

1995

Clinical Teaching Effectiveness: The Perceptions of Practicing Nurses

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CLINICAL TEACHING EFFECTIVENESS:
THE PERCEPTIONS OF PRACTICING NURSES

By
Anjanette M. Toth

A THESIS

Submitted to
Grand Valley State University
in partial fulfillment of the requirements for the
degree of

MASTER OF SCIENCE IN NURSING

Kirkhof School of Nursing

1995

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ABSTRACT

CLINICAL TEACHING EFFECTIVENESS:
THE PERCEPTIONS OF PRACTICING NURSES

By

Anjanette M. Toth

This thesis presents a study of perceptions held by practicing nurses of effective clinical teaching behaviors (ECTB). Previous research on ECTB of clinical nurse teachers have concentrated on the perceptions held by nursing students and nursing teachers. King's Conceptual Framework forms the theoretical basis for the argument that perceptions of ECTB held by practicing nurses are also important. The data was derived from an anonymous questionnaire completed by practicing nurses employed at two community hospitals in southwestern Michigan. Respondents felt that "demonstrates skills, attitudes, and values that are to be developed by the student" was the most important ECTB from a list of 25 behaviors as presented by Fong and McCauley (1993). Complete results are presented with discussion and recommendations for further study.

DEDICATION

To Dan
Momma's almost done.

To Katie
My constant companion when I'm home.

To James
For paying the bills.

To Barbra
For keeping me company while writing.

To Clare
My summer roommate.
I'm glad we did this together.

To Laura
Thanks for your help.

To Kay
For your guidance and understanding.

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CHAPTER I
INTRODUCTION

The production of competent nurses is the ultimate goal of nursing education. Effective learning is a key issue in this endeavor. "Effective learning in a clinical setting is influenced, to a great extent, by competent clinical faculty" (Wong & Wong, 1987, p. 512). In other words, effective learning is influenced by effective clinical teaching. "If nursing educators are to be effective, they need to know which teacher behaviors make differences in achievement of educational goals for their students" (Brown, 1981, p. 5).

Numerous studies have attempted to elicit effective behaviors of clinical nursing teachers (Barham, 1965; Bergman & Gaitskill, 1990; Brown, 1981; Fong & McCauley, 1993; Jacobson, 1966; Kanitsaki & Sellick, 1989; Kiker, 1973; Knox & Mogan, 1985; Miller, 1992; Mogan & Knox, 1987; Nehring, 1990; O'Shea & Parsons, 1979; Pugh, 1988; Rauen, 1974; Sieh & Bell, 1994; Stafford, 1979; Stuebbe, 1980; Zimmerman & Westfall, 1988). These studies have examined the perceptions of students or compared the perceptions of students to the perceptions of faculty in a number of schools of nursing.

Zimmerman and Waltman (1986) relate the perceptions of students as the most important group of perceptions to consider since students are the ones receiving the teaching. However, Jacobson states " student response ... is [only] one [emphasis added] pertinent measure of the teacher's effectiveness" (1966, p. 218). Therefore, it can be argued that there are other areas to be considered when discussing clinical teaching effectiveness.

The perceptions of students and faculty are extremely important but they are not the only perceptions that should be considered. Another dimension of clinical teaching effectiveness is the perceptions of practicing nurses. Only two studies have included the perceptions of graduates as practicing nurses (Knox & Mogan, 1985 and Stafford, 1979). Practicing nurses hold a wealth of information concerning effective clinical teaching behaviors. These nurses have experienced clinical teaching as well as the teaching and learning that takes place while practicing their profession. Their perceptions, based on reflections of what is effective, will bring a new perspective to examining effective clinical teaching behaviors.

Purpose

The purpose of this study is to identify the perceptions of effective clinical teaching behaviors held by practicing registered nurses.

CHAPTER II

CONCEPTUAL FRAMEWORK AND REVIEW OF LITERATURE

Conceptual Framework

King's (1981) conceptual framework for nursing uses a general systems approach in which the human being is seen through three systems (see Figure 1). The personal system views human beings as an individual from a holistic point of view and contains the concepts of body image, growth and development, perception, self, space, and time. The personal system is the individual. The interpersonal system views the human being as a member of a group and contains the concepts of communication, interaction, roles, stress, and transaction. The social system views the human being from a global point of view and concerns the concepts of authority, decision making, organization, power, and status (see Figure 2) (King, 1981).

Perceptions, which are part of the personal system in King's (1981) conceptual framework, are the cornerstone of this study. "Perception is each human being's representation of reality" and "one's perception is related to past experiences..." (King, 1981, p. 20).

Regardless of the research method used, the studies that report findings concerning effective clinical

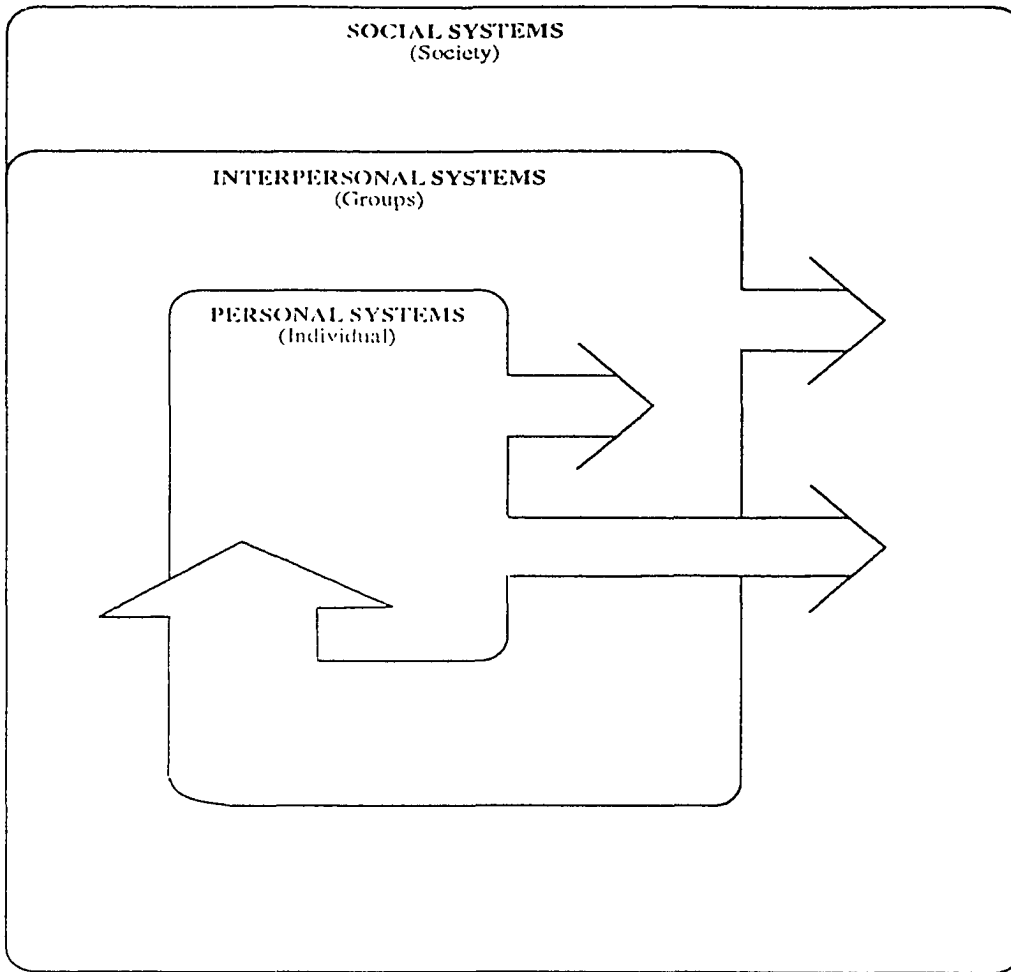


Figure 1. A conceptual framework for nursing: dynamic interacting systems.
(Adapted from I.M. King, Toward a Theory For Nursing, New York, John Wiley & Sons, 1971, p. 20)

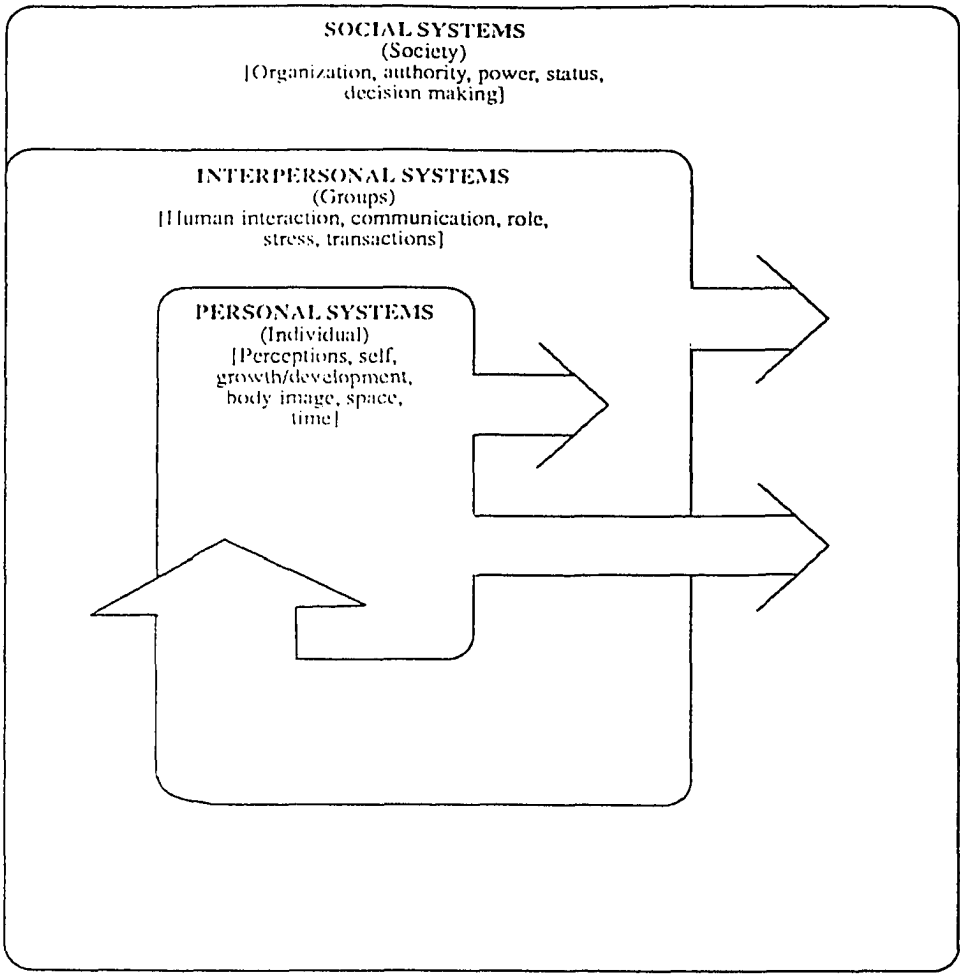


Figure 2. Concepts included in each system of King's conceptual framework.

teaching, are reporting perceptions of the participants. Perceptions vary with experience (see Figure 3). The personal systems of nursing students include experiences as a person and as nursing students. The personal systems of clinical teachers include experiences as a person, nursing student, nurse, and as teachers of nursing. The personal systems of practicing nurses include experiences as a person, nursing student, and as a nurse (see Figure 4). The perceptions of practicing nurses are based on teaching and learning experiences in nursing school as well as on-the-job learning and staff development courses. Some may have additional experiences with nursing education by obtaining higher degrees. Others may have teaching experiences of various kinds. Their perceptions have changed due to these additional experiences.

The personal system with the most experience in nursing is the practicing nurse. Therefore, consideration must be given to the perceptions of the practicing nurse regarding effective clinical teaching behaviors in order for effective clinical teaching to occur. Effective clinical teaching facilitates effective clinical learning. Effective clinical learning facilitates the development of an effective clinician. An effective clinician is the ultimate goal of nursing education (see Figure 5).

In summary, perceptions are constantly changing. Perceptions of clinical nurses regarding effective clinical teaching behaviors, if identified and utilized with other

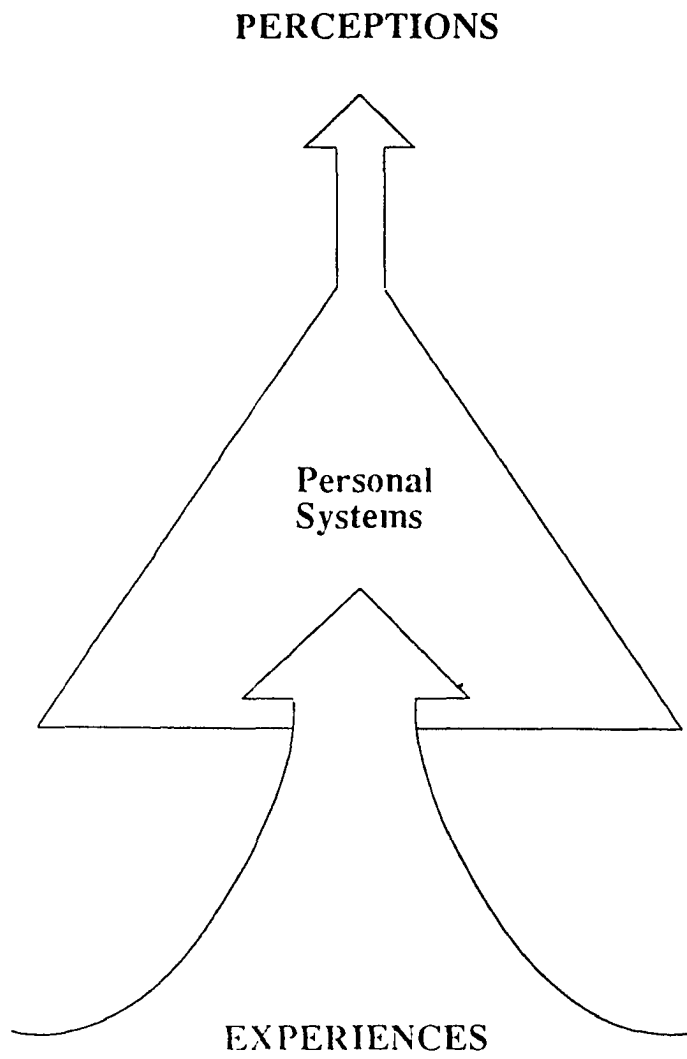


Figure 3. The relationship between experiences and perceptions of the personal system.

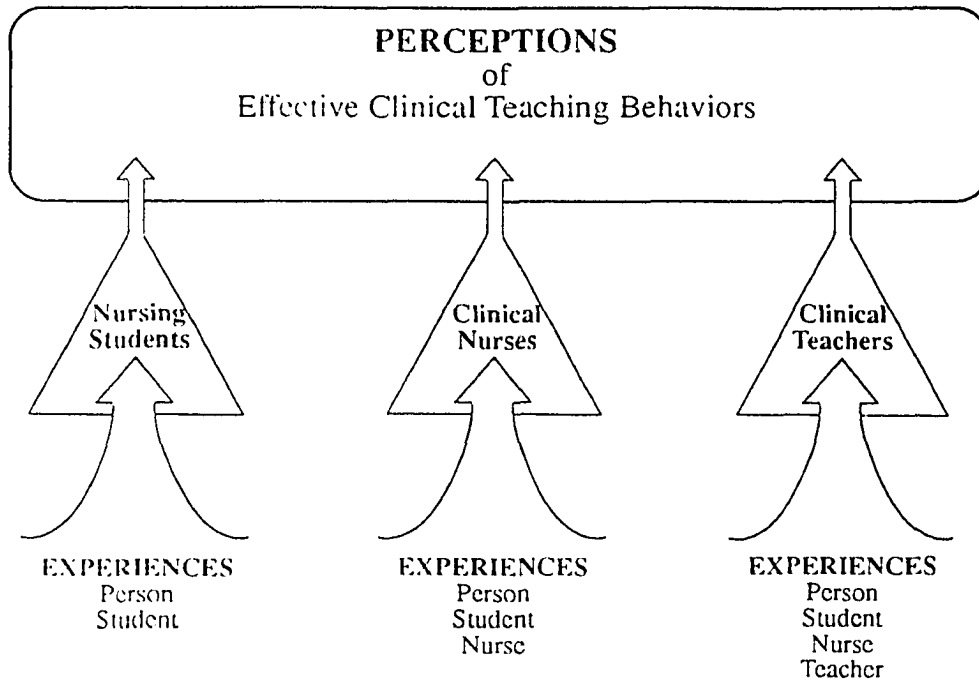


Figure 4. The experiences and perceptions of the personal systems of nursing students, clinical nurses, and clinical nursing teachers regarding Effective Clinical Teaching Behaviors (ECTB).

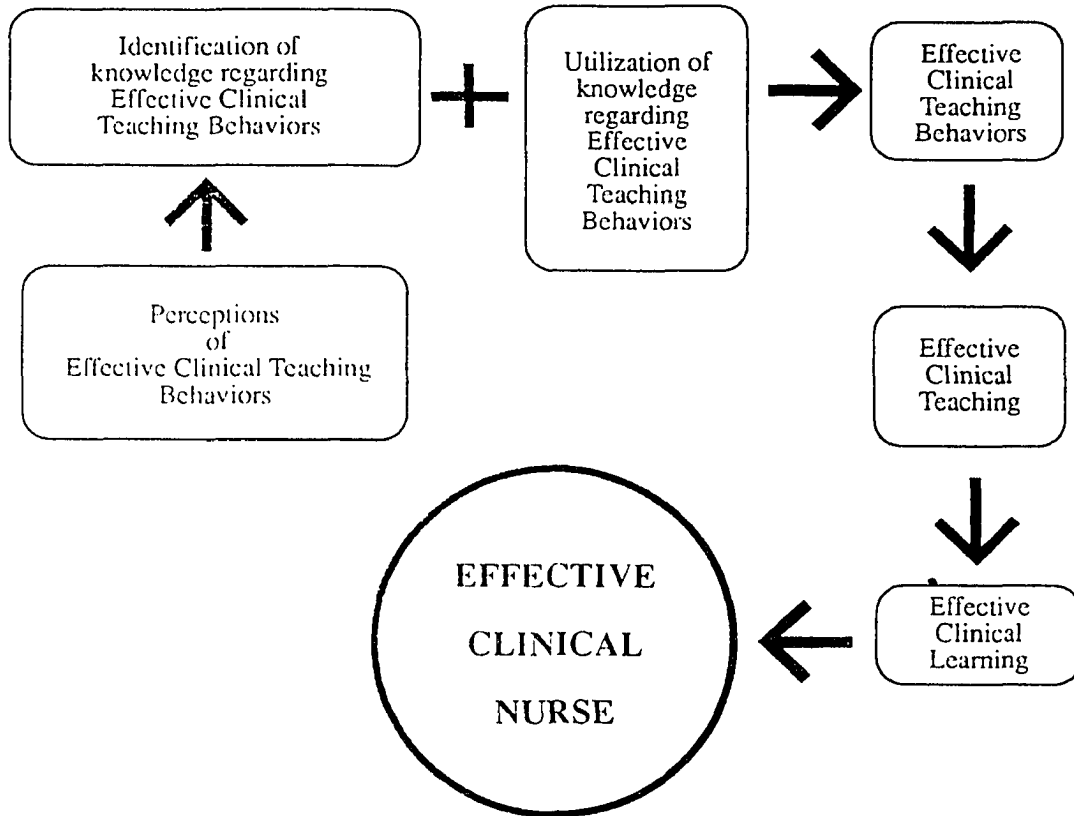


Figure 5. The relationship between perceptions of ECTB and the Effective Clinical Nurse (ECTB = Effective Clinical Teaching Behaviors).

research findings, may lead to effective clinical teaching behaviors which may enhance clinical teaching and learning. The end result may be the production of an effective clinician in the clinical profession of nursing. Effective clinicians will enhance nursing practice (see Figure 6).

Review of Literature

Several studies have been done on varying aspects of clinical teaching in nursing utilizing groups of students; groups of students and faculty; or groups of students, faculty, and practicing graduates (nurses). This literature review will address roles, characteristics, behaviors, and evaluation of effective clinical teaching behaviors in the three groups.

Most of the studies that will be presented were studies of either diploma or baccalaureate schools of nursing. The type of nursing program will not be considered since "In spite of the use of different populations (students from diploma, associate degree, and baccalaureate programs), the lists of perceived effective classroom teaching behaviors have been strikingly similar" (Pugh, 1983, p. 74). An extension will be made to include clinical teaching behaviors as well.

Students. Rauen (1974) studied the perceptions of students regarding the role of the clinical teacher. The roles studied included nurse, teacher, and person. Characteristic statements of the role of nurse included "demonstrates how to function in a real nursing situation"

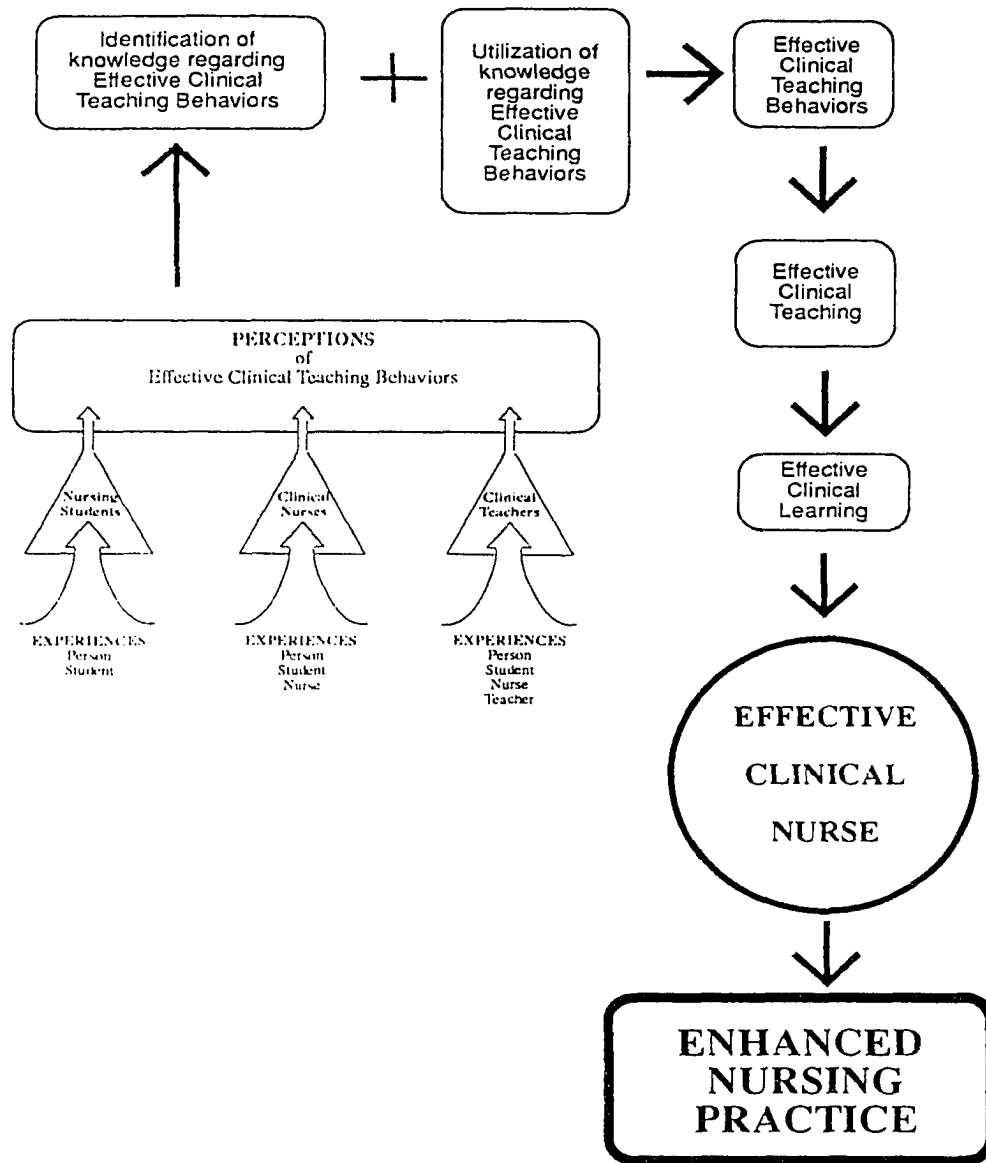


Figure 6. The enhancement of nursing practice by identification and utilization of perceptions of ECTB held by practicing nurses.

and "shows a contagious enthusiasm for giving quality patient care" (p. 36). Characteristic statements of the role of teacher included "encourages me to think for myself" and "gives assignments that help me transfer classroom concepts to actual patient care" (p. 36). "Demonstrates honesty to me and others" and "shows empathy to me and others" (p.36) were characteristic statements included in the role of person. She interpreted her results by making the following statement "... one of the clinical instructor's main responsibilities is to facilitate student modeling behavior by being an effective nurse model" (p. 38).

Kanitsaki and Sellick (1989) also studied the perceptions of the students regarding the role of the clinical teacher. The areas studied included teacher, nurse, evaluator, guidance, and applying theory to practice. They concluded "...that students considered all behaviors important in meeting their learning needs" and "...students as a whole regarded the teaching role as more important" (p. 22). This study was confusing because the terms role and behaviors were used interchangeably and it was difficult to determine exactly what was being measured.

Characteristics of teaching effectiveness were studied and compared across three groups of students by Kiker (1973). Professional competence, relationships with students and personal attributes were the categories

studied. All three groups ranked professional competence as the most important characteristic.

Jacobson (1966) studied effective and ineffective behaviors of both classroom and clinical teachers. Group interviews were held and a modified version of the critical incident technique was used. Six categories of responses emerged, availability to the student, apparent general knowledge and professional competence, interpersonal relations with students and others, teaching practices, personal characteristics, and evaluation practices. A list of student responses describing effective and ineffective behaviors in each category was presented. The author used this research to develop a list of 58 critical requirements, covering all six categories, to be used as a guideline for effective teaching in any situation.

Zimmerman and Westfall (1988) used the methodological approach to develop the Effective Clinical Teaching Behaviors scale as an instrument to be used in evaluation of effective clinical teaching behaviors. The behaviors were not broken down into groups or categories. The result was the development of an evaluation instrument based on research.

Students and Faculty. Stuebbe (1980) used the tool developed by Rauen (1974) to compare the view of students and faculty regarding the roles of the clinical instructor. The roles of the clinical teacher studied were those of nurse, teacher, and person. The roles were studied by

listing characteristics specific to a nurse, a teacher, and a person. Students ranked nurse characteristics of the clinical teacher as most important and faculty ranked teacher characteristics of the clinical teacher as most important.

Brown (1981) investigated and compared the perceptions of students and faculty regarding effective characteristics of clinical teachers. Three categories of effective characteristics were cited, professional competence, relationships with students, and personal attributes. Students ranked student-instructor relationships as the most important category whereas faculty ranked professional competence as the most important category.

Bergman and Gaitskill (1990) replicated and extended Brown's (1981) study and not only compared the perceptions of students and faculty but compared the perceptions by grade level of the student. The three categories of characteristics identified by Brown remained unchanged. The results indicated that both students and faculty regarded student-instructor relationships as the most important category.

Miller (1992) in an unpublished Master's Thesis replicated the study of Bergman and Gaitskill (1990) who had replicated and extended Brown's (1981) study. The results indicated that the students rated instructor's relationships and professional competence of equal importance and faculty

rated professional competence as the most important characteristic.

These three studies Brown (1981), Bergman and Gaitskill (1990), and Miller (1992) demonstrated conflicting results. In all three studies either instructor's relationships or professional competence were rated as the most important characteristic or were judged as equally important. The remaining group of characteristics, personal attributes, was not rated as most important by any group in any of the studies. Teaching competence of the clinical teachers was not addressed as a group of characteristics but was interspersed among the other three groups.

Characteristics of the best and worst clinical instructors were identified by Mogan and Knox (1987). Five categories of characteristics were identified, teaching ability, nursing competence, personality traits, interpersonal relationships, and evaluation. Results indicated that "...students and faculty in this study did indeed ascribe different characteristics to 'best' and 'worst' clinical teachers" and both students and faculty "...agreed that being or not being a good role model, a characteristic in the nursing competence category, was the most critical characteristic differentiating the good from the less desirable clinical teacher" (p. 335). Nehring (1990) replicated the study of Mogan and Knox (1987) and obtained similar findings.

Sieh and Bell (1994) used the Nursing Clinical Teacher Effectiveness Inventory developed by Knox and Mogan (1985) to do a descriptive study "...to identify important characteristics of effective clinical teachers at the associate degree level" (Sieh & Bell, 1994, p. 389). The results were compared to the previous studies of Brown (1981), Knox and Mogan (1985), Mogan and Knox (1987), and O'Shea and Parsons (1979) which all studied baccalaureate students and faculty. The associate degree students and faculty showed many similarities to the baccalaureate students and faculty in previous studies. One major difference discussed by Sieh and Bell (1994) was that both the students and faculty rated "is a good role model" as eighth in importance. Baccalaureate students and faculty had rated the topic of role modeling as either first or second. One possible reason discussed by the authors was the emphasis placed on professionalism in baccalaureate programs versus emphasis on clinical performance in associate degree programs. Subsets of characteristics of effective clinical teachers were teaching ability, interpersonal relationships, personality traits, nursing competence, and evaluation.

O'Shea and Parsons (1979) studied clinical teaching behaviors via a critical incident technique. Effective and ineffective clinical teaching behaviors identified by students and faculty were broken down into three groups, evaluative behaviors, instructional/assistive behaviors, and

personal characteristics. Evaluative behaviors identified by students and faculty included positive feedback as effective and insufficient feedback as ineffective. Instructive/assistive behaviors identified as effective included willing to help and ineffective included having unrealistic expectations. Personal characteristics identified as effective included enthusiastic and ineffective included authoritarian. Students and faculty agreed on most of the behaviors in each category. The major difference between the two groups was the importance of role modeling. Faculty identified role modeling five times more often than students did.

Pugh (1988) also studied and compared student and faculty beliefs of important clinical teaching behaviors. The behaviors were not categorized. Students and faculty chose only one clinical behavior in common as the five most important from the list of twenty on the questionnaire, "correct and comment on written assignments."

One of the first efforts to identify effective and ineffective behaviors of clinical teachers as identified by students, faculty, and directors was presented by Barham (1965) using a critical incident technique. Each participant was asked to describe an example of effective clinical teaching and an example of ineffective clinical teaching. Nineteen teaching behaviors were identified and reported but not categorized.

Fong and McCauley (1993) studied the responses of students and faculty regarding the effectiveness of clinical instructors in order to develop an evaluation instrument. Individual items included in the instrument addressed nursing expertise, teaching competence, and interpersonal relationships.

Students, Faculty, and Practicing Nurses. Stafford (1979) also studied effective clinical teaching behaviors. The sample consisted of 189 students, 95 faculty, and 120 practicing graduates (nurses) in the state of Texas. The author concluded that all three groups agreed on the importance of eight behaviors. The behaviors were "functioning as a role model for students, identifying important clinical content, providing opportunities for students to practice problem solving and technical skills, being punctual, collaborating with other members of the health team, being decisive, recognizing students' personal problems, demonstrating a variety of teaching approaches" (Stafford, 1979, p. 4154-A). The behaviors were not categorized. A recommendation for further study included "...determine if students' perceptions of effective clinical teaching change after they become practitioners of nursing" (p. 4154-A).

Graduates were also included in a study by Knox and Mogan (1985) of effective clinical teaching behaviors. The five categories of behaviors included, evaluation, interpersonal relationships, nursing competence,

personality, and teaching ability. All three groups ranked evaluation behaviors as the most important and personality as the least important.

Summary and Implications for Study

The common factor in the above studies is the effectiveness of clinical teaching. In an effort to determine what is effective, various approaches have been used. Roles of effective clinical teachers were studied by Kanitsaki and Sellick (1989), Rauen (1974), and Stuebbe (1980). Characteristics of effective clinical teachers were studied by Bergman and Gaitskill (1990), Brown (1981), Kiker (1973), Miller (1992), Mogan and Knox (1987), Nehring (1990), and Sieh and Bell (1994). Behaviors of effective clinical teachers were studied by Barham (1965), Jacobson (1966), Knox and Mogan (1985), O'Shea and Parsons (1979), Pugh (1988), and Stafford (1979). Studies to validate clinical teaching evaluation instruments were performed by Fong and McCauley (1993) and Zimmerman and Westfall (1988).

The researchers also used different groups in their studies. Students were studied by Rauen (1974), Kanitsaki and Sellick (1989), Kiker (1973), Jacobson (1966), and Zimmerman and Westfall (1988). Groups of students and faculty were studied by Barham (1965), Bergman and Gaitskill (1990), Brown (1981), Fong and McCauley (1993), Miller (1992), Mogan and Knox (1987), Nehring (1990), O'Shea and Parsons (1979), Pugh (1988), Sieh and Bell (1994), and Stuebbe (1980). Groups of students, faculty, and practicing

nurses were studied by Knox and Mogan (1985) and Stafford (1979).

In reviewing this information it becomes clear that there is a lack of research concerning perceptions of effective clinical teaching behaviors held by practicing nurses. Therefore, this study will describe the perceptions of practicing registered nurses regarding effective clinical teaching behaviors.

The question then becomes, what approach to use. In reviewing the categories of effective clinical teaching three areas emerge: the clinical teacher as a nurse, as a teacher, and as a person. In order to enhance measurability, behaviors in each of these three categories will be studied.

Research Question

What are the perceptions of practicing nurses regarding effective clinical teaching behaviors?

Definition of Terms

Perceptions--"a process of organizing, interpreting, and transforming information from sense data and memory. It is a process of human transactions with the environment. It gives meaning to one's experience, represents one's image of reality, and influences one's behavior" (King, 1981, p. 24).

Practicing nurse--a registered nurse with an associate degree, baccalaureate degree, or diploma who is employed in clinical practice.

Clinical teaching--"instruction which occurs in settings and situations in which the student is giving direct care to real clients as part of a planned learning activity" (O'Shea and Parsons, 1979, p. 411).

Effective clinical teaching behaviors--"those actions, activities, and verbalizations of the clinical instructor which facilitate student learning in the clinical setting" (O'Shea and Parsons, 1979, p. 411).

CHAPTER III
METHODOLOGY

Design

The research method that was utilized for this study was descriptive in nature. This design is appropriate since little research has been done previously. Also, perceptions of a group were being described and not explained (Polit & Hungler, 1991).

Study site and subjects

The subjects were 55 registered nurses currently employed at two community hospitals in Southwestern Michigan. After approval by the Human Research Review Committee (see Appendix A) administrators responsible for nursing services were given a copy of the instrument along with a cover letter explaining the reason for the research and a request for permission to access registered nurses in their employ. Permission was obtained from both facilities (see Appendices B and C).

Instrument

The instrument used was adapted from the Clinical Teaching Evaluation instrument (CTE). The CTE was developed by Dr. Carolyn Fong at San Francisco State University in San

Francisco, CA. The instrument and written permission to use it were obtained (see Appendix D).

This instrument was chosen because it addresses specific behaviors of clinical nursing teachers consistent with this study. Another reason was that the categories of behaviors (teaching competence, nursing competence, and consideration of students) are consistent with this researcher's beliefs.

Section I of the instrument for this research consisted of the 25 clinical teaching behaviors from the CTE in which the participant rates the importance of each behavior using a 5-point Likert-type scale ranging from "most important" to "of no importance." Section II consisted of choosing the five most important behaviors from those provided and ranking these five from most important to least important. Section III provided the opportunity for the participant to write any additional behaviors they believed were important but were not included in section I. Section IV elicited demographic data.

The CTE was determined to have content validity by fourteen expert faculty members. Construct validity was determined by factor analysis yielding three factors, teaching competence (7 items), nursing competence (9 items), and consideration of students (9 items). Internal consistency was determined by using Cronbach's coefficient alpha with a result of .965. Test-retest reliability was determined after administering the instrument to 106 nursing

students. A Pearson correlation coefficient result of .85 with significance at the $p < .001$ level was obtained.

Procedure

Subjects were recruited via the researcher visiting both hospitals on the same day and handing out the instruments to all registered nurses encountered while visiting the nursing units. Included with the instrument was a cover letter explaining the purpose, procedure, and human use information. A self-addressed stamped envelope was also included to return the completed instruments to this researcher.

The prospective subjects were told the researcher's name, place of employment, and school of graduate study. The subjects were then asked for their help in this endeavor by filling out the instrument and returning it in the envelope provided.

Eighty three cover letters, instruments, (see Appendices E and F), and envelopes were distributed on August 1, 1995 as described earlier. The number of instruments returned by the cut-off date of August 25, 1995 totalled 55 (66.3%) and three (3.6%) were received after that date and were not included in the study.

Names and/or identifying numbers were not included on the instrument in order to maintain anonymity. Informed consent was implied if the subject completed the instrument and returned it. The cover letter included a statement that the subject had the right to refuse to participate.

CHAPTER IV
DATA ANALYSIS AND RESULTS

Characteristics of Subjects

The 55 participants in this study represented 52 (94.5%) females, 2 (3.6%) males and 1 (1.8%) of unrecorded gender. The average age of the participants was 39.96 years with a range of 21 years to 70 years. Three participants did not record their age and one recorded an answer of "30s".

Years of registered nursing experience averaged 11.87 years with a range of 1 month to 40 years. One participant recorded their length of registered nursing experience as "<1 yr".

Specialty area responses were critical care = 4, OB = 9, pediatrics = 4, ER = 6, oncology = 2, peri-operative = 3. One respondent did not record a specialty area. Some respondents recorded more than one specialty area in which cases only the first response written was counted. Some responses were placed into broader categories, e.g. "OR" and "PACU" were included in the peri-operative category.

Present positions held included 35 (63.6%) staff nurses, 6 (10.9%) charge nurses, 2 (3.6%) department managers, 6 (10.9%) house supervisors, and 6 (10.9) others

described as 3 case managers, 1 part-time charge nurse, 1 peri-operative educator, and 1 manager. No Assistant Directors of Nursing or Directors of Nursing were included in this study.

The original licensure of the respondents was Licensed Practical Nurse (LPN) = 4 (7.2%), Associate Degree Nurse (ADN) = 32 (58.1%), Baccalaureate of Science in Nursing (BSN) = 8 (14.5%), and Diploma = 11 (20%). The current nursing educational level was ADN = 31 (56.3%), BSN = 14 (25.4%), Master's of Science in Nursing (MSN) = 1 (1.8%), Diploma = 9 (16.3%). No doctoral degrees in nursing were included in this study.

Those respondents that had worked with nursing students during their nursing career totalled 53 (96.3%) and the schools of nursing represented by this experience averaged 2.8 schools with a range of 1 to 5 different schools of nursing. Three (5.4%) of the respondents related that they had experiences as a nursing clinical teacher during their nursing career.

Section I Results

Section I of the study asked the participant to rate 25 clinical teaching behaviors on a 5 point Likert-type scale of "most important" to "of no importance." "A" corresponded to "most important" and "E" corresponded to "of no importance." The results are presented as simple frequencies and percentages of the possible responses for each behavior. More than 30 subjects chose the following

behaviors as most important; (a) demonstrates skills, attitudes and values that are to be developed by the student, (b) gives constructive evaluation without embarrassing student, (c) shows genuine interest in patients and their care, and (d) is objective and fair in the evaluation of the student. Section I results are presented on Table 1.

Section II Results

Section II of the study asked the participants to pick the five behaviors that they felt to be the most important from the list of 25. More than 20 respondents chose (a) demonstrates skills, attitudes and values that are to be developed by the student, (b) gives constructive evaluation without embarrassing student, (c) shows genuine interest in patients and their care, and (d) is objective and fair in the evaluation of the student, as behaviors considered most important from the list of 25. The results are presented in Table 2.

In Section II the participants were also asked to rank the five behaviors they chose as most important from the list of 25 from most important to 5th most important. The overwhelming choice as the most important behavior was demonstrates skills, attitudes and values that are to be developed by the student. The results are presented in Table 3.

Table 1

Section I Results

Item #	Behavior	A		B		C		D		E	
		n	%	n	%	n	%	n	%	n	%
1	Shows recognition of the individuality of the student	6	10.9	29	52.7	17	30.9	3	5.4	0	0
2	Constructs clinical assignments related to the course objectives	22	40	24	43.6	9	16.3	0	0	0	0
3	Demonstrates skills, attitudes and values that are to be developed by the student	38	69	11	20	4	7.2	2	3.6	0	0
4	Gives constructive evaluation without embarrassing student	33	60	17	30.9	5	9	0	0	0	0
5	Relates underlying theory to clinical nursing situation	17	31.4	29	53.7	8	14.8	0	0	0	0
6	Demonstrates flexibility in performing nursing functions	6	10.9	28	50.9	18	32.7	3	5.4	0	0

(table continues)

Item #	Behavior	A		B		C		D		E	
		n	%	n	%	n	%	n	%	n	%
7	Respects the confidentiality of student relationships	24	45.2	16	30.1	11	20.7	2	3.7	0	0
8	Is well prepared for seminars or clinical conferences	18	32.7	18	32.7	17	30.9	2	3.6	0	0
9	Admits limitations of function in clinical situations honestly	14	25.4	23	41.8	15	27.2	3	5.4	0	0
10	Credits students for progress and improvement	23	41.8	20	36.3	12	21.8	0	0	0	0
11	Stresses or reviews important material from theory classes	9	16.3	25	45.4	18	32.7	3	5.4	0	0
12	Utilizes other resources to augment nursing in planning care	9	16.3	18	32.7	28	50.9	0	0	0	0
13	Helps in new situations without taking over	8	14.5	27	49	18	32.7	2	3.6	0	0

(table continues)

Item #	Behavior	A		B		C		D		E	
		n	%	n	%	n	%	n	%	n	%
14	Conferences include worthwhile and informative material not in text	6	10.9	25	45.4	18	32.7	6	10.9	0	0
15	Makes students aware of their professional responsibilities	17	30.9	21	38.1	16	29	1	1.8	0	0
16	Allows expression of diverse points of view	8	14.5	14	25.4	25	45.4	8	14.5	0	0
17	Organizes clinical learning experiences in a meaningful manner for the student	15	27.2	24	43.6	16	29	0	0	0	0
18	Refers students to additional resource persons and materials	6	10.9	17	30.9	28	50.9	4	7.2	0	0
19	Demonstrates confidence in the student	16	29	24	43.6	15	27.2	0	0	0	0
20	Offers students opportunity to practice before evaluation	18	32.7	14	25.4	23	41.8	0	0	0	0

(table continues)

Item #	Behavior	A		B		C		D		E	
		n	%	n	%	n	%	n	%	n	%
21	Shows interest in making a contribution toward the improvement of nursing	11	20	19	34.5	18	32.7	6	10.9	1	1.8
22	Displays a sense of humor	6	10.9	20	36.3	20	36.3	6	10.9	3	5.4
23	Demonstrates technical skill in nursing activities where required	26	47.2	19	34.5	10	18.1	0	0	0	0
24	Shows genuine interest in patients and their care	37	67.2	9	16.3	9	16.3	0	0	0	0
25	Is objective and fair in the evaluation of the student	37	67.2	14	25.4	3	5.4	1	1.8	0	0

Note. Total number of respondents = 55 for each item except #5 = 54 due to one unreadable response and #7 = 53 due to two respondents leaving this item blank.

Table 2

Times Included in Top Five

Item #	Behavior	Responses (n)
1	Shows recognition of the individuality of the student	10
2	Constructs clinical assignments related to the course objectives	10
3	Demonstrates skills, attitudes and values that are to be developed by the student	32
4	Gives constructive evaluation without embarrassing student	21
5	Relates underlying theory to clinical nursing situation	14
6	Demonstrates flexibility in performing nursing functions	9
7	Respects the confidentiality of student relationships	5
8	Is well prepared for seminars or clinical conferences	9
9	Admits limitations of function in clinical situations honestly	3
10	Credits students for progress and improvement	16
11	Stresses or reviews important material from theory classes	4
12	Utilizes other resources to augment nursing in planning care	0
13	Helps in new situations without taking over	7
14	Conferences include worthwhile and informative material not in text	5
15	Makes students aware of their professional responsibilities	12
16	Allows expression of diverse points of view	3

(table continues)

Item #	Behavior	Responses
		(n)
17	Organizes clinical learning experiences in a meaningful manner for the student	12
18	Refers students to additional resource persons and materials	2
19	Demonstrates confidence in the student	13
20	Offers student opportunity to practice before evaluation	4
21	Shows interest in making a contribution toward the improvement of nursing	3
22	Displays a sense of humor	4
23	Demonstrates technical skill in nursing activities where required	17
24	Shows genuine interest in patients and their care	24
25	Is objective and fair in the evaluation of the student	31

Note. Results based on 54 responses due to one respondent not completing section II appropriately.

Table 3

Ranking of Top Five Behaviors

Item #	Behavior	Most Important	2nd Most	3rd Most	4th Most	5th Most
		(n)	(n)	(n)	(n)	(n)
1	Shows recognition of the individuality of the student	3	3	2	1	1
2	Constructs clinical assignments related to the course objectives	3	2	1	4	0
3	Demonstrates skills, attitudes and values that are to be developed by the student	14	6	5	4	3
4	Gives constructive evaluation without embarrassing student	2	8	3	4	3
5	Relates underlying theory to clinical nursing situation	1	5	3	2	3
6	Demonstrates flexibility in performing nursing functions	0	1	2	2	3
7	Respects the confidentiality of student relationships	0	0	3	0	2
8	Is well prepared for seminars or clinical conferences	4	1	1	1	1
9	Admits limitations of functions in clinical situations honestly	0	1	1	1	0

(table continues)

Item #	Behavior	Most Important	2nd Most	3rd Most	4th Most	5th Most
		(n)	(n)	(n)	(n)	(n)
10	Credits students for progress and improvement	0	2	4	5	5
11	Stresses or reviews important material from theory classes	0	0	1	2	1
12	Utilizes other resources to augment nursing in planning care	0	0	0	0	0
13	Helps in new situations without taking over	1	0	2	2	2
14	Conferences include worthwhile and informative material not in text	0	1	1	0	3
15	Makes students aware of their professional responsibilities	2	4	3	2	1
16	Allows expression of diverse points of view	0	0	1	0	1
17	Organizes clinical learning experiences in a meaningful manner for the student	1	1	3	6	1
18	Refers students to additional resource persons and materials	0	0	0	0	2
19	Demonstrates confidence in the student	4	1	1	3	4

(table continues)

Item #	Behavior	Most Important	2nd Most	3rd Most	4th Most	5th Most
		(n)	(n)	(n)	(n)	(n)
20	Offers student opportunity to practice before evaluation	0	2	0	1	1
21	Shows interest in making a contribution toward the improvement of nursing	0	0	1	1	1
22	Displays a sense of humor	0	2	0	1	1
23	Demonstrates technical skill in nursing activities where required	5	6	3	2	2
24	Shows genuine interest in patients and their care	6	4	6	3	4
25	Is objective and fair in the evaluation of the student	7	3	6	6	8

Note. Results based on 53 responses due to two respondents not completing this section appropriately.

Section III Results

Section III asked the participants to record any clinical teaching behaviors that they felt important but were not included in Section I. No behaviors or comments were recorded by 35 of the 55 respondents but 20 of the respondents did record behaviors or comments. There were 46 separate responses with responses per respondent ranging from 1 to 6.

Each separate response was written on an index card and sorted into the categories of nursing competence, teaching competence, and consideration of students as indicated by Fong and McCauley (1993). Those responses that did not correspond to any of the identified categories were examined for their similarities and differences.

Responses that were deemed by this researcher to fit into the category of "nursing competence" were (a) enthusiasm for nursing and ability to work well as a team member, (b) demonstrates effective communication skills with other persons involved in the health care system, (c) enthusiasm and interest in nursing, (d) being currently employed in a clinical area so as to be competent in care-giving and skills, (e) demonstrates knowledge of facility teaching in e.g. layout and procedures, (f) demonstrate ability to interact with patient's family and friends, (g) demonstrate ability to interact with care team, (h) experience and expertise in the clinical area is very

desirable, and (i) aware of hospital policies and procedures.

Responses that fit into the category of "teaching competence" were (a) instructors should also determine decisively when someone is not nursing material and get them out of programs before they permeate the work environment, (b) provide technical skills to students on campus to practice before using at clinical situation, (c) need for better communication between RNs and students, (d) evaluate each student's understanding of subject or skill and provide further teaching for those who do not understand, (e) to spot check student activities e.g. assessment and charting, (f) supervision of student activities related to patient care e.g. administration of meds, direct patient care, assessment, (g) seeks help from clinicians when needed, (h) accepts clinical weakness and improves, (i) keeps abreast of advances in technology, and (j) knowledgeable.

Responses that fit into the category of "consideration of students" were (a) instructors should demonstrate ability to support one another and students who are having workable troubles with school and life, (b) learning should be fun when appropriate, (c) letting a student know mistakes will happen but giving a student the chance to work thru mistake and receive a positive experience from it, (d) provide spiritual support for students, (e) expressing importance of nursing skills without scaring or stressing the student to death, (f) being realistic, (g) be patient with students,

(h) treating student equally without showing favoritism, (i) working with the student is better than telling them to do certain duties, (j) allowing students to be interrupted in their routine to observe and/or participate in procedures they are new to, (k) environment that instructors create around student while supervising student activities e.g. if afraid or intimidated will not ask questions and not learn as much, mind will be blocked by fear and behavior and reasoning will decrease (more chance for errors), (l) be firm and tactful, (m) patient, (n) consistent, (o) no favoritism, and (p) good listener.

The responses that did not fit into the above categories were determined to fit into the categories of "consideration of staff" and "areas to be taught and/or stressed". Responses that fit into the category of "consideration of staff" were (a) students should be made aware that during shift report they should give space and chairs to on-coming shift, (b) clinical instructors should follow-up student's work e.g. make sure done right, gave report to RN, let RN know of unfinished business, (c) including on-duty staff in students clinical experience when/where able to enhance the student's perspective/knowledge base, (d) instructor not use (tie up) phone for personal use or taking care of business which should be done at office or home, (e) professional expectations of students e.g. behavior in/around nurses station, awareness that nursing functions continue in

department, they need to stay out of nurses station as much as possible and keep charts available for physicians and other hospital personnel, leave patient rooms and nursing station neat and orderly, (f) instructs students to clean up after themselves prior to leaving unit, and (g) instructs and shows by example respect for nursing staff.

Responses that fit into the category of "areas that should be taught and/or stressed" were (a) stress more on professional organization membership and the clout of legal representation should be stressed, (b) nursing as an aspect of business needs to be addressed--unfortunately it is inevitable but needs to be tackled at the academic level so nurses realize how to politically and economically fight for their very existence --so teachers should be economically savvy, (c) lots of graduate nurses or new RNs don't know how to chart--some need improvement, and (d) provide students management or supervisory roles.

CHAPTER V
DISCUSSION AND IMPLICATIONS

Discussion of Results

Behavior #3--demonstrates skills, attitudes and values that are to be developed by the student--was the number one choice for section I and both parts of section II.

Behaviors # 25--Is objective and fair in the evaluation of the student--and # 24--Shows genuine interest in patients and their care--were tied in section I for second place and 2nd and 3rd in both parts of section II.

These top three choices represent each of the three categories as presented by Fong and McCauley (1993). Demonstrates skills, attitudes and values that are to be developed by the student represents the category "teaching competence." Shows genuine interest in patients and their care represents the category "nursing competence." Is objective and fair in the evaluation of the student represents the category "consideration of students" (see Appendix G for a complete listing of the behaviors and their categories).

This group of respondents felt that the most important category of clinical nursing teaching behaviors was "teaching competence." The categories "nursing competence" and "consideration of students" were also represented.

Therefore, the clinical nurse teacher must assess the individual students to determine what the students feel they need most from the instructor--a teacher, a nurse, or a considerate person--and teach accordingly. However, each clinical nurse teacher must continually improve knowledge and techniques in all three categories.

One disturbing finding was that behavior # 22-- displays a sense of humor--was near the bottom or on the bottom of all 3 lists. One reason for this may be the negative perception that humor has in health care since we deal with people's lives and livelihood. But for that same reason it would seem that every nurse would need a sense of humor to relieve stress.

A few comments made on the instruments by the respondents were addressed to the researcher personally, since the researcher is acquainted with several of the respondents. But one of the comments made after behavior # 19--demonstrates confidence in the student--was "confidence is earned." This comment made this researcher stop and think that the tool may not be perfect. Perhaps some of the behaviors need to be re-examined and/or restated.

The qualitative data obtained in Section III was broken down into the three categories of clinical teaching behaviors "nursing competence," "teaching competence," and "consideration of students" as presented by Fong and McCauley (1993). Those responses that did not fit into these three categories easily fit into the categories of

"consideration of staff" and "areas that should be taught or stressed."

Several common themes emerge from the qualitative data in each category. The common themes that emerged from the data included in the category "nursing competence" included working as a team member and nursing competence issues. Several respondents stressed the importance of the nursing clinical teacher possessing sound clinical skills.

The "teaching competence" themes included accurate assessment of student progress and appropriate action on the part of the teacher to correct problems. Another theme was better surveillance of student activities to maximize client care. The third theme in this category was the need for the nursing clinical teacher to keep up with changes in nursing and the facility.

Creating a learning environment was the major theme extracted from the category of "consideration of students." Several components of the learning environment listed included less stress, teacher exhibiting more patience, treating students equally, and providing assistance as needed.

The additional category of "consideration of staff" involved showing respect, being unobtrusive while in the clinical setting, being tidy, and including the staff in the teaching/learning process as a teacher. The last category, "areas to be taught or stressed," included professionalism, business, management, and supervision.

This study addressed the need to consider the perceptions of practicing nurses when determining the importance of clinical nursing teaching behaviors. Only two previous studies (Knox & Mogan, 1985; Stafford, 1979) examined the perceptions of practicing nurses as well as students and faculty. This study examined only the perceptions of practicing nurses.

Stafford (1979) studied effective clinical teaching behaviors but the behaviors were not categorized. Eight behaviors were presented that were agreed upon by all three groups--nursing students, faculty, and practicing graduates. The first behavior listed--functioning as a role model for students--is equivalent to the number one behavior picked by the respondents to this study--demonstrates skills, attitudes, and values that are to be developed by the student.

Knox and Mogan (1985) also included graduates in their study in which five categories of nursing clinical teaching behaviors--evaluation, interpersonal relationships, nursing competence, personality, and teaching ability--were studied. All three groups of respondents ranked evaluation behaviors as the most important. Is objective and fair in the evaluation of the student tied for second in Section I and ranked second in both parts of Section II in this study. It is unclear whether role modeling was part of the study by Knox and Mogan (1985), therefore, comparing the number one

response in this study to the results of Knox and Mogan (1985) is impossible.

An area of consideration revealed by this study and previously ignored is "consideration of staff". Since clinical teaching must take place in the clinical setting it is imperative that the clinical nursing teacher and the students work with and learn from the staff nurses. A way to foster this relationship would be for the clinical nursing teacher to also address concerns relating to "consideration of staff".

Application to Education

The identification of a possible new category to be included in future research of perceptions of effective clinical teaching behaviors represents knowledge that if utilized may increase the effectiveness of future nursing education. Increased effective clinical teaching may lead to increased effective clinical learning which may produce an increasingly effective clinical nurse and enhance nursing practice (see Figure 6).

Limitations

The limitations of this study include a small sample size, the use of a convenience sample, and a restrictive geographic location. The results of this study cannot be generalized due to these limitations. Another limitation includes the fact that reliability and validity studies were not performed on this data.

Suggestions for Further Research

The first suggestion for further research is duplication to determine if indeed a fourth category does exist. The next logical step would be to develop a tool that included this new category and test it on groups of students, faculty, and practicing nurses.

Another suggestion would be one made by Stafford (1979) in which she suggested "...determine if students' perceptions of effective clinical teaching change after they become practitioners of nursing" (p. 4154-A).

APPENDICES



Appendix A: Human Research Review
Committee Approval

1 CAMPUS DRIVE • ALLENDALE MICHIGAN 49401-9403 • 616/895-6611

April 25, 1995

Anjanette M. Toth
3740 Chicago Rd.
Niles, MI 49120

Dear Anjanette:

Your proposed project entitled "*Clinical Teaching Effectiveness: The Perceptions of Practicing Nurses*" has been reviewed. It has been approved as a study which is exempt from the regulations by section 46.101 of the Federal Register 46(16):8336, January 26, 1981.

Sincerely,


Paul Huizenga, Chair
Human Research Review Committee

Appendix B: Pawating Hospital Permission Letter



March 9, 1995

Ms. Anjanette M. Toth, RN, BSN
3740 Chicago Road
Niles, MI 49120

Dear Angie,

I have reviewed your request to conduct a survey with the Pawating Hospital nursing staff for your thesis. It sounds like an interesting study and I have no problem with you implementing it as presented.

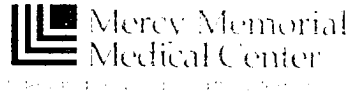
Once you have completed your thesis, I would appreciate reading the outcome if you are willing to share it with me. Let me know if I can be of any other assistance.

Regards,



Kolette Nelson
Vice President
Operations/Patient Services

Appendix C: Mercy-Memorial Medical Center Permission Letter



March 13, 1995

Anjanette Toth, RN, BSN
3740 Chicago Rd.
Niles, MI 49120

Dear Angie:

This is to inform you that your survey regarding perceptions of effective clinical teaching behaviors is approved for use with the nursing staff at Mercy Memorial Medical Center. I have attached a list of nursing managers and their phone extensions numbers. Please contact the managers to set up times for your attendance at staff meetings.

Sincerely,

A black rectangular redaction box covering the signature of Katy Jones.

Katy Jones, RN, MS, CNA
Vice President Operations & Patient Services

KJ:ct toth
Enclosure

Appendix D: Permission to Use Instrument

FROM : FONG

PHONE NO. : 8250205

Apr. 19 1995 03:48PM P1


April 19, 1995

Anjanette M. Toth, RN, BSN
3740 Chicago Rd.
Niles, MI 49120

Dear Anjanette,

This letter is to inform you that you have my permission to duplicate and use the research tool titled "Clinical Teaching Effectiveness" in your research for the thesis titled "Clinical Teaching Effectiveness- The Perceptions of Practicing Nurses". This permission also covers including a copy of the tool in the completed thesis.

Sincerely,


Carolyn Fong, PhD, RN
Department of Nursing
San Francisco State University
1600 Holloway Avenue
San Francisco, CA 94132

Appendix E: Cover Letter to Instrument

June 23, 1995

Dear Registered Nurse,

I am a graduate nursing student at Grand Valley State University and am conducting a study concerning the perceptions of registered nurses regarding effective clinical teaching behaviors. This study is the basis for a Thesis to be completed as one of the requirements for the degree of Master of Science in Nursing.

The identification of effective clinical teaching behaviors as perceived by practicing nurses will increase the knowledge base regarding effective clinical teaching.

Please take approximately 15 minutes to complete the attached questionnaire. When finished please place the completed questionnaire in the self-addressed-stamped-envelope and place in a mail box.


All responses are confidential and anonymous. No attempt has been made to name, number, code, or otherwise identify the participants. Informed consent to participate in this study is implied if you complete and return the questionnaire.

You may choose not to participate in this study. If you choose not to participate-please give the questionnaire and the self-addressed-stamped envelope to another registered nurse.

I encourage your participation in this study to help improve the effectiveness of nursing clinical teaching.

Thank you for your time and participation.

Sincerely,


Anjanette M. Toth, RN, B.S.N.

PLEASE NOTE--YOU ARE EXPRESSING YOUR OPINION OF THE IMPORTANCE OF EACH BEHAVIOR--YOU ARE NOT EVALUATING CLINICAL TEACHERS OF NURSING THAT YOU KNOW OR HAVE KNOWN.

Appendix F: Instrument

SECTION I

Directions:

Please rate the importance of each of the following 25 clinical teaching behaviors according to the following scale:

- A= of most importance
- B= very important
- C= important
- D= slightly important
- E= of no importance

- ___ 1. Shows recognition of the individuality of the student
- ___ 2. Constructs clinical assignments related to the course objectives
- ___ 3. Demonstrates skills, attitudes and values that are to be developed by the student
- ___ 4. Gives constructive evaluation without embarrassing student
- ___ 5. Relates underlying theory to clinical nursing situation
- ___ 6. Demonstrates flexibility in performing nursing functions
- ___ 7. Respects the confidentiality of student relationships
- ___ 8. Is well prepared for seminars or clinical conferences
- ___ 9. Admits limitations of function in clinical situations honestly
- ___ 10. Credits students for progress and improvement
- ___ 11. Stresses or reviews important material from theory classes
- ___ 12. Utilizes other resources to augment nursing in planning care
- ___ 13. Helps in new situations without taking over
- ___ 14. Conferences include worthwhile and informative material not in text
- ___ 15. Makes students aware of their professional responsibilities
- ___ 16. Allows expression of diverse points of view
- ___ 17. Organizes clinical learning experiences in a meaningful manner for the student
- ___ 18. Refers students to additional resource persons and materials
- ___ 19. Demonstrates confidence in the student
- ___ 20. Offers student opportunity to practice before evaluation
- ___ 21. Shows interest in making a contribution toward the improvement of nursing
- ___ 22. Displays a sense of humor
- ___ 23. Demonstrates technical skill in nursing activities where required
- ___ 24. Shows genuine interest in patients and their care
- ___ 25. Is objective and fair in the evaluation of the student

SECTION II

Directions:

Please choose the five teaching behaviors from Section I that you consider to be most important for a clinical teacher to exhibit. Please write the item numbers on the five lines below.

Item numbers of the five most important behaviors

Next, please write the numbers of the items chosen above in the spaces below ranking them according to your perception of their importance.

Item #s

_____ the most important

_____ 2nd most important

_____ 3rd most important

_____ 4th most important

_____ 5th most important

SECTION III

Directions:

Please list any other clinical teaching behaviors that you feel are important but were not listed in Section I. You may write as many as you wish. Please write clearly.

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)

SECTION IV

Directions:

For each multiple-choice question, please circle the letter corresponding to the one response that applies to you. For each fill-in-the-blank question, please write your response in the blank provided.

1. Are you currently or have you ever been employed as a nursing clinical teacher for a school of nursing?
 - a) no
 - b) yes

2. Please choose the one response that most clearly describes your present position in nursing
 - a) staff nurse
 - b) shift supervisor of staff nurses for one unit
 - c) 24 hour responsibility of a unit
 - d) shift supervisor for more than one unit
 - e) assistant director of nursing
 - f) director of nursing
 - g) other _____(please specify)

3. Please choose the one response that describes your education at the time of your original licensure in nursing
 - a) LPN
 - b) ADN
 - c) BSN
 - d) Diploma

4. Please choose the one response that describes your present educational level in nursing
 - a) ADN
 - b) BSN
 - c) MSN
 - d) Doctorate in nursing
 - e) Diploma

5. Referring to item #4, how many years have you practiced nursing at this educational level?

_____ years

6. During your nursing career, please write the approximate number of each of the following educational opportunities in which you have participated as a student

_____ seminars/workshops/continuing education classes
_____ certifications
_____ degree programs other than nursing

7. During your nursing career, please write the approximate number of each of the following educational opportunities in which you have participated as a/an teacher/instructor

_____ seminars/workshops/continuing education classes
_____ certifications
_____ degree programs other than nursing

8. During your nursing career, have you worked with nursing students while they were engaged in clinical practice?

a) yes
b) no

9. Referring to item #8, how many schools of nursing did these students represent?

_____ schools

10. Your current age

_____ years

11. How many total years have you practiced as a registered nurse

_____ years

12. Your gender

a) female
b) male

13. What area of nursing do you consider to be your specialty (e.g. medical, surgical, pediatrics, etc).

_____ (specialty area)

Appendix G

Table 4

Behaviors and their Categories

Item #	Behavior	Fong & McCauley Category
1	Shows recognition of the individuality of the student	CS
2	Constructs clinical assignments related to the course objectives	TC
3	Demonstrates skills, attitudes and values that are to be developed by the student	TC
4	Gives constructive evaluation without embarrassing student	CS
5	Relates underlying theory to clinical nursing situation	TC
6	Demonstrates flexibility in performing nursing functions	NC
7	Respects the confidentiality of student relationships	CS
8	Is well prepared for seminars or clinical conferences	TC
9	Admits limitations of function in clinical situations honestly	NC
10	Credits students for progress and improvement	CS
11	Stresses or reviews important material from theory classes	TC
12	Utilizes other resources to augment nursing in planning care	NC
13	Helps in new situations without taking over	CS
14	Conferences include worthwhile and informative material not in text	TC
15	Makes students aware of their professional responsibilities	NC

(table continues)

Item #	Behavior	Fong & McCauley Category
16	Allows expression of diverse points of view	CS
17	Organizes clinical learning experiences in a meaningful manner for the student	TC
18	Refers students to additional resource persons and materials	NC
19	Demonstrates confidence in the student	CS
20	Offers student opportunity to practice before evaluation	NC
21	Shows interest in making a contribution toward the improvement of nursing	NC
22	Displays a sense of humor	CS
23	Demonstrates technical skill in nursing activities where required	NC
24	Shows genuine interest in patients and their care	NC
25	Is objective and fair in the evaluation of the student	CS

TC=Teaching Competence

NC=Nursing Competence

CS=Consideration of Students

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