the answer key. Well on the last exam, they always have a different number of test questions, too.

That's something the students don't really think about too. You're expecting about 50 questions, well there might be sixty or there might be 66 and they don't announce to make sure you have all of your test questions and if you've answered everything there are so many items. Well, I found out about a week after the exam when we were going over the exam that I had answered on my test but I had failed to transfer the last page of answers because the pages kept sticking together. I forgot to transfer those answers to my answer key. I really . . . it really _____ on my part and I've gotten over it, but they . . . the students . . . the teacher said I will discuss it with your clinical instructor. Well, my clinical instructor said it will be up to the class instructor cause she's in charge of the class what will happen. So I went to her and she said she would discuss it with your clinical instructor. And I thought, well, she's the one that referred me here. So, it took them almost two weeks before they all got together and had a discussion about it and decided that no they couldn't give me those test questions even though I had answered them on my test. And, basically I figure, you know, I'm not in grade school. But it was a difference between an A and a C on the exam which really hurt me. And another student, the exact same thing happened to her, I was happening to mention it to her, and the exact same thing happened and she discussed with the instructors at the time, well I guess I have to accept it. And she also was a very good student so it damaged her grade. But she said, since you always have odd numbers of items, you need to make sure, to keep this from happening to someone else, to announce at the start of the exam there are 66 test items. Make sure you have answered them carefully. They still weren't doing it and I would have known to go back and look at my answer key to make sure that I had everything answered. So, I really think they didn't look at that on an individual basis. They knew that I had answered the questions. I didn't have a pencil with me when we went over the exam so there is no way that I could have changed it. They saw that I had zero for the last six test items for example. So, that was just one instance that I thought they didn't look at the students as individuals.

Hum. Anything else?

Well, like I said, the teachers that I had the best rapport with are generally the ones that will say, they have deadlines and I understand the need for deadlines, but when you have so much going on and you ask in advance for an extension I think that that is not unreasonable, especially if you are just asking for a day or two.

Were these instructors willing to do that?

The instructors I had a good rapport with; they were very willing to do that and I always made sure that I . . . even with the teachers that I

didn't have a good rapport with . . . that I talked to them about it in advance. Their deal was, you lose "X" amount of points per day for every day that it is late. It's like I understand that you are going to turn it in late and I appreciate your letting me know, but you will be . . . have points taken off. Which I guess, is better than nothing because at least you do know exactly where you stand. So you make the decisions and sometimes it comes down to, you have two things to do for two different instructors and you have to figure out where the worse penalty is and where you can get the grade. So you have to make those kinds of decisions all the time.

Okay.

I've still got some pretty hard clinicals left to do. I haven't done Peds or OB yet.

But you're a senior right?

Yeh, I'm a senior but I'm a senior by hours and last semester I ended up splitting two clinicals. It was too overwhelming I had the med-surg and gerontology and on top of that they . . . we had a research class and I've been full-time all this time and the semester before that I took 17 hours which didn't have much clinical, just one small clinical, well it was the psych clinical. But 17 hours with one clinical was a lot more manageable than fewer hours with two major clinicals. So, because of my other things going on with my family, everything, I ended up going part-time just last semester. So, I'm finishing up the med-surg. that is 2nd semester junior year, and I'm taking some senior level classes but I technically won't graduate until May.

Oh, I see. Next May.

Okay, let me ask you something else. Can you think of some more instances in which your instructors have indicated that they cared for you as an individual. You mentioned thinking about some of your time commitments with your family and allowing you to take an extra day. Can you think of some other things that they do that indicate that they care for you as an individual.

Now is this specifically clinical instructors?

Clinical. Uh huh.

Okay. Well, that's really hard to say unless, you know, people...I think students. For instance, most of the students in my clinical this semester are pretty much in the same other classes. They are doing the gerontology clinical at the same time. They're not doing research, they've changed that around a little bit; they have something else to do. When they have complained about something that we had . . . when

they have voiced concern to the teacher . . . to the clinical instructor about all this other stuff that they had going on, she extended the deadline for whole class. Which I think shows a caring . . . it's kind of like, as far as I'm concerned, you know, exactly its like no skin off their teeth, what difference would it make if they extended the deadline a couple of days. They're gonna have to grade the things anyway.

Okay.

So I think cart blanc, allowing the whole class extra time. You know, I think, for clinical instructors if I could tell . . . I was just reminded of one of the bigger problems that I've had with clinical instructors, not with me personally or my work, is a lack of communication. For instance, sometimes we get a little scattered, you know, where the teachers working with one or two students at a time and the other people are pretty much on their own unless they call out for some help or something, so messages don't always . . . my clinical instructors, by and large, have been pretty bad about forgetting that they are not speaking to the whole group and so they'll tell one or two people about something, or how they want something done. And so everybody doesn't get the whole message or it gets garbled by the time it gets down to you. I think that's a problem. They need to, you know . . . we have after clinical conferences and those have not been very helpful for med-surg or for gerontology as a way of . . . you know, that's a time when you're supposed to communicate with everybody in the group to make sure everybody has everything. My two major clinicals, they've done a pretty bad job on that.

Okay. So communication. Can you think of anything else in regards to that? You've mentioned the instructor that you had the good relationship, some of the things that she did was talk to you as a person on an individual basis, let you know her as a person some.

Right. Disclosed a little bit more about herself.

Okay.

I'm a self-discloser. That can be an advantage but it can also be a big disadvantage.

Have you found that to be a disadvantage?

With some teachers, yes. It's like I have a gut instinct. I just came to realize that probably if I survived through that clinical experience and didn't do any self-disclosure so my teachers might not have understood all the things that are going on, that I was probably a lot better off.

Even though I push myself and I do a really good job on things. And by and large get most everything done on time, I think, for example, the two clinical instructors that I didn't have such a good relationship with, knowing that I had just a whirlwind life of a lot of things going on, a lot of outside pressures, I think they sort of expected that I was not going to be able to succeed at a very high level. I think they were kind of expected me to turn in sloppy work, or turn in late work or not do it at all or something like that. It's just an impression that I have.

Okay. I would like you to give me some idea of how often with your experiences with clinical instructors overall, that you experience caring and concern.

Overall?

Overall. How often is it that you experience this sort of thing?

Well, I mean.

Well, you could give me percentages, you could give me most of the time, rarely, occasionally.

Well, you know. It's pretty much split up where the people, the teachers that I had good relationships with that disclosed of themselves. You know, we found that we had things in common. They started out the clinical by asking about each one of us for example. You know, those little things kind of indicated that they do care about you. Those instructors most of the . . . essentially all of the time. I really felt like they had their perspectives in the right place. What was the purpose of this clinical? Was it to really inflict pain and suffering on little nursing students? You know, to put them on the spot, No, the experience is that you genuinely want them to learn and they are . . . we are learning. We are not going to be perfect. There are going to be people who are going to be able to perform some things at a very high level the first time they do it, you know, they've prepared. But, you know, you have to expect that their sterile technique isn't really perfect or . . . but you allow for that and understand that. Your goal is to have them get better and better and better towards perfecting their technique, things like that. And, the other teachers really I don't see them as being all that caring. We supposedly were going to be doing grand rounds for example, in gerontology, we ran a nursing home in this particular semester, essentially the whole semester, we ran a nursing home all day one day. Basically, unless you went up to the instructor to ask her something, you never saw her unless it was your day to give medications. She wasn't there with you, she didn't help you do things, she didn't come by and say okay, we're going to hang a tube feeding let's see how you're doing, do you have any problems, or anything like

that that showed really . . . it wasn't necessarily mean and hateful and intentionally, just seemed distant and cold and was there and didn't really seem to want to be there, but had to because this was her job. And didn't really offer any caring attitudes towards us.

One last question. And you have given me such good detail and examples. How do you think that your clinical instructors' attitudes toward you affect your thoughts about yourself and what you want to be as a nurse or how you want to be as a nurse?

Well, I know, a lot of my self-esteem is tied into what I'm doing in school right now. I mean, I didn't even realize that until after I went back to school, you know, I was a mature student, I've been out of school for a long time, had always been a liberal arts kind of person, now here I was switching to a science and was not sure how I was going to be able to handle that and just did very, very well. I was a committed student who put in a lot of time and effort and I did really well. But, I think nursing students, and I don't foresee this as just myself I know other nursing students, we do get angry and kind of cold and try to distance ourselves sometimes from unfair treatment, but it still hurts. It's like a personal front to you when someone criticizes your work, especially if you weren't just being sloppy or slack. You know, you just happened to maybe perform something not very well or . . . . I think in general nursing students . . . you know, people react differently towards criticism, but me personally, it hurts first. I get very wounded and it bruises my ego. And then I have to . . . after a little while, then I'm able to examine it and say was this teacher right. You know, was she being fair and objective and maybe I'm being too sensitive because I don't take criticism very well. So, I kind of see that in a lot of other nursing students, too. It's like you want this so badly and you feel like you've come this far. Basically, everybody is about the same place in the program that I am. And you know, I figure you have to be pretty sport to come this far anyway because it's been really tough and grueling and you have to have a whole lot of smarts or you have to have some smarts and a lot of determination to be able to do it. But I think, teachers' attitudes towards students plays a big role on how they perform.

What about how you want to be as a nurse?

About how I want to be as a nurse?

Uh huh. Role models.

Yeh, I was going to say, I've had some excellent role models. For example, in my psych clinical, my teacher was very warm and she was

this way with all of the students, and friendly, you know, we laughed. You have to keep a sense of humor especially when you are first learning psych. She had a really great sense of humor. I was a little too sensitive towards laughing about certain . . . you know, not laughing at patients exactly, but being able to laugh at the situation or things that occurred. I was a little hypersensitive about that because I thought that that was not very professional. Well, that was good for me; it kind of made me relax a little bit and learn its okay. You have to be able to laugh at situations or laugh at yourself. It does not mean you are not a caring person.

Okay.

I've had instructors that were very assertive, not with just patients, but with nursing students and assertive in the true sense of the word of what assertive means. I mean they took care of the nursing students' feelings while they were taking care of their own. So they were very good role models. You know, I didn't even think about it until this semester but I've come to realize that I probably would be a very good teacher. You know, I'm looking forward to doing some holistic nursing practice and do my time in the hospital when I'm finished and everything but, sometime in the future, I think I would be a very good teacher because I understand very much the need look at students as individuals.

Well that . . . You've given me so much good information and I certainly appreciate it.

March 7, 1991

...
...
...

Dear Dr. _____:

Thank you for taking the time to talk with me this week about the possibility of asking your junior and senior nursing students to participate in my dissertation research. I am interested in identifying nursing students' perceptions about their interpersonal interactions with clinical instructors. I have developed a survey tool based on research and effective clinical teaching. The theoretical basis of the research stems from the writings of Jean Watson and Christine Tanner. They, along with the NLN, have charged nursing educators to develop curricula which reflect caring behaviors and incorporate faculty-student relationships which are equalitarian and build a sense of community among learners.

Before we make curricular change we must document the current status of teacher-student relationships in nursing education. The impact of instructors' modeling caring behaviors also needs further examination. This study will provide data which will help determine the need for curricular changes. Along with a cover letter, informed consent statement and survey tool, I am attaching a brief research proposal outlining plans to include your students in this study. I am including a copy of the dissertation prospectus should the committee have additional questions about the background and rationale for conducting the research. Feel free to use it as you see fit.

I appreciate your submitting my request at your next research committee meeting. Because students will be leaving for summer break, it will be necessary to begin data collection as soon as possible.

For your convenience, I am enclosing a consent form and a self-addressed stamped envelope. Please feel free to respond in this manner or any other that suits your documentation needs. I can be reached at (615) 981-8167 or (615) 966-7714 if you or the committee need further clarification. Thank you for your time and attention in this matter.

Sincerely,

Martha P. Craig, RN, MSN
Doctoral Candidate, College of Education
University of Tennessee, Knoxville

RESEARCH PROPOSAL

Purpose:

Identify junior and senior nursing students' perceptions about their interactions and relationships with clinical nursing instructors.

Research Questions:

1. What are nursing students' perceptions about the nature of their interpersonal relationships with clinical instructors?
2. What interpersonal behaviors are most prevalent?
3. Which interpersonal characteristics are most clearly identified by students as being "caring"?
4. What are nursing students' perceptions of the effects of their relationships with clinical instructors?

Methods:

1. Distribution of survey instrument to all junior and senior nursing students in selected schools of nursing in the southeastern United States (see attached).
2. Paid research assistants from the College of Education will distribute and collect completed surveys at a time convenient to the schools of nursing (before or after a scheduled class).
3. Students will be asked to indicate their willingness to participate in follow-up open-ended telephone interviews with the researcher. Approximately 5% will be contacted by telephone for this purpose.
4. All student information will be kept confidential as well as the names of specific schools participating in the study.
5. Participating schools will be sent a summary of their students data along with comparative information from other schools.

NURSING SCHOOL CONSENT FORM

School Name: _____

Martha P. Craig's request to ask our junior and senior nursing students to participate in her survey study has been reviewed with the following decision:

_____ Yes, the school is willing for our students to participate in the survey.

_____ No, we are unable to ask our students to participate in the survey.

_____
Signature

_____
Date

Instructions for follow-up contact:

10821 Roger's Island Rd.
Knoxville, TN 37922
April 1, 1991

Dear Nursing Professor,

Your school has graciously granted permission for me to include your students in my research dealing with interpersonal relations between students and clinical instructors. A research assistant from your College of Education will come to your class to distribute a survey instrument. She will have worked out a schedule with _____ at your school. I appreciate your support in allowing her to come to your class. I do not intend the process to be disruptive and suggest that she distribute the tool after you finish class but before you dismiss the students. Student participation is, of course, optional but I hope they will be willing to take the 5-10 minutes needed to complete the form. Thank you in advance for your assistance.

Sincerely,

Martha P. Craig, RN, MSN
Doctoral Candidate
University of Tennessee,
Knoxville

MC/ge

Dear Nursing Student,

My name is Martha Craig, and I am a doctoral student at The University of Tennessee, Knoxville. As part of my dissertation, I am investigating nursing students' perceptions about their interactions and relationships with clinical nursing instructors. I am asking your assistance in completing the attached two page questionnaire regarding your experiences with clinical nursing instructors. The questionnaire will require about 10 minutes to complete.

All data will be kept confidential and stored in a locked cabinet in the researchers home. No one other than the researcher will have access to the information. Each questionnaire will be coded with an identification number. Only the investigator will be able to identify individual respondents. All data will be summarized for any presentations or publications that arise from the research.

No negative effects are expected to result from your participation in this study. Your participation will provide information beneficial to nursing educators in the design and implementation of curricula based on student experiences and needs. If you would like to receive a summary of the findings of the study, please place a check beside your name on the attached consent form.

If you are willing to have the investigator talk to you in a telephone interview, please provide your telephone number in the space provided. These interviews will be scheduled at a mutually convenient time and add valuable insight into nursing students experiences with clinical instructors. Again, this interview is voluntary and comments are kept strictly confidential.

If you consent to participate in either part of the study, please sign the consent form on the reverse side, complete the survey and return both to the envelope. Keep one copy of the consent letter for your information. Seal the envelope and return it to the research assistant. Keep the pen as a token of my appreciation for your time to participate in the study. If you have questions about the study, please feel free to contact me or my major professor.

Thank you for your time and participation.

Martha P. Craig
10821 Roger's Island Rd.
Concord, Tennessee 37922
(615) 966-7714

Dr. John Ray, Professor
College of Education
University of Tennessee
Volunteer Boulevard
Knoxville, TN 37996
(615) 974-6800

CONSENT FORM

Code # _____

I consent to participate in Martha Craig's study designed to investigate nursing students' perceptions about their interactions and interpersonal relationships with clinical nursing instructors.

I understand that my participation in this study is strictly voluntary and that I have the right to withdraw at any time without any penalties.

_____ (Signature)

_____ (Street Address)

_____ (Apartment)

_____ (City, State)

_____ (Zip Code)

_____ (Date)

(____)_____ (Telephone)

_____ Yes, I would like to be sent a summary of findings.

_____ Yes, You may call me for a telephone interview.

APPENDIX H

Table A-1: Frequency and Percentages of Responses to Question No. 1 on Clinical Instructor Characteristics Instrument: Demonstrated Skills, Attitudes, and Values Which I Should Develop for My Clinical Practice

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
School	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)
A	0/0 (0)(0)	0/0 (0)(0)	0/00 (0)(0)	9/15 (47)(58)	10/11 (53)(42)
B	0/0 (0)(0)	0/4 (0)(7)	0/10 (0)(17)	2/34 (33)(58)	4/12 (67)(20)
C	0/0 (0)(0)	5/1 (16)(3)	3/3 (9)(9)	15/22 (47)(63)	10/9 (31)(26)
Subtotal	0/0 (0)(0)	5/5 (9)(4)	3/13 (5)(11)	26/71 (45)(59)	24/32 (41)(26)
Total	0 (0)	10 (6)	16 (9)	97 (54)	56 (31)

Table A-2: Frequency and Percentages of Responses to Question No. 2 on Clinical Instructor Characteristics Instrument: Demonstrated Kindness During Interactions With Me and Others.

School	Strongly Disagree Jr./Sr. No./(%)	Disagree Jr./Sr. No./(%)	Neither Agree or Disagree Jr./Sr. No./(%)	Agree Jr./Sr. No./(%)	Strongly Agree Jr./Sr. No./(%)
A	0/0 (0)(0)	0/2 (0)(8)	0/1 (0)(4)	13/14 (68)(54)	6/9 (32)(35)
B	0/2 (0)(3)	1/3 (17)(5)	1/7 (17)(12)	3/39 (50)(66)	1/9 (17)(15)
C	0/0 (0)(0)	4/1 (13)(3)	3/2 (9)(6)	19/20 (59)(57)	7/12 (22)(34)
Subtotal	0/2 (0)(2)	5/6 (9)(5)	4/10 (7)(8)	35/73 (60)(60)	14/30 (24)(24)
Total	2 (1)	11 (6)	14 (8)	108 (60)	44 (25)

Table A-3: Frequency and Percentages of Responses to Question No. 3 on Clinical Instructor Characteristics Instrument: Permitted Me to Freely Discuss and Vent My Feelings.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
School	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)
A	0/0 (0)(0)	1/2 (0)(8)	4/3 (21)(12)	8/9 (42)(35)	6/12 (32)(46)
B	0/2 (0)(3)	1/4 (17)(7)	2/6 (33)(10)	3/37 (50)(63)	0/10 (0)(17)
C	3/0 (9)(0)	5/3 (16)(9)	2/3 (6)(9)	13/17 (41)(49)	10/12 (31)(34)
Subtotal	3/2 (5)(2)	7/9 (12)(7)	8/12 (14)(10)	24/63 (41)(52)	16/34 (33)(28)
Total	5 (3)	16 (9)	20 (11)	87 (49)	50 (28)

Table A-4: Frequency and Percentages of Responses to Question No. 4 on Clinical Instructor Characteristics Instrument: Avoided Admitting Their Own Limitations and Mistakes.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
School	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)
A	1/1 (5)(4)	8/4 (42)(15)	3/2 (16)(8)	4/13 (21)(50)	3/6 (16)(23)
B	0/2 (0)(3)	1/13 (17)(22)	1/16 (17)(27)	4/23 (66)(39)	0/6 (0)(10)
C	4/0 (13)(0)	6/15 (19)(43)	2/7 (6)(20)	16/9 (50)(26)	4/4 (13)(11)
Subtotal	5/3 (9)(2)	15/32 (26)(20)	6/25 (10)(21)	24/45 (41)(37)	7/16 (12)(13)
Total	8 (4)	47 (26)	31 (17)	69 (39)	23 (13)

Table A-5: Frequency and Percentages of Responses to Question No. 5 on Clinical Instructor Characteristics Instrument: Shared Their Personal Values and Feelings

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
School	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)
A	0/1 (0)(4)	1/2 (5)(8)	2/5 (11)(19)	13/14 (68)(54)	3/4 (16)(15)
B	0/0 (0)(0)	0/3 (0)(5)	2/8 (33)(14)	4/38 (67)(64)	0/11 (0)(19)
C	0/0 (0)(0)	7/6 (22)(17)	3/5 (9)(14)	16/17 (50)(49)	7/7 (22)(20)
Subtotal	0/1 (0)(0)	8/11 (2)(9)	7/18 (12)(15)	33/69 (57)(57)	10/37 (17)(31)
Total	1 (0)	19 (11)	25 (14)	102 (57)	47 26(31)

Table A-6: Frequency and Percentages of Responses to Question No. 6 on Clinical Instructor Characteristics Instrument: Shown Confidence In and Respect For My Abilities

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
School	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)
A	1/1 (5)(4)	1/1 (5)(9)	1/1 (5)(4)	9/13 47)(50)	7/10 (37)(38)
B	0/2 (0)(3)	0/4 (0)(7)	0/8 (0)(14)	5/32 (83)(54)	1/14 (17)(24)
C	0/0 (0)(0)	6/6 (19)(17)	2/2 (6)(6)	19/18 (59)(51)	6/9 (19)(26)
Subtotal	1/3 (2)(2)	7/11 (12)(9)	3/11 (5)(9)	33/63 (57)(52)	14/33 (24)(27)
Total	4 (2)	18 (10)	14 (8)	96 (54)	47 (26)

Table A-7: Frequency and Percentages of Responses to Question No. 7 on Clinical Instructor Characteristics Instrument: Increased My Anxiety

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
School	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)
A	0/2 (0)(8)	3/9 (16)(35)	4/1 (21)(4)	9/6 (47)(23)	3/8 (16)(31)
B	0/1 (0)(2)	1/14 (17)(24)	0/12 (0)(20)	4/18 (67)(31)	1/15 (17)(25)
C	3/2 (9)(6)	8/9 (25)(26)	3/4 (9)(11)	11/12 (34)(34)	8/8 (25)(23)
Subtotal	3/5 (5)(4)	12/32 (21)(26)	7/17 (12)(14)	24/36 (41)(30)	12/31 (21)(26)
Total	8 (4)	44 (25)	24 (13)	60 (34)	43 (24)

Table A-8: Frequency and Percentages of Responses to Question No. 8 on Clinical Instructor Characteristics Instrument: Promoted My Self-Confidence

School	Strongly Disagree Jr./Sr. No./(%)	Disagree Jr./Sr. No./(%)	Neither Agree or Disagree Jr./Sr. No./(%)	Agree Jr./Sr. No./(%)	Strongly Agree Jr./Sr. No./(%)
A	0/1 (0)(4)	1/1 (5)(4)	3/1 (16)(4)	9/13 (47)(50)	5/8 (26)(31)
B	0/3 (0)(5)	0/7 (0)(12)	3/13 (50)(22)	3/29 (50)(49)	0/5 (0)(12)
C	0/0 (0)(0)	8/4 (25)(11)	7/7 (22)(20)	13/18 (41)(51)	4/6 (13)(17)
Subtotal	0/4 (0)(3)	9/12 (16)(10)	13/21 (22)(17)	25/60 (43)(50)	9/21 (16)(17)
Total	4 (2)	21 (12)	34 (19)	85 (47)	30 (17)

Table A-9: Frequency and Percentages of Responses to Question No. 9 on Clinical Instructor Characteristics Instrument: Had Unreasonable Expectations

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
School	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)
A	0/5 (0)(19)	1/10 (5)(38)	4/6 (21)(23)	8/3 (42)(12)	5/2 (26)(8)
B	0/3 (0)(5)	4/19 (67)(32)	1/18 (17)(31)	1/14 (17)(24)	0/5 (0)(8)
C	5/4 (16)(11)	10/17 (31)(49)	9/7 (28)(20)	8/6 (25)(17)	0/1 (0)(3)
Subtotal	5/12 (9)(10)	15/46 (26)(38)	14/31 (24)(26)	17/23 (29)(19)	5/8 (9)(7)
Total	17 (9)	61 (34)	45 (25)	40 (22)	13 (7)

Table A-10: Frequency and Percentages of Responses to Question No. 10 on Clinical Instructor Characteristics Instrument: Been Insensitive To My Needs and Feelings

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
School	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)
A	4/6 (21)(23)	10/10 (53)(38)	0/2 (0)(8)	3/7 (16)(27)	0/1 (0)(4)
B	0/3 (0)(5)	4/27 (65)(46)	1/17 (17)(29)	1/10 (17)(17)	0/2 (0)(5)
C	7/3 (22)(9)	11/18 (34)(51)	6/6 (19)(17)	8/6 (25)(17)	0/2 (0)(6)
Subtotal	11/12 (19)(10)	25/55 (43)(45)	7/25 (12)(21)	12/23 (21)(19)	0/5 (0)(4)
Total	23 (13)	80 (45)	32 (18)	35 (20)	5 (3)

Table A-11: Frequency and Percentages of Responses to Question No. 11 on Clinical Instructor Characteristics Instrument: Intimidated Me

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
School	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)
A	2/5 (11)(19)	5/6 (26)(23)	5/4 (26)(15)	4/9 (21)(35)	2/3 (11)(12)
B	0/3 (0)(5)	1/23 (17)(44)	2/10 (33)(17)	2/17 (33)(29)	1/6 (17)(10)
C	6/2 (19)(6)	10/14 (31)(40)	6/6 (19)(17)	9/11 (28)(31)	1/2 (3)(6)
Subtotal	8/10 (14)(8)	16/43 (28)(36)	13/20 (22)(17)	15/37 (26)(31)	4/11 (7)(9)
Total	18 (10)	59 (33)	33 (18)	52 (29)	15 (8)

Table A-12: Frequency and Percentages of Responses to Question No. 12 on Clinical Instructor Characteristics Instrument: Communicated Warmth and Acceptance to Me

School	Strongly Disagree Jr./Sr. No./(%)	Disagree Jr./Sr. No./(%)	Neither Agree or Disagree Jr./Sr. No./(%)	Agree Jr./Sr. No./(%)	Strongly Agree Jr./Sr. No./(%)
A	0/1 (0)(4)	1/0 (5)(0)	3/4 (16)(15)	10/14 (53)(54)	4/7 (21)(27)
B	0/3 (0)(5)	1/5 (17)(8)	1/11 (17)(19)	4/34 (67)(58)	0/6 (0)(10)
C	0/1 (0)(3)	5/1 (16)(3)	7/5 (22)(14)	16/24 (50)(69)	4/4 (13)(11)
Subtotal	0/5 (0)(4)	7/6 (12)(5)	11/20 (19)(17)	30/72 (52)(60)	8/17 (14)(14)
Total	5 (3)	13 (7)	31 (39)	102 (57)	25 (14)

Table A-13: Frequency and Percentages of Responses to Question No. 13 on Clinical Instructor Characteristics Instrument: Displayed Sincere Interest in Me as an Individual

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
School	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)
A	0/1 (0)(4)	0/1 (0)(4)	2/5 (11)(19)	12/13 (63)(68)	4/7 (21)(27)
B	0/2 (0)(3)	1/5 (17)(8)	1/14 (17)(24)	3/32 (50)(54)	1/6 (17)(10)
C	0/1 (0)(3)	5/2 (16)(6)	7/5 (22)(14)	15/20 (47)(57)	4/7 (13)(20)
Subtotal	0/4 (0)(2)	6/8 (10)(4)	10/24 (17)(13)	30/65 (52)(36)	9/20 (16)(11)
Total	4 (2)	14 (8)	34 (19)	95 (53)	29 (16)

Table A-14: Frequency and Percentages of Responses to Question No. 14 on Clinical Instructor Characteristics Instrument: Accepted Less Than Perfect Behavior on My Part as I lLearn New Skills and Apply Knowledge

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
School	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)
A	1/1 (5)(4)	8/5 (42)(19)	1/6 (5)(23)	6/9 (32)(35)	2/4 (11)(15)
B	0/4 (0)(7)	2/12 (33)(20)	2/10 (33)(17)	1/27 (17)(46)	41/6 (17)(10)
C	1/2 (3)(6)	11/10 (34)(29)	3/7 (9)(20)	14/14 (44)(40)	2/3 (6)(9)
Subtotal	2/7 (3)(6)	21/27 (36)(22)	6/23 (10)(19)	21/50 (36)(41)	5/13 (9)(11)
Total	9 (5)	48 (27)	29 (16)	71 (40)	18 (10)

Table A-15: Frequency and Percentages of Responses to Question No. 15 on Clinical Instructor Characteristics Instrument: Demonstrated Skills, Attitudes, and Values Which I Should Develop for My Clinical Practice

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
School	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)
A	4/7 (21)(27)	8/11 (42)(42)	3/3 (16)(12)	3/5 (16)(19)	0/0 (0)(0)
B	0/8 (0)(14)	4/33 (67)(56)	1/8 (17)(14)	1/8 (17)(14)	0/2 (0)(3)
C	4/4 (13)(11)	17/23 (53)(66)	7/4 (22)(11)	2/4 (6)(11)	2/0 (6)(0)
Subtotal	8/19 (14)(16)	29/67 (50)(55)	11/15 (9)(12)	6/17 (10)(14)	2/2 (3)(2)
Total	27 (15)	96 (54)	26 (15)	23 (13)	4 (2)

Table A-16: Frequency and Percentages of Responses to Question No. 16 on Clinical Instructor Characteristics Instrument: Been Impatient or Lost Their Tempers With Me in the Clinical Setting

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
School	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)
A	8/11 (42)(42)	7/9 (37)(35)	2/11 (11)(42)	1/4 (5)(15)	0/0 (0)(0)
B	0/14 (0)(24)	5/31 (83)(53)	1/6 (17)(10)	0/7 (0)(12)	0/1 (0)(2)
C	5/6 (16)(17)	19/22 (59)(63)	5/4 (16)(11)	3/2 (9)(6)	0/0 (0)(0)
Subtotal	13/31 (22)(26)	31/62 (53)(51)	8/21 (14)(17)	4/13 (7)(11)	0/1 (0)(1)
Total	44 (25)	93 (52)	29 (16)	17 (9)	1 (1)

Table A-17: Frequency and Percentages of Responses to Question No. 17 on Clinical Instructor Characteristics Instrument: Encouraged Me to Ask Questions or Ask For Help

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
School	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)
A	0/0 (0)(0)	1/2 (5)(8)	0/3 (0)(12)	11/11 (58)(42)	6/10 (32)(38)
B	0/1 (0)(2)	0/1 (0)(2)	0/8 (0)(14)	5/35 (83)(59)	1/14 (17)(24)
C	1/0 (3)(0)	4/1 (13)(3)	2/4 (6)(11)	18/23 (56)(66)	7/6 (22)(17)
Subtotal	1/1 (2)(1)	5/4 (9)(3)	2/15 (3)(8)	34/69 (59)(57)	14/30 (24)(24)
Total	2 (1)	9 (5)	17 (9)	103 (58)	44 (25)

Table A-18: Frequency and Percentages of Responses to Question No. 18 on Clinical Instructor Characteristics Instrument: Displayed a Condescending Attitude

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
School	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)
A	4/4 (21)(15)	7/7 (37)(27)	4/8 (21)(31)	3/5 (16)(19)	0/2 (0)(8)
B	1/5 (17)(8)	2/19 (33)(32)	2/15 (33)(25)	1/17 (17)(29)	0/2 (0)(3)
C	4/4 (13)(11)	8/17 (25)(49)	7/4 (22)(11)	12/8 (38)(23)	1/1 (3)(3)
Subtotal	9/13 (16)(11)	17/43 (29)(36)	13/27 (22)(22)	16/30 (28)(25)	1/5 (2)(5)
Total	22 (12)	60 (50)	40 (22)	46 (26)	6 (3)

Table A-19: Frequency and Percentages of Responses to Question No. 19 on Clinical Instructor Characteristics Instrument: Rewarded My Efforts to Give Quality Nursing Care

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
School	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)
A	1/0 (5)(0)	1/5 (5)(19)	2/6 (11)(23)	9/10 (47)(38)	5/6 (26)(23)
B	0/2 (0)(3)	0/6 (0)(10)	2/14 (33)(24)	3/28 (50)(47)	1/7 (17)(29)
C	0/0 (0)(0)	4/3 (13)(9)	7/5 (22)(14)	13/18 (41)(51)	7/7 (22)(20)
Subtotal	1/2 (2)(2)	5/14 (9)(12)	11/25 (19)(21)	25/56 (43)(31)	13/20 (22)(17)
Total	3 (2)	19 (11)	36 (20)	81 (45)	33 (18)

Table A-20: Frequency and Percentages of Responses to Question No. 20 on Clinical Instructor Characteristics Instrument: Criticized Me in the Presence of Others

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
School	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)
A	4/7 (21)(27)	5/13 (26)(50)	8/2 (42)(8)	0/4 (0)(15)	1/0 (5)(0)
B	1/10 (17)(17)	1/30 (17)(51)	4/8 (67)(14)	0/9 (0)(15)	0/2 (0)(3)
C	5/4 (16)(11)	16/21 (50)(60)	3/5 (9)(14)	5/4 (16)(11)	2/1 (6)(3)
Subtotal	10/21 (17)(17)	22/64 (38)(53)	15/15 (26)(12)	5/17 (9)(14)	3/3 (5)(2)
Total	31 (16)	86 (48)	30 (17)	22 (12)	6 (3)

Table A-21: Frequency and Percentages of Responses to Question No. 21 on Clinical Instructor Characteristics Instrument: Been Overly Rigid and Inflexible

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
School	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)
A	7/7 (37)(27)	5/13 (26)(50)	5/4 (26)(15)	1/2 (5)(8)	0/1 (0)(4)
B	0/8 (0)(14)	2/26 (33)(44)	3/13 (50)(22)	1/10 (17)(17)	0/2 (0)(3)
C	4/3 (13)(9)	12/19 (38)(54)	6/7 (19)(20)	7/4 (22)(11)	1/0 (3)(0)
Subtotal	11/18 (19)(15)	19/58 (33)(48)	14/24 (24)(20)	9/16 (16)(13)	1/3 (2)(2)
Total	29 (16)	77 (43)	38 (21)	25 (14)	4 (2)

Table A-22: Frequency and Percentages of Responses to Question No. 22 on Clinical Instructor Characteristics Instrument: Not Displayed A Sense of Humor

School	Strongly Disagree Jr./Sr. No./(%)	Disagree Jr./Sr. No./(%)	Neither Agree or Disagree Jr./Sr. No./(%)	Agree Jr./Sr. No./(%)	Strongly Agree Jr./Sr. No./(%)
A	3/6 (16)(23)	11/14 (58)(54)	1/3 (5)(12)	3/2 (16)(8)	0/1 (0)(4)
B	0/5 (0)(8)	3/31 (50)(53)	1/13 (17)(22)	2/8 (33)(14)	0/2 (0)(5)
C	8/6 (25)(17)	10/18 (31)(51)	7/5 (22)(14)	6/5 (19)(14)	0/0 (0)(0)
Subtotal	11/17 (19)(14)	24/63 (41)(52)	9/21 (16)(17)	11/15 (19)(12)	0/3 (0)(2)
Total	28 (16)	87 (49)	30 (17)	26 (15)	3 (2)

Table A-23: Frequency and Percentages of Responses to Question No. 23 on Clinical Instructor Characteristics Instrument: Demonstrated Honesty to Me, Other Students, and Others

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
School	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)	Jr./Sr. No./(%)
A	0/0 (0)(0)	1/2 (5)(8)	0/3 (0)(12)	10/12 (53)(46)	7/9 (37)(35)
B	0/1 (0)(2)	1/2 (17)(3)	0/16 (0)(32)	5/29 (83)(49)	0/11 (0)(19)
C	1/0 (3)(0)	3/0 (9)(0)	4/4 (13)(11)	13/26 (41)(74)	10/4 (31)(11)
Subtotal	1/1 (2)(1)	5/4 (9)(3)	4/23 (7)(13)	28/67 (48)(37)	17/24 (29)(20)
Total	2 (1)	9 (5)	27 (15)	95 (53)	41 (23)

VITA

Martha Prater Craig was born in Knoxville, Tennessee on October 29, 1953. She attended elementary school in Knox County, Tennessee and graduated from Farragut High School in June, 1971. That same month she began taking courses at The University of Tennessee, Knoxville and in May 1975 received the Bachelor of Science in Nursing. She worked as a registered nurse in a variety of settings and reentered The University of Tennessee in September 1977. She received the Master of Science in Nursing Degree in May 1979. After teaching nursing at Fort Sanders Hospital School of Nursing she reentered The University of Tennessee, Knoxville in September 1987 and completed the Doctor of Philosophy Degree in August 1991.

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