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A Comparison of the Perceptions of Associate Degree Nursing Students Regarding the Teaching Effectiveness of Faculty Who Are Active/Inactive in Nursing Practice

Jo-Ann Summitt MARRS
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I am submitting herewith a thesis written by Jo-Ann Summitt Marrs entitled "A Comparison of the Perceptions of Associate Degree Nursing Students Regarding the Teaching Effectiveness of Faculty Who Are Active/Inactive in Nursing Practice." I have examined the final electronic copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Nursing.

Sandra P. Thomas, Major Professor

We have read this thesis and recommend its acceptance:

Dave Shoffner, Patricia Smith

Accepted for the Council:

Carolyn R. Hodges

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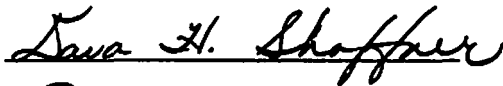
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Accepted for the Council:



Vice Provost
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**A COMPARISON OF THE PERCEPTIONS OF ASSOCIATE DEGREE NURSING
STUDENTS REGARDING THE TEACHING EFFECTIVENESS
OF FACULTY WHO ARE ACTIVE/INACTIVE
IN NURSING PRACTICE**

A Thesis

Presented for the

Master of Science in Nursing

Degree

The University of Tennessee, Knoxville

Jo-Ann Summitt Marrs

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ABSTRACT

The purpose of this study was to determine if the perceptions of associate degree nursing students regarding the teaching effectiveness of faculty were significantly different when their faculty were active or inactive in clinical nursing practice. A 28-item teacher effectiveness rating scale was utilized to measure teacher effectiveness. After the questionnaire was developed, a pilot study was conducted with faculty and nursing students in order to improve the questionnaire's clarity and validity.

After the pilot study was completed, a random sampling technique produced ten associate degree nursing faculty names representative of those who were actively involved in faculty practice and ten faculty names who were not active in faculty practice. A total of 20 faculty names was chosen. Students of these faculty were given the teacher effectiveness scale and a demographic questionnaire. Faculty were also asked to complete questionnaires ascertaining demographic information. A sample size of 50 student questionnaires from each category was then selected by use of a table of random numbers. Hypotheses were tested with t tests for independent samples. Linear regression perceived was used to determine the effect of student and faculty demographic variables on the effectiveness of the teachers who practiced and those who did not.

A relationship was found to exist between three variables (number of hours the faculty practiced, number of years of teaching

experience, and whether students liked or disliked their teacher) and the scores on the teacher effectiveness rating scale.

It was concluded that faculty practice positively affects the students' perceptions of teaching effectiveness. Therefore, it was recommended that administrators should assist faculty to continue their clinical practice as part of their job responsibilities.

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CHAPTER 1

INTRODUCTION

Nursing education during the mid-1960s was experiencing a revolution that was to both solve and raise some important issues. Prior to this time nursing students were guided through their clinical practice by experienced hospital-based staff nurses. These staff nurses received little compensation or recognition. More significantly nursing educators exercised little control over the nature or quality of student's clinical experience (Fasano, 1981).

To address these issues schools of nursing began to use clinical faculty who had total responsibility for student learning both in the classroom and on the clinical unit (McNerney, 1971). The nurse educator was no longer closely affiliated with the teaching hospital and with the advent of this trend, a gap began to form between nursing service and nursing education. Contributing to this divide was the gradual movement of programs of nursing from hospitals to institutions of higher learning (Infante, 1985).

With the movement to institutions, nursing faculty involvement in service settings diminished. As a result the educator's expertise in the clinical area was neglected (Kellmer, 1982). Evidence of this neglect was shown in studies carried out by Kramer in 1974. She concluded that nursing education was becoming irrelevant to actual nursing practice. It was felt that this lack of relevance stemmed from the difference between the ideal world the instructor presented and the real world of nursing in which the graduate practiced. Faculty were

teaching theories that they had no time to test clinically. The result was incongruence (Sharp, 1978).

Argyris and Schon (1974) felt that two conditions must be present for congruence to occur. Initially the educator must be clear about what practices are effective in nursing. Then, the educator must be able to resolve the conflicts surrounding the basis for many of the nursing theories. These authors assert that only through current clinical practice can the educator compile data to identify, validate, and disseminate workable theories of nursing.

Another positive outcome for regular clinical faculty practice is that it provides assurance that one can do as he/she teaches. Through practice faculty are able to establish credibility with self as well as one's peer groups. Polifroni and Schmalenberg (1985) also felt that faculty practice would improve the quality of patient care, since the best prepared and most expert nurses often leave practice to teach. Finally, teaching and nursing theory development can be enhanced by the research and clinical illustrations that stem from faculty practice (Infante, 1985).

However, the idea of faculty practice has led to arguments in opposition as well as in support of the subject. In the literature one can find little agreement regarding its benefits. Some argue that psychomotor skills are so readily lost that the educator could not retain nursing skills through sporadic practice. Others state that no relationship has been found to exist between the performance of clinical skills and the quality of teaching. In fact, some argue that regular faculty practice may serve to further confuse the role of teacher/

nurse even more and lead to heightened role conflict for faculty. Finally, due to heavy teaching loads, committee work, service projects, research reports, presentations, and consultations the addition of such a weighty responsibility as clinical practice could result in burnout (Infante, 1985). Clearly, the issue of faculty practice and its effect on the quality of instruction requires more systematic study.

Who should be studied? The researcher felt that due to the emphasis upon the teaching of technical skills in associate degree nursing programs the faculty and students from these programs should be surveyed. If current faculty practice were to make a difference in teaching effectiveness, it should occur in these programs (Montag, 1983).

Purpose of the Study

The purpose of the study was to determine if the perceptions of associate degree nursing students regarding the teaching effectiveness of faculty significantly differed when the faculty were active or inactive in clinical nursing practice.

Statement of the Problem

The literature indicates that the topic of faculty practice is a recurrent controversial issue within the nursing profession. Even though models of faculty practice exist such as the practitioner-teacher model, joint appointments, released time for practice, and collaborative arrangements, these have demonstrated only limited success (Infante, 1985).

Many varied approaches have been used to evaluate faculty practice and faculty teaching skills. However a review of literature failed to provide studies where student evaluations were used to determine whether faculty practice had an effect on teaching effectiveness. Therefore, this study sought to determine what effect faculty practice had upon students' perceptions of faculty teaching effectiveness. Answers to the following questions were sought:

1. Was there a relationship between faculty practice and students' perceptions of teaching effectiveness?
2. Was there a relationship between faculty demographic characteristics and students' perceptions of teaching effectiveness?
3. Was there a relationship between student demographic characteristics and their perceptions of faculty teaching effectiveness?

Hypotheses

Several null hypotheses were derived from the research questions posed in the statement of the problem. They were as follows:

1. There is no relationship between faculty practice and students' perceptions of teaching effectiveness.
2. There is no relationship between faculty demographic characteristics and their perceived teaching effectiveness.
3. There is no relationship between student demographic characteristics and students' perceptions of faculty teaching effectiveness.

Need for the Study

Minimal attention has been given in the nursing literature to the evaluation of faculty practice. The expected outcomes of the practice (i.e., the enhancement of quality of nursing care and student learning, the professional development of staff, and the improved links between education and service) have not been adequately demonstrated (Royle & Crooks, 1985).

Not only is there a scarcity of information surrounding faculty practice, but the information in print is full of ambiguities and contradictions. Proponents claim that to maintain clinical competence a person must practice nursing. On the other hand, some feel that the demands of practice will detract from the time spent on teaching and researching (Fasano, 1981). The present study assesses faculty practice from the crucially important perspective of the student.

Delimitations

This study dealt with a specific population and area of practice. Questionnaires were distributed to second year nursing students enrolled in associate degree schools of nursing in the East Tennessee area.

Limitations

This study was limited in that any conclusions drawn from this study may be generalized only to the study populations. Responses

were limited to those nursing students willing to participate in the study.

Basic Assumptions

The following assumptions were made:

1. The questionnaire elicited valid responses.
2. The students responded accurately and truthfully.
3. The students were concerned about improving nursing education through research.
4. The students believed that their responses would be kept confidential.
5. The students were qualified to judge the teaching effectiveness of their faculty members.

Definitions of Terms

The following terms are defined and/or interpreted as they are specifically used by the investigator in this study.

Associate Degree Nursing Program. A 2-year terminal nursing program that is usually conducted and controlled by a community college. The program is designed to produce general duty or staff nurses. Since these nurses give direct care to patients, a high degree of technical nursing knowledge and skill is required of the graduates of these programs (National League for Nursing, 1985).

Associate degree nursing student. A student enrolled in a 2 year program in nursing who will receive an associate degree in nursing

upon graduation and be eligible to write the examination for licensure as a registered nurse (National League for Nursing, 1978).

Classroom teacher. A registered nurse, employed by the university or college, who teaches theory to nursing students.

Clinical teacher. A registered nurse, employed by the university or college, who teaches nursing students in the clinical area for at least a minimum of two weeks in any one area.

Clinical teaching. Those actions, activities, and verbalizations of the clinical teacher which facilitate learning in the clinical setting (O'Shea & Parsons, 1979).

Faculty practice. The involvement of nursing faculty in clinical practice without the responsibility of student supervision.

Teaching effectiveness. The process of transmission of knowledge, skills, and attitudes, and the creation of an enabling atmosphere (Knox & Mogan, 1985).

CHAPTER 2

REVIEW OF THE LITERATURE

Introduction

What makes a school a top-ranked school of nursing? In a recent study by the faculty of the School of Nursing of The University of Texas at Austin (Wandelt, Duffy & Pollock, 1985), the most frequent first response to that question was, "the quality of the faculty" (p. 43). The influence of faculty effectiveness has been found to permeate all the components of a school's curriculum. But who should evaluate that effectiveness? In our day of consumerism the student is clearly the consumer of nursing education and is in a position to judge the effectiveness of the services rendered (Hastings, 1978).

Since nursing educators extend themselves from the classroom into the clinical area, the evaluation of teachers of nursing is a complex process (Knox & Mogan, 1985). This review of literature will, therefore, focus on the information available on the competencies of teachers in the classroom and clinical areas and the related concept of faculty practice.

Classroom Instruction

Is teaching a science or an art? Richardson and Matheny (1978) believe it is both. They assert that the teacher should be viewed as a performing artist whose job it is to increase the student's interest in

learning. They believe that the student is motivated to learn if the teacher can (1) make the task meaningful, (2) involve the learner, (3) add novelty to the material, and (4) make the learner feel as though he/she were succeeding.

Although there is a vast amount of research related to teacher traits that best influence learning, there are only a small number of variables that emerge consistently. These variables are: (1) enthusiasm, (2) clarity, (3) criticism, (4) businesslike attitude, (5) flexibility, (6) use of positive feedback, (7) use of student ideas, and (8) use of structuring comments (Rosenshine, 1976; Rosenshine & Furst, 1973; Shavelson & Dempsey-Atwood, 1976).

Much research on teacher effectiveness has been related to classroom organization and interpersonal interactions. Variables shown to have consistent relationships between events in the classroom and learner achievement include: (1) small groups, (2) low-level questions, (3) simple exchanges between teacher and students, (4) amount of individual competition, (5) amount of time spent in teaching, (6) extent to which learning episodes were linked, (7) student to student participation, and (8) central role of the teacher (Duncan & Biddle, 1974; McDonald, 1976; Medley, 1977; Michaels, 1977; Rosenshine, 1976; and Rosenshine & Furst, 1973).

Gage (1965) identified five characteristics that indicate teacher effectiveness. They included: (1) problem-solving ability, (2) orderliness, (3) indirectness, (4) organization of thought, and (5) warmth. Nevell, Ware, & Smith (1978) added to these traits the following items: (1) quality of organization of course, (2) degree of interaction among

the students and teacher, (3) interest student had in subject, (4) course demands, and (5) instructor involvement.

The School of Nursing of The University of Texas at Austin (Wandelt, Duffy & Pollock, 1985) proposed a description of master teachers. They were described as being well educated with a unique ability of being able to communicate their knowledge to others by the use of a variety of teaching strategies. These teachers were not omnipotent, however, as they knew when to make referrals to other sources of authority. They approached their topics by dealing with the simple and then the complex, while setting realistic goals for their students throughout the program. Their students were encouraged to be creative and to develop their own problem-solving behaviors. Finally, these educators enjoyed their work and were enthusiastic about it. Many similar qualities pertain to clinical expertise.

Clinical Instruction

Effective Teacher Behaviors

Because the nursing student must be able to apply the theory learned in the classroom to patients in varied settings, clinical teaching is a major component of nursing education. Therefore, identification of effective teaching behaviors is needed in order to enhance the learning experience.

In a study undertaken in 1965, Barham found that 80% of effective teaching behaviors were related to the teacher-student relationship. Barham identified four major critical teaching behaviors in this relationship. They were: (1) demonstrating understanding,

(2) accompanying students into the problem situation, (3) accepting the individuality of students, and (4) explaining for understanding.

In 1966, Jacobson also found that the relationships between teachers and students were important to learning. Some personal characteristics that students labeled as effective included: patience, honesty, warmth, consistency, flexibility, enthusiasm, and a sense of humor. Important interpersonal skills identified were the ability to (1) alleviate anxiety, (2) use tactful approaches to correct mistakes, (3) use sensitivity in dealing with students, and (4) convey an interest in students. Mesolella (1974) carried this premise one step further when she concluded that feeling cared for by the instructor enables the student to care for her patients. It seems that once they trust the instructor they begin to trust their own ability to achieve. Knox and Mogan (1985) add that students are worried that they might harm the patient and that they want a teacher who can make them feel at ease.

In an article by Geitgey (1969) teachers were urged to be more student-centered so that students would become more patient-centered. Helpful attitudes and actions included: (1) being willing to answer questions, (2) giving encouragement and praise, (3) giving responsibility as ability increases, (4) being accepting and interested in the students, and (5) informing the students of their progress (Dayton, 1969). Unless instructors add these personal dimensions to their teaching Johnson (1976) believes they ought to be replaced by efficient teaching machines.

Many other researchers in an attempt to identify effective teaching behaviors in the clinical area have arrived at the same conclusions

as those reflected in the aforementioned sections. Dixon and Koerner (1976), O'Shea and Parsons (1979), Brown (1981), Cotanch (1981), Ripley (1986), and Wong (1978) have all found that the significance of the student-instructor relationship affects the perceived effectiveness of the clinical teacher.

Theoretical Framework

The principle that one learns by example can be extended further into the acquisition of clinical competence. Stuebbe (1980) says that "A large part of the nursing skills and behavior learned by students is related to the behavior they observe in one of their primary role models: their nursing instructors" (p. 4).

This concept of modeling evolved from Bandura's social learning theory. This theory proposes that in modeling one individual assumes the attitudes and behavior patterns of another through the process of imitation, practice, and reinforcement. Individuals are more likely to imitate models who are perceived to be expert, competent, and of high prestige. Once patterns of response are learned, these patterns tend to generalize to other situations (Bandura & Walters, 1963).

The importance of social agents as a source of behavior patterns continues to be ignored despite the evidence that models accelerate the learning process. Models are especially useful in circumstances in which mistakes are costly or dangerous. With modeling skillful performance can be established without needless errors (Bandura, 1971). This is of particular importance in nursing.

Rauen (1974) states that faculty portray three main roles to students: the nurse role, the teacher role, and the person role. When faculty enact the nurse role, the client's needs are of primary concern. When faculty enact the teacher role, the primary concern is the student's needs. Kramer, Polifroni, and Organek (1986) contend that faculty who are not actively involved in practice cannot model the nurse role and can only model the teacher and person roles. However, they believe that faculty active in practice can effectively model all three roles and therefore pass the craft of nursing, as well as the knowledge base, along to their students.

Finally, Algase (1986) writes of the dangers inherent in the separation of academic nursing and the practice arena. She states that

separated from the real world concerns of practitioners, academicians risk getting out of touch with the most glaring gaps in the knowledge base for nursing. Their questions become increasingly irrelevant, sterile, and esoteric; their sense of professional direction diminishes. (p. 75)

Faculty Practice Models

The challenge then is to structure the role of the faculty member so that it is workable, current, and congruent with the present health care system (Sharp, 1978). There are various models of faculty practice that can assist in this objective. The model names are derived from the type or amount of administrative support they receive. Financial arrangements are extremely important in determining the success or failure of a faculty practice. Since serious time and energy commitment are involved, faculty who practice should receive greater

compensation than their colleagues who do not (Tornyay, 1987). The faculty practice models of unification, collaboration, integration, private practice, and moonlighting will be discussed.

The unification model involves joint administration of the clinical agency and the school with all faculty having dual appointments as clinicians and teachers. For instance, the director of nursing service would also function as the dean of the school of nursing. This model requires that both agencies have similar goals and objectives (Rodgers, 1986). With dual appointment the major drawback is that dual appointees may not receive the benefits of full-time employment with either agency (Algase, 1985).

The collaborative model involves two separate administrations for nursing education and nursing service. Faculty have joint appointments and serve as preceptors to students in the clinical area (Rodgers, 1986).

The idea of joint appointments is not new, but has been a part of nursing for a long time. Joint appointments have been described as "a desirable way of advancing the goals of both education and service, improving patient care by fostering an atmosphere of scholarship, inquiry and clinical excellence, and introducing the realities of clinical practice to the educational setting" (Davis & Tomney, 1982, p. 34). Therefore, clinical competence and familiarity with the practice setting help the educator to acquire credibility with peers and to provide a realistic approach to learning (Royle & Crooks, 1985; Salvage, 1983). Teachers grow by experience and not just by reading or observing.

It is also known that students tend to learn from, imitate, and identify with those who find their work rewarding and satisfying. Nurses with joint appointments have been known to exhibit those qualities (McNerney, 1971).

Positive results were also found following the implementation of a collaborative model in Virginia. A partnership or consultative arrangement was formed between the Director of Nursing Services and the Dean of the School of Nursing. This model resulted in an improvement of patient care and a strengthening of nursing school course content related to current practice models (Barrell & Hamric, 1986).

In the integrated model the nursing school develops a health care service. Faculty function as service providers and teachers. This allows faculty to have independent nursing practice and provides students with clinical experiences. These centers are usually self-supporting (Rodgers, 1986). One unique example of this model was the institution of faculty practice within a prison setting. The program was implemented as a health education program for minimum security adult females. Many benefits arose from this program. It provided a site for improving students' teaching, communication, and psychomotor skills. It also exposed the students to individuals from an array of cultural backgrounds. The faculty were able to improve their clinical competence and provide community service (Hall & Ortiz-Peters, 1986).

The private practice model involves the negotiation of a direct patient care role with another health agency. The school gets

reimbursed by the agency for the faculty member's services (Rodgers, 1986). This helps to augment the nursing school budget.

Finally, the moonlighting model is equivalent to a second job for the faculty member. It has no administrative support or controls (Rodgers, 1986). Tension may result in this model when the faculty member must choose between teaching and moonlighting obligations. Usually college administration encourage faculty to ignore their practice obligations in these situations (Parsons & Felton, 1987).

Despite some positive aspects, reinvolving faculty in practice has its dilemmas. The first is the issue of a lack of time to devote to faculty practice. A commitment to a half-day clinic may include a week of follow-ups on lab reports and patients' conditions with eventual burn-out syndrome from overwork. The nurse educator becomes fatigued from performing too many functions in too short a time. Then there is the stress involved in reentering the clinical area with skills which have become outdated (Sharp, 1978; Kuhn, 1982). However, one of the major sources of internal conflict for faculty is that they have adopted a second profession, education, in addition to their first one, nursing. Going back into the service area poses a source of conflict for the educators. Where do their loyalties lie and how do they deal with controversial boundaries and obligations (O'Connor, 1978)?

One researcher who found faculty practice to be beneficial was Kramer. In 1986, she studied the relationship between faculty practice and student acquisition of beliefs, values, and attributes associated with professional craftsmanship. It was hypothesized that students

who were exposed to practicing faculty would score higher on the dependent variables (autonomy, locus of control, self-concept and self-esteem, professional and bicultural role behavior, and professional role characteristics) than students taught by nonpracticing faculty. The results of the study did show that faculty practice increased students' professional craftsmanship. Students taught by faculty in practice scored higher on internal locus of control, autonomy, self-concept and self-esteem, professional and bicultural role behavior, realistic perception of the work environment, utilization of nursing research, and integration of theory into practice.

Although Kramer's study concludes that faculty practice does affect student outcomes, there is a paucity of research to corroborate this contention. Most research has described the advantages and disadvantages of faculty practice regarding tenure, quality of patient care, propagation of research, etc. Structural arrangements for faculty practice and characteristics of competent teachers have been widely promulgated in the literature. Therefore, this research was undertaken to add to the field of knowledge related to faculty practice and to determine the outcome of faculty practice from the students' perspective. Did faculty practice really influence students' perceptions of teaching effectiveness?

Summary

This chapter contained a discussion of classroom and clinical instruction, Bandura's theoretical framework, and faculty practice models.

CHAPTER 3

METHODOLOGY AND DESIGN

This chapter describes the procedures used in conducting this study. Sample selection, instrument development, data collection methods, treatment of findings, and data analysis are discussed.

Sample Selection

The sample for the study was obtained from seven associate degree programs in eastern Tennessee. Directors were contacted by letter in March, 1987 (see Appendix A). Each director was asked to supply the names of instructors who actively engaged in faculty practice and those who did not. The permission to contact faculty and students was obtained from all of the directors of associate degree nursing programs in eastern Tennessee. Once the names of faculty were obtained from the directors, these names were written on pieces of paper and placed in two bowls. One bowl contained the names of the instructors engaged in faculty practice and the other bowl contained those that were not. Sampling without replacement was used and ten faculty names were drawn from each bowl. Faculty utilized in the study had been teaching students for at least two weeks in the classroom and clinical setting.

Next the students of these faculty members were given questionnaires which were designed to assess perceptions of the teacher's effectiveness. Students in their second year of the nursing program

were given questionnaires by the researcher. The questionnaires were coded prior to distribution. The A form was given to students whose faculty were actively engaged in clinical practice. The B form was given to students whose faculty were not engaged in faculty practice. A forms were numbered from 1 to 300 and B forms were similarly numbered. There was no difference between the questions asked on both forms. Faculty were also asked to fill out a demographic sheet in the classroom while the students were completing their questionnaires.

Questionnaires from the students and their respective faculty members were stacked together. The student questionnaires were numbered and a table of random numbers was entered arbitrarily to obtain a random sample. Only the first two digits were used.

To attain the desired sample size of 100, five student questionnaires were randomly drawn from each of the 20 faculty stacks. A sample size of 50 student questionnaires was obtained from those faculty who were active in clinical practice and a sample size of 50 student questionnaires was obtained from those faculty who were inactive in clinical practice.

Instrumentation

The teacher effectiveness rating scale, developed by Janis Davidson (Ward, 1978), was utilized in this study. She had used this instrument to evaluate a community college's associate degree nursing program's faculty. The rating scale consisted of 28 items that described teacher behaviors. The behaviors were categorized by

Davidson into the three areas: cognitive competence, professional competence, and interpersonal competence. A Likert-type numerical scale was used for scoring, with 1 being the least effective rating and 5 being the highest rating. The maximum score on the questionnaire was 140. The effectiveness scale was modified by the researcher to a Likert scale to obtain better data, to receive more diverse responses, and to make the questionnaire easier to score and administer. A copy of the scale may be found in Appendix D.

A demographic questionnaire was developed by the researcher for student and faculty information. Items that might influence students' perceptions of faculty effectiveness were included on the student questionnaire (see Appendix C). Faculty characteristics that might influence teaching effectiveness were surveyed on the faculty form, which may be found in Appendix B. Thesis committee members and faculty from St. Mary's School of Nursing assisted the researcher as experts in the area of nursing education and research to modify the instrument and establish content validity. Questions on the demographic forms were added or deleted with regard to their relevance and contribution to the study. Those remaining questions were then reworded so as to elicit answers which could be easily computed and understood.

After modification of the instrument, it was then pretested on 25 diploma nursing students and two faculty members at St. Mary's School of Nursing. All of the respondents taking the pretest found the questionnaire easy to understand and answer. No suggestions for change, addition, or deletion were made.

Data Collection/Questionnaire Procedures

The collection of data took place between April 21, 1987 and May 9, 1987. The researcher administered the questionnaire herself. Ten minutes of the student's class time was utilized to administer the demographic questionnaire and teaching effectiveness rating scale.

The researcher began by explaining the directions of the questionnaire. The respondents were told of the need for reliable information to help insure the validity of the study. The respondents were assured anonymity and were reminded not to sign their names on the form. They were told that the faculty would not be allowed to see the evaluations nor would the participants be identified by name or school in the research study. Although the respondents were told that they had a right to refuse to answer any or all of the questions, the researcher encouraged the completion of all items. An information sheet was given to each student which explained the purpose for the research and provided the address of the researcher where she might be reached in case there were future questions. The student did not sign this form but was asked to retain it for future reference. Having no record of student consent also assured anonymity. Completing the form and returning it assured consent to participate in the study.

During class time faculty were given demographic questionnaires including a variety of variables that might influence scores on the teaching effectiveness rating scale. The researcher explained the purpose of the questionnaire and faculty were given consent forms (see Appendix E). Faculty were asked not to sign their forms and

were told that they nor their school would be identified in the study. They were told that they had a right to refuse to answer any or all of the questions but completion of the questionnaire was encouraged.

Statistical Treatment and Data Analysis

Two statistical treatments and data analyses were utilized in this study to address the major research questions under consideration. Three primary categories of data were analyzed. These categories included information related to the effectiveness of the faculty members, and the demographic characteristics of the faculty and students.

The demographic data collected concerning the faculty and students were recorded per respondent and the resulting data was tabulated into two frequency tables. Elaborations were then made in the text with regard to significant trends or unusual occurrences.

To test the null hypothesis that there was no relationship between the presence/absence of faculty practice and teaching effectiveness, a t test was performed on the scores attained on the effectiveness rating scale. The scores of faculty that practiced and those that did not practice were compared. Total scores were compared as well as scores on the three competencies (cognitive, interpersonal, professional). A .05 level of significance was utilized.

Linear regression analysis was used to determine the amount of variance in teacher effectiveness which could be explained by student and faculty demographic characteristics and by faculty practice activity/inactivity. Because of the homogeneity of several of the

demographic variables and due to the judgment of the researcher not all demographic variables were tested. Gender, age, marital status, whether student liked teacher or subject, presence of sickness, personal problems, and grade were utilized from the student questionnaire. The following variables were utilized from the faculty questionnaire: age, number of hours worked, number of years teaching experience, and number of continuing education hours. Dummy variables were created for all nominal level data.

Summary

This chapter contained a description of the sample selection, instrument development, data collection, and statistical treatment and analysis of data.

CHAPTER 4

ANALYSIS AND INTERPRETATION OF DATA

Previous chapters have delineated the parameters of the study by an introduction of the topic, review of related literature, and presentation of research methodology. This chapter presents the analysis of data compiled from questionnaires given to 20 associate degree faculty and 100 associate degree nursing students. The findings are presented under the following headings: (1) scores on effectiveness rating scale, (2) faculty demographic characteristics, (3) student demographic characteristics, (4) tests of hypotheses, (5) comparison of faculty practice and students' perceptions of teaching effectiveness, (6) analysis of faculty demographic characteristics and students' perceptions of teaching effectiveness, (7) relationship of student demographic characteristics and students' perceptions of teaching effectiveness, and (8) summary.

Scores on Effectiveness Rating Scale

The scores on the effectiveness rating scale ranged from 49 to 140. The mean for the two samples was 119. The scores appeared to be slightly skewed toward the upper limits of the scale.

Faculty Demographic Characteristics

There were eight demographic variables that were obtained for the study. Frequency distributions of these variables appear in Table 1.

Table 1

Faculty Demographic Variable Distribution

Variable	Frequency	%
Gender		
Female	19	95
Male	1	5
Age		
30-40 years	10	50
41-50 years	8	40
51 years and over	2	10
Clinical hours worked		
None	10	50
8-15	4	20
16-35	4	20
25 hours and over	2	10
Highest degree held		
BS	0	0
BSN	1	5
MS	1	5
MSN	18	90
EdS	0	0
EdD	0	0
PhD	0	0
Other	0	0
Number years teaching experience		
0-5 years	6	30
6-10 years	6	30
11-15 years	6	30
15 years and over	2	10
Teaching area		
Fundamentals	0	0
Management	7	21
Medical-Surgical	15	46
Obstetrics	0	0
Pediatrics	3	9
Psychiatric	8	24
Other	0	0
Number continuing education hours		
0-1	2	10
1-2 hours	15	75
3-4 hours	3	15
Enrolled in formal education		
Yes	3	15
No	17	85

Gender and Age

Of the total sample the majority (95%) were female, and 5% were male. Half of the faculty were found to be between the ages of 30 and 40. Only two instructors were over 51 years of age with 40 being the average age of the faculty in this study.

Clinical Hours Worked

Half of the faculty worked no clinical hours aside from their clinical with students. Of the ten faculty who worked, all of them moonlighted. Four faculty worked fewer than 15 hours and four worked between 16 and 25 hours. Only two faculty worked over 25 hours a month. The average number of hours worked calculated to be 18 hours a month.

Highest Degree Held

Ninety percent of the faculty held a Master of Science degree in Nursing. One faculty member had a Bachelor's degree and another had a nonnursing Master's degree.

Number of Years Teaching Experience

An analysis of years teaching experience revealed that this sample had taught an average of 9 years. Thirty percent had taught fewer than 5 years and 60% had taught between 6 and 10 years. Only two instructors had taught longer than 15 years.

Teaching Area

The most predominant area being taught was Medical-Surgical Nursing. Eight faculty were teaching Psychiatric Nursing and seven

were teaching Management. No one was teaching Fundamentals or Obstetrics during the period of data collection.

Number of Continuing Education Hours

When asked how many continuing education hours they attended each month, 75% of this faculty sample reported 1 to 2 hours of inservice programs a month. Only three faculty reported attending more than 2 hours a month.

Enrollment in Formal Education

Most of the faculty (85%) were not enrolled in a formal educational program. Only three claimed to be actively pursuing a formal educational program.

Student Demographic Characteristics

There were 10 demographic variables that were obtained for the study. A summary of these variables can be found in Table 2.

Gender and Age

The majority (98%) of the randomly selected student sample were female with only two males included in the study. Only three students were over 50 years of age with the average age being 30 years old. The ages ranged from 19 years to 57 years of age. The majority (85%) of the students were between 19 and 39 years of age.

Marital Status and Children

Almost half (49%) of the students were married. Fifteen percent were divorced and 34% were single. Very few were widowed (1%) or

Table 2

Student Demographic Variable Distribution

Variable	Frequency	%
Gender		
Female	98	98
Male	2	2
Age		
19-29	57	57
30-39	28	28
40-49	12	12
50 years and over	3	3
Marital status		
Single	34	34
Married	49	49
Separated	1	1
Divorced	15	15
Widowed	1	1
Parenthood		
Yes	50	50
No	50	50
Children's ages		
0-5 years	27	30
6-10 years	25	27
11-20 years	39	43
Like subject		
More than others	45	45
Less than others	12	12
Same as others	43	43
Like teacher		
More than others	44	44
Less than others	12	12
Same as others	44	44
Sickness		
Yes	25	25
No	75	75
Personal problems		
Yes	35	35
No	65	65
Grade in course		
A	16	16
B	60	60
C	23	23
D	1	1
Financial problems		
Yes	53	53
No	47	47

separated (1%). Half of the students had children. The children of students ranged in age from 2 to 20 with an average age of 9.6 years. Almost 40% of the children were between 11 and 20 years of age.

Like Subject and Teacher

When asked if they liked the subject, 45% of the students responded that they liked the subject more than they had other subjects in nursing school. Only 12% felt that they liked the subject less than they had other subjects. The nursing students tended to rate the teacher very similarly to how they rated the subject. Forty-four percent liked their teacher better than others they had had and 12% tended to like their teacher less.

Sickness

Three-fourths of the students reported that illness had not affected their school work this session. Only one-fourth complained of missing class or having no energy.

Personal and Financial Problems

Personal problems affected school performance in 37% of the sample, while 54% of these students expressed that they had had financial problems during the present session.

Grade in Course

As expected, the majority (56%) of the students were doing B work while only 16% were maintaining A averages. Only one D grade was reported.

Tests of Hypotheses

The t test was used to test the first hypothesis. The results are presented in Table 3. A .05 level of significance was utilized. Since the variances of the groups were unequal, the t test under the assumption of unequal variances was computed.

The last two hypotheses were tested using the SAS general linear regression model. A .05 level of significance was utilized. Dummy variables were created for some of the student variables (marital status, comparison of faculty and subjects, sickness, personal problems, and grade).

Comparison of Faculty Practice and Students' Perceptions of Teaching Effectiveness

Hypothesis 1: There is no relationship between faculty practice and students' perceptions regarding teaching effectiveness.

The effect of faculty practice upon the students' perceptions of teaching effectiveness was assessed by using the scores on the rating scale as the dependent variable for the study. The rating scale contained 28 items that described various teacher behaviors. These behaviors were categorized under the three headings of cognitive competence (C), interpersonal competence (IPR), and professional competence (PC). These categories are identified in Appendix C.

A t test was utilized to determine if the scores received on each of the three competency areas differed among faculty who were active/inactive in clinical practice. The means, standard deviations, and results of the t tests are shown in Table 3.

Table 3

Means, Standard Deviations, and Results of t Tests of Hypotheses Concerning Competency Areas

Area	Group	Mean	SD	<u>t</u>	df	p
Cognitive Competence	Active	41.7	8.1	-1.38	83	.1709
	Inactive	43.6	5.2			
Professional Competence	Active	33.6	5.87	-1.21	85	.2302
	Inactive	34.8	3.85			
Interpersonal Competence	Active	41.2	8.87	-0.99	90	.3252
	Inactive	42.7	6.52			
Total	Active	116.5	22.1	-1.28	79	.2059
	Inactive	121.1	13.0			

The difference between groups in the area of cognitive competence was nonsignificant ($t = -1.38$, $df = 83$, $p < .1709$). The area of professional competence ($t = -1.21$, $df = 85$, $p < .2302$) also proved to be nonsignificant. Finally the area of interpersonal competence ($t = -.99$, $df = 90$, $p < .3252$) demonstrated no significant difference in the mean scores between the two groups.

When the total score on the rating scale was compared with the faculty who were active/inactive ($t = -1.28$, $df = 79$, $p < .2059$) no significance could be found. Therefore, the null hypothesis was not rejected. See Table 3 for the t test results.

Analysis of Faculty Demographic Characteristics and Students' Perceptions of Teaching Effectiveness

Hypothesis 2: There is no relationship between faculty demographic characteristics and students' perceptions of teaching effectiveness.

To address the second hypothesis a linear regression was performed between four faculty variables (age, number of hours worked, number of years teaching experience, and number of continuing education hours) and the scores on the teacher effectiveness rating scale. The regression model is presented in Table 4.

The R for regression for the total linear model was significantly different from zero: $F = 5.66$, $df = 4/95$, $p < .0004$. R^2 was .19, indicating that 19% of the variability in the effectiveness rating scale score could be predicted by the combination of independent variables

Table 4

Regression Model for Effectiveness Rating Scale Score and Faculty Demographic Characteristics

Variable	b	F	Prob. F
Age	0.4147	1.97	.1634
Hours worked	0.6383	12.05	.0008
Years teaching experience	1.5214	11.17	.0012
Continuing education hours	2.0978	2.08	.1524

$$R^2 = .19.$$

in the equation. None of the standard errors of the regression coefficients were too large relative to the size of the coefficients. The largest standard error was 1.45 for the variable hours of continuing education. The partial sum of squares was utilized to control for all other variables.

The variables of age and number of continuing education hours were nonsignificant. The number of hours worked in faculty practice ($F = 12.05$, $df = 4/95$, $p = .0008$) and the number of years of teaching experience ($F = 11.17$, $df = 4/95$, and $p = .0012$) were significant. Therefore the null hypothesis could be rejected for number of hours in faculty practice worked and number of years of teaching experience.

Relationship of Student Demographic Characteristics and Students' Perceptions of Teaching Effectiveness

Hypothesis 3: There is no relationship between student demographic characteristics and their perceptions regarding faculty teaching effectiveness.

The last hypothesis to be tested by a linear regression equation sought to determine if selected student demographic variables (gender, age, marital status, whether student liked teacher or subject, presence of sickness or personal problems, and grade in course) could predict scores on the teacher effectiveness rating scale.

The total linear regression model was significant ($F = 6.83$, $df = 14/85$, $p = .0001$) and demonstrated an R^2 of .53. Therefore 53% of the variability in the effectiveness rating scale score could be predicted by the combination of independent variables in the equation.

The partial sum of the squares was utilized to control for all other variables.

The results of the regression model can be found in Table 5. The only significant variable ($F = 12.09 / 28.87$, $df = 14/85$, $p = .0008 / .0001$) was whether a student liked or disliked his/her teacher. All other variables were nonsignificant. Therefore, for the majority of the variables the null hypothesis could not be rejected.

Summary

This chapter was concerned with the analysis and interpretation of data and was divided into seven parts. The first two sections described the demographic characteristics of the faculty and students. The third section described the tests used to assess the status of the hypotheses.

The fourth section consisted of an analysis of the scores on the teacher rating scale and faculty practice. No significant relationship was present.

The last two sections examined relationships between faculty and student demographic characteristics and the scores on the teacher effectiveness rating scale. When faculty variables were scrutinized, significant predictors of perceived teaching effectiveness were the number of hours worked and the years of teaching experience. Finally, the effect of student demographic variables upon students' perceptions of teaching effectiveness was examined. Whether a student liked or disliked a teacher proved to be the only significant factor related to the score on the teacher effectiveness scale.

Table 5

Regression Model for Effectiveness Rating Scale Score and Student Demographic Characteristics

Variable	b	F	Prob. F
Gender	1.717	.03	.8686
Age	.0242	.01	.9176
Single	6.3919	.15	.7013
Married	10.7467	.49	.4878
Separated	-11.6631	.45	.5065
Divorced	11.5800	.52	.4726
Like subject	.0022	.00	.9994
Dislike subject	-1.9181	.12	.7254
Like teacher	10.3459	12.09	.0008
Dislike teacher	-30.2263	28.87	.0001
Sickness	5.5245	2.63	.1087
Personal problems	-2.5820	.64	.4247
Satisfactory grade (A & B)	-.6458	.03	.8730
Unsatisfactory grade (C & D)	2.9010	.35	.5555

CHAPTER 5

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

SummaryPurpose of the Study

The purpose of the study was to determine if the perceptions of associate degree nursing students regarding the teaching effectiveness of faculty significantly differed when the faculty were active/inactive in nursing practice. Answers to the following questions were sought:

1. Was there a relationship between faculty practice and students' perceptions regarding teaching effectiveness?
2. Was there a relationship between faculty demographic characteristics and students' perceptions of teaching effectiveness?
3. Was there a relationship between student demographic characteristics and their perceptions regarding faculty teaching effectiveness?

Importance of the Study

Minimal attention has been devoted in the nursing literature to the evaluation of faculty practice. When the topic is discussed in the literature the results of research are often ambiguous.

No studies could be found utilizing students' perceptions regarding the effect of faculty practice upon teacher effectiveness in the classroom and clinical area. This study was, therefore, undertaken to resolve the ambiguities surrounding faculty practice and to add to the body of knowledge pertaining to this subject.

Procedure

A total of 100 student questionnaires and 20 faculty questionnaires were obtained from a randomly selected sample from 7 associate degree nursing programs in eastern Tennessee. The faculty chosen for the study were currently teaching in the classroom and clinical area and all the students were in their second year of the program. The researcher experienced unanimous cooperation from directors, faculty, and students. The collection of data occurred between April 21, 1987 and May 9, 1987. Data obtained from the questionnaires were compiled and analyzed by use of the t test and the general linear regression model using the Statistical Analysis System.

Findings

The findings of this research are summarized as follows:

A. Faculty Demographic Data

1. The sample methodology produced valid sex representation since 95% of the subjects were female and 5% were male.
2. The faculty age mean was 40 years old.
3. Of those faculty who actively practiced the average number of hours worked was calculated to be 18 hours a month.
4. Ninety percent of the faculty held a Master of Science degree in Nursing.
5. The majority of the faculty had taught for 6 to 10 years.
6. Most of the faculty were teaching a Medical-Surgical course at the time of the survey.

7. One to two hours of continuing education hours was reported by 75% of the faculty.
8. Eighty-five percent of the faculty were not enrolled in a formal educational program.

B. Student Demographic Data

1. Ninety-eight percent of the sample were female.
2. Almost half of the students were married.
3. The mean age for students' children was 9.6 years.
4. Almost half of the students liked their present subject and teacher better than they had liked other courses and teachers.
5. The majority (75%) of the students had not reported being sick this session.
6. Only 37% reported personal problems, while 54% reported financial problems.
7. The majority of the students were maintaining satisfactory grades.

C. Relationships Between Faculty Practice and Students' Perceptions of Teaching Effectiveness

1. The presence of faculty practice did not appear to make a difference between those faculty who were active/inactive in clinical practice with regard to the scores on the teaching effectiveness rating scale when the t test was used.

2. None of the three components of competency (cognitive, interpersonal, and professional) differentiated the groups with regard to the scores on the teacher effectiveness rating scale when the t test was used.

D. Relationship Between Faculty Demographic Characteristics and Students' Perceptions of Teaching Effectiveness

1. A relationship did not exist between the age of the faculty or the number of continuing education hours and teaching effectiveness rating scale score.
2. Faculty clinical practice and years of teaching experience proved to be significant predictors of scores on the effectiveness rating scale when the linear regression model was used.

E. Relationship of Student Demographic Characteristics and Students' Perceptions of Teaching Effectiveness

1. Whether the student liked or disliked the teacher proved to be a significant factor in predicting perceived teacher effectiveness.
2. The majority of demographic variables proved to be non-significant.

Conclusions

The conclusions are based on the findings from 100 student and 20 faculty questionnaires. The following conclusions were drawn:

1. Faculty practice positively affects the students' perceptions of teaching effectiveness. This was shown to be true, despite

the fact, that the faculty who were active in clinical practice had a limited amount of clinical experience each month.

2. Teaching experience positively affects the students' perceptions of teaching effectiveness.
3. The quality of the teacher-student relationship affects the students' perceptions of teaching effectiveness.
4. Student input can be utilized effectively to assess teaching effectiveness.
5. The use of the t test failed to provide evidence of a significant difference between the scores on the teacher effectiveness scale of those faculty who were active/inactive in clinical practice. However, the linear regression model proved to be a more sophisticated statistical test and was able to differentiate the two groups with regard to the scores on the teacher effectiveness rating scale.

Recommendations

The following recommendations are offered from the findings, the conclusions, the review of the literature, and the researcher's insight into the issue.

1. Administrators should assist faculty to continue their clinical practice as part of their job responsibilities. Moonlighting, which was practiced by all of the faculty, tends to produce tension when faculty must choose between job and teaching responsibilities (Parsons & Felton, 1987).

2. Because the number of years of teaching experience positively influences teaching effectiveness, the retention of a stable faculty should be a priority.
3. Because of the impact of faculty practice on teaching effectiveness, rewards should be given to those who remain active in nursing practice.
4. Due to a significant amount of unexplained variation, further research is needed to discover other important variables affecting teaching effectiveness.
5. A similar study should be carried out on baccalaureate students to denote similarities or discrepancies.

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APPENDICES

APPENDIX A

LETTER TO DEANS AND DIRECTORS

Monday, March 9, 1987

Dear :

I am presently enrolled in the Master of Science Degree in Nursing Program at the University of Tennessee and I need your assistance to complete my research project. The title of my thesis is "A Comparison of the Perceptions of Associate Degree Nursing Students Regarding the Teaching Effectiveness of Faculty Who Are Active/Inactive in Nursing Practice."

In order to begin this project I need the names of your second level faculty that practice and do not practice nursing apart from their responsibilities with student nurses. I plan to randomly draw ten faculty names representative of each group for my survey population. I then will obtain permission from each faculty member and their students to complete a ten minute questionnaire. All responses will be anonymous and no identification of the school and the responses will be made.

I hope you will assist me with my research by sending me a list of your faculty categorized into those who practice and those who do not. Please use the self-addressed, stamped envelope for your return.

Thank you for your support,

Jo-Ann Marrs, Ed.D., R.N.

APPENDIX B

FACULTY QUESTIONNAIRE

Make one response for each of the following:

1. Gender: Female Male
2. Age: Years
3. Average number of clinical hours worked per month during the past year. Do not include the hours spent in clinical with students.
 hours/month
4. Highest degree held:
 B.S. Ed.S.
 B.S.N. Ed.D.
 M.S. Ph.D.
 M.S.N. Other
5. Number of years teaching experience:
 years
6. Area taught this session:
 Fundamentals Obstetrics Other
 Management Pediatrics
 Medical-Surgical Psychiatric
7. Average number of continuing education hours per month during past year:
 hours/month
8. Are you presently enrolled in a formal education program yourself?
 Yes
 No

APPENDIX C

STUDENT QUESTIONNAIRE

PART A

Make one response for each of the following:

1. Gender: Female Male
2. Age: Years
3. Marital status:
 Single Divorced Separated
 Married Widowed
4. If you have children under the age of 21 please list their ages:

5. In comparison with other subjects you have taken in nursing school do you like this subject
 More than the others About the same as the others
 Less than the others
6. In comparison with other nursing instructors do you like this teacher
 More than the others About the same as the others
 Less than the others
7. Have you been sick this session to the point of it affecting your performance (missing class, no energy)?
 Yes No
8. Have you had personal problems that have affected your performance this session?
 Yes No
9. At this point, how well academically would you say you are doing?
 A Work C Work
 B Work D Work
10. Have you had financial problems this session?
 Yes No

APPENDIX D

TEACHER EFFECTIVENESS RATING SCALE*

PART B

Circle one number to indicate your judgment of your teacher's effectiveness. 1 (least effective) through 5 (most effective). Avoid the tendency to make all columns alike on the general impression you have about your teacher.

	Least Effective					Most Effective				
1. Constructs assignments related to the course (C)	1	2	3	4	5	1	2	3	4	5
2. Sets realistic goals for the student (PC)	1	2	3	4	5	1	2	3	4	5
3. Admits limitations of function honestly (PC)	1	2	3	4	5	1	2	3	4	5
4. Respects the confidentiality of student relationships (IPR)	1	2	3	4	5	1	2	3	4	5
5. Testing is directly relevant to the subject under study (C)	1	2	3	4	5	1	2	3	4	5
6. Is well prepared for class presentation (C)	1	2	3	4	5	1	2	3	4	5
7. Demonstrates confidence in the student (IPR)	1	2	3	4	5	1	2	3	4	5
8. Evidences willingness to help with study problems (IPR)	1	2	3	4	5	1	2	3	4	5
9. Takes advantage of new or unexpected situations to show relationship to subject (C)	1	2	3	4	5	1	2	3	4	5
10. Helps in new situations without taking over (IPR)	1	2	3	4	5	1	2	3	4	5
11. Allows expression of diverse points of view (IPR)	1	2	3	4	5	1	2	3	4	5
12. Demonstrates technical skill in nursing activities where required (PC)	1	2	3	4	5	1	2	3	4	5
13. Shows understanding and recognition of the individuality of the student (IPR)	1	2	3	4	5	1	2	3	4	5
14. Shows interest in making a contribution toward the improvement of nursing (PC)	1	2	3	4	5	1	2	3	4	5
15. Makes students aware of their professional responsibility (PC)	1	2	3	4	5	1	2	3	4	5
16. Asks thought-provoking questions (C)	1	2	3	4	5	1	2	3	4	5
17. Lectures include worthwhile and informative material not in text (C)	1	2	3	4	5	1	2	3	4	5
18. Shares own ideas with students (IPR)	1	2	3	4	5	1	2	3	4	5
19. Refers students to additional resource persons and materials (PC)	1	2	3	4	5	1	2	3	4	5
20. Relates underlying theory to clinical situation (C)	1	2	3	4	5	1	2	3	4	5
21. Demonstrates flexibility in teaching (PC)	1	2	3	4	5	1	2	3	4	5
22. Uses class time effectively (C)	1	2	3	4	5	1	2	3	4	5
23. Is well informed on technical and professional advances (PC)	1	2	3	4	5	1	2	3	4	5
24. Interprets abstract ideas and theories clearly (C)	1	2	3	4	5	1	2	3	4	5
25. Follows through on commitments (IPR)	1	2	3	4	5	1	2	3	4	5
26. Gives constructive evaluation without humiliating student (IPR)	1	2	3	4	5	1	2	3	4	5
27. Stresses important material (C)	1	2	3	4	5	1	2	3	4	5
28. Establishes an environment conducive to discussion and venting of feelings (IPR)	1	2	3	4	5	1	2	3	4	5

*The questionnaire given to the students did not contain the key for the cognitive (C), interpersonal (IPR), and professional (PC) competencies.

APPENDIX E

CONSENT FORM

I need your help in completing a research project that will hopefully contribute information toward increasing the effectiveness of nursing instructors.

By completing the questionnaire I will be assured of your consent to participate in this project. To ensure anonymity please do not sign your name to the questionnaire. If you are a student participating in this study I want to assure you that your instructors will not have access to the information you provide. Neither will your school be identified individually.

If I can answer any of your questions before or during the survey please do not hesitate to let me know. I can be reached at the following address for any future questions:

Jo-Ann Summitt Marris
St. Mary's School of Nursing
900 Emerald Avenue
Knoxville, TN 37917
615-971-7782

VITA

Jo-Ann Summitt Marrs was born in Linz, Austria, on the sixth of May in 1948. She graduated from high school in 1966 and enrolled at St. Mary's School of Nursing in Knoxville, Tennessee, in the fall of 1966. In 1969, she graduated from St. Mary's School of Nursing and was employed at Hiwassee College as a school nurse. In 1970, she married John Baxter Marrs and accepted employment as a staff/charge nurse at East Tennessee Children's Hospital.

In 1972, she graduated from the University of Tennessee, Knoxville, with a Bachelor of Science degree in Industrial Educational. In that same year she joined the faculty at St. Mary's School of Nursing where she was an instructor of Pediatrics. She then began work toward a Master of Science degree in Industrial Education and completed that degree in 1977.

In 1979, she enrolled at the University of Tennessee in Knoxville, Tennessee, to begin work on the Doctor of Education degree. She received the Doctor of Education degree with a major in Health Education in August of 1985.

In 1985, she began work on the Master of Science degree in Nursing and received this degree in August of 1987. She is presently Associate Dean of the Union University School of Nursing in Memphis, Tennessee.

She is presently a member of the Tennessee Nurses' Association, Tennessee League for Nursing, and the American Red Cross.