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## Nursing Students' Perceptions of Clinical Instructor Behaviors that Affect the Development of Self-Confidence

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NURSING STUDENTS' PERCEPTIONS OF CLINICAL INSTRUCTOR  
BEHAVIORS THAT AFFECT THE DEVELOPMENT OF SELF-CONFIDENCE

By

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A THESIS

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## ABSTRACT

### NURSING STUDENT'S PERCEPTIONS OF CLINICAL INSTRUCTOR BEHAVIORS THAT AFFECT THE DEVELOPMENT OF SELF-CONFIDENCE

By

Debra E. Veltkamp

The purpose of this study was to determine clinical instructor behaviors that students perceive as important in promoting or hindering their development of self-confidence. One hundred fifty eight associate degree and baccalaureate nursing students rated 21 clinical teaching behaviors on the degree each helped or hindered their self-confidence as nurses and responded to two open-ended questions by identifying additional behaviors. Factor analysis of these behaviors revealed six dimensions of clinical teaching that characterized the instructor as: encourager, evaluator, discourager, enabler, benevolent presence, and resource. All behaviors contributing to the dimensions of clinical instructor were rated by students as helpful in their development of self-confidence with the exception of instructor as discourager. The instructor as encourager were the most helpful behaviors followed by instructor as enabler. The least helpful behaviors after the instructor as discourager were the instructor as evaluator.

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## CHAPTER 1

### INTRODUCTION

Inherent to becoming comfortable and successful in the practice of nursing is a process of professional socialization, whereby the student or neophyte nurse progresses not only in skill acquisition but also in the ability to act and make decisions within the professional culture (Kramer, 1974). This professional socialization culminates in the integration of professional role identity and self-concept and identification of the self as "nurse" (Kelly, 1992).

The process of professional socialization is introduced and nurtured within the student nurse throughout the education period, and continues on as he/she begins to practice nursing. One essential aspect of the nursing students' professional development is a move toward gaining self-confidence in themselves and their ability to function as nurses. Studies have shown that low self-confidence appears to impede professional role development and diminishes effective performance (Flagler, Loper-Powers, & Spitzer, 1988).

Kramer (1974) reported that lack of self-confidence caused new graduates to function ineffectively and to fail

at making fundamental improvements in nursing care that were expected. They experienced a sort of "reality shock" as they moved into a new culture where interpersonal competence was expected and essential for effective functioning. Carpenito and Duespohl (1985) discussed the favorable influence of a positive self-concept on the person's ability to apply energy toward creative endeavors and toward meeting goals. Kelly (1992) pointed out that feelings of inferiority and inadequacy resulted in students who could not be creative or take risks.

Self-confidence is not a skill that can be taught in the classroom. It is an attribute that cannot be transferred but it must be acquired by being fostered and modeled. Students build confidence in their ability to function as nurses by experiencing successes in the clinical area (Flagler et al., 1988). Only by practicing and mastering new role skills, can students overcome commonly experienced feelings of incompetence and inadequacy and begin to move toward self-confidence in their professional abilities (Cotanch, 1981). This can only occur in the clinical area where the student is given the opportunity to put into practice what has been learned in the classroom.

The clinical experience of nursing students is an important part of the nursing education program. Clinical instructor effectiveness can affect student outcomes. The relationship between the nursing student and the clinical

instructor is an important one (Sieh & Bell, 1994). Clinical instructors can promote successful experiences in the clinical area and assist in increasing the student's self-confidence. A number of studies have identified that the instructor's display of confidence in the student has enhanced learning and promoted the development of self-confidence (Wong & Wong, 1978; Gallagher, 1992). Brown (1981) surveyed nursing students and faculty about characteristics of an effective clinical instructor. More than any other item, students ranked the item "conveys confidence in and respect for students" as very important.

If clinical instructors play such an important role in the development of the student's self-confidence, it is important to identify specific behaviors of clinical instructors that affect the student's self-confidence. One way of determining these is by eliciting the perceptions of student nurses.

#### Purpose

This study is a replication of a study done by Flagler, Loper-Powers, and Spitzer in 1988 entitled "Clinical teaching is more than evaluation alone!". The purpose of this study was to determine clinical instructor behaviors that students perceived as important in promoting or hindering their development of self-confidence.

## CHAPTER 2

### CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

#### Conceptual Framework

The conceptual framework for this study was based on the theory of invitational education as proposed by Purkey and Novak (1984). Invitational education is defined as "the process by which people are cordially summoned to realize their relatively boundless potential" (Purkey & Novak,p.3). It is a systematic way of describing the process of communication between teachers and students where learning is the result. Research in the field of education points to the fact that it is the teacher who primarily influences the students' perceptions of themselves as learners through his or her attentiveness, expectations, encouragement, attitudes, and evaluations. These teacher characteristics affect the students' self-concept or self-perception as a learner (Purkey & Novak).

The nursing literature has also documented the significance of the relationship between the student and the instructor. Reilly and Oermann (1992) state that the interpersonal dimension of teaching is a critical variable in the way students are taught and it should not be

underestimated. A number of studies found that relationships with students was ranked by faculty and students as the most important characteristic of the clinical teacher (Bergman & Gaitskill, 1990; Brown, 1981; Knox & Mogan, 1987; O'Shea & Parsons, 1979).

Invitational education suggests that students must be invited to perceive themselves as learners, and teachers are the primary force in establishing this perception by sending the appropriate invitations to them. The term invitation, as applied here, is "a summary of messages, verbal and nonverbal, formal and informal, that are sent to students with the intent of affirming for them that they are responsible, able and valuable" (Spikes, 1987, p. 26). According to Spikes, an inviting message is a "doing with" rather than a "doing to" process and is an effort to establish a beneficial alliance based on optimism, trust, respect and intentionality. A disinviting message informs its recipients that they are irresponsible, incapable, and worthless and that they cannot participate in actions of any significance (Purkey & Novak, 1984).

Invitational education has its roots in the perceptual approach to understanding human behavior. Rather than viewing people as objects to be stimulated, shaped, or conditioned, the perceptual tradition views people as they see themselves, others, and the world. It takes as its starting point the notion that each person is a "conscious

agent". He or she experiences, interprets, decides, acts, and is ultimately responsible for his or her own actions (Purkey & Novak, 1984). Therefore, behavior is based on how one sees the world at the moment of behaving. Perceptions can be learned and can change as a result of a person's present and past experiences.

Another basis for invitational education is self-concept theory. The way one perceives him or herself is the basic motive behind all human behavior. By experiencing the world through inviting and disinviting interactions with significant others, the developing person forms a self-perception or self-concept. This serves to guide behavior and to enable each individual to assume particular roles in life. Each person has a strong tendency to protect his or her self-concept against conflicting pressures, to think as well of oneself as circumstances permit, and to want to be regarded positively by others (Purkey & Novak, 1984).

Invitational education centers on four basic principles: (a) people are able, valuable, and responsible and should be treated accordingly; (b) teaching should be a cooperative activity, (c) people possess relatively untapped potential in all areas of human development, and (d) this potential can best be realized by places, policies, and programs that are specifically designed to invite development, and by people who are personally and professionally inviting to themselves and others (Purkey & Novak, 1984).

The framework of invitational education provides a strong theoretical base for the analysis of student-instructor relationships. The principles of interactions advocated by invitational education are very similar to the components of an effective student-instructor relationship in the clinical setting. Behaviors of the clinical instructor can be identified according to their inviting or disinviting nature and can be further analyzed as to their effectiveness. Instructor behaviors that are inviting, that affirm the student as responsible, able, and valuable will have a great influence on how students see themselves as nurses and on the development of their self-confidence.

The instructor behaviors that were delineated by Flagler, Loper-Powers, and Spitzer (1988) that influence the development of student's self-confidence, can be viewed in relation to Purkey and Novak's four principles of invitational education (see Table 1). It is important to note that behaviors found to promote the development of self-confidence such as " gives positive feedback", "is accepting of students' questions", and "encourages students to ask questions", can all be considered to be inviting behaviors. Conversely, those found to hinder the development of self-confidence such as the items "unannounced the instructor observes students providing care" and "gives mostly negative feedback" would be classified as disinviting behaviors.

Table 1

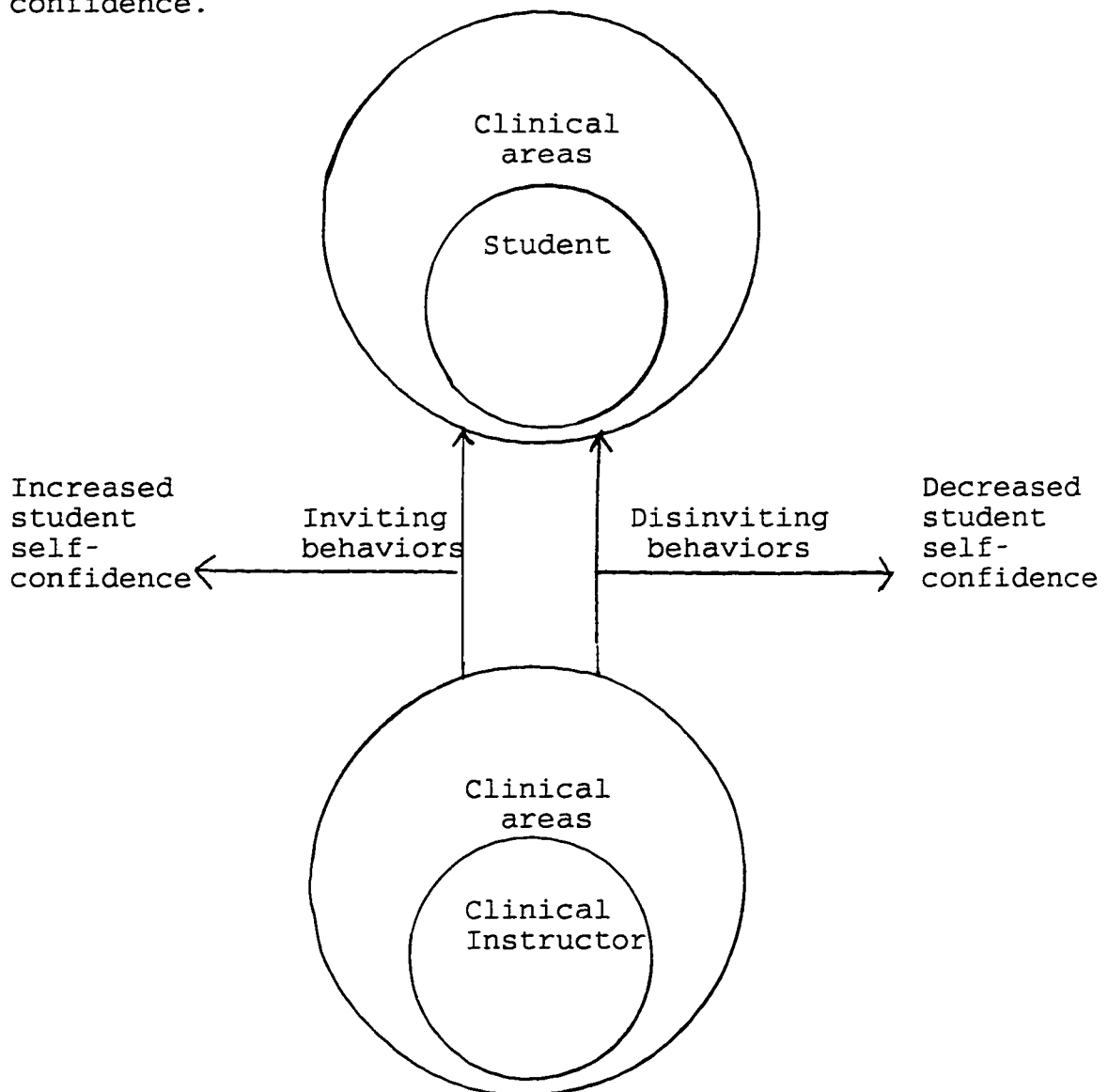
Instructor Behaviors from Flagler et al. Interfaced with  
Purkey and Novak's Principles of Invitational Education

Principles of Invitational Education	Instructor Behaviors
1. People are able, valuable and responsible and should be treated accordingly	Gives positive feedback While observing student providing care, instructor is present for support Instructor clarifies purpose of his/her presence in observing student providing patient care
2. Teaching should be a cooperative activity	Accepting of student's questions Encourages students to ask questions Encourages discussion of patient care Instructor is readily available to the student on the clinical unit Assists students in answering their own questions Expects report of patient care at specific time each day Asks questions re: patients and patient care at random times Gives mostly negative feedback
3. People possess relatively untapped potential in all areas of human development	Provides opportunities for student's independent actions Holds students responsible to seek help
4. Potential can best be realized by policies and programs that invite development and by peo- ple who are personally and professionally inviting	Creates a climate in which less than perfect performance is acceptable While observing student, instructor is available for evaluation Unannounced, observes students



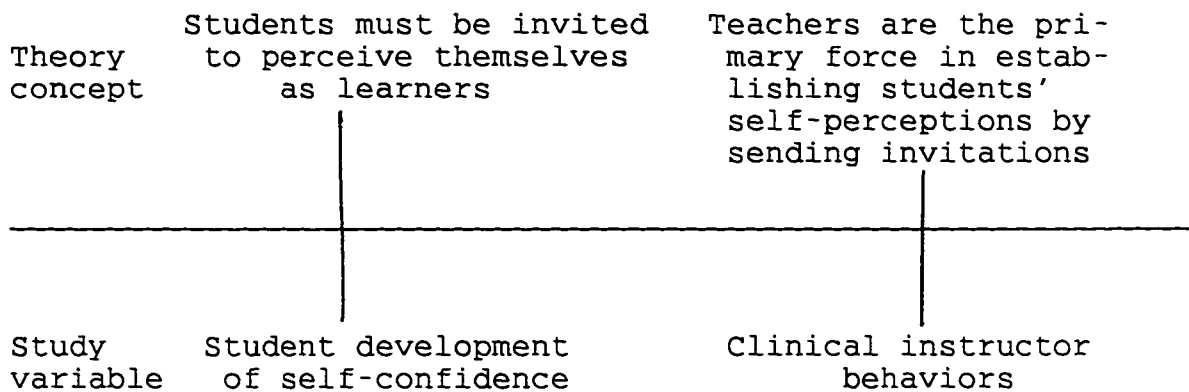
Based on Purkey and Novak's principles, it can be assumed that inviting behaviors will promote the development of self-confidence and disinviting behaviors will hinder its development (see Figure 1). The use of inviting or disinviting behaviors by the clinical instructor will have an effect on the student's self-confidence.

Figure 1. Effect of instructor's use of inviting or disinviting behaviors on the student's development of self-confidence.



The concepts of the theory of invitational education interface well with the variables of this study and can be viewed as they directly relate to one another. This is demonstrated in Figure 2.

Figure 2. Relationship between theory concepts and study variables



### Review of Literature

The literature was reviewed to include the variables of interest as well as related topics. A number of articles, studies and books that deal with the self-confidence development of student nurses were examined, including the study being replicated. Closely related to the development of self-confidence in nursing students is the acquisition of the self-concept of nurse. Studies that examine the professional socialization and role development of nursing students were reviewed. The final body of literature that was reviewed deals with teaching behaviors of effective clinical instructors.

### Literature on self-confidence

Kramer in her 1974 publication entitled Reality Shock, looked at the transition of the graduate nurse into practice and observed that lack of self-confidence is a primary cause of an inability to function effectively. She found that self-esteem and self-confidence are important predictors of success on the first job and the new graduate often has difficulty translating knowledge into smooth technical performance. This contributes to their feeling of inadequacy in meeting employers' expectations.

The development of self-confidence in nursing performance must begin during the education process if the new graduate is to proceed confidently into clinical practice. An editorial by Lucia Copeland (1990) emphasizes that it is imperative that student nurses be empowered with confidence throughout the process of their education. She feels that an effective way to do this is to have regular group meetings, or post-conferences, where the positive aspects of the clinical day are accentuated. Specific strategies include dominating post-conferences with positivity, giving specific rather than general positive feedback, and promoting peer feedback.

In Mentoring the novice (Policinski & Davidhizar, 1985), the authors point out that student nurses experience stress and anxiety and may become overwhelmed when called upon to perform on the clinical unit. The student may feel

insecure in the new environment and may be overstimulated when change occurs and priorities must be readjusted. There may be the threat of authority figures including instructors, doctors, nurses and other unit personnel, and there is fear related to the unknown. Faculty can guide students through this maze and nurture their self-confidence.

Meissner (1986) refers to a situation within the nursing profession where the self-confidence of the student and novice nurse is often undermined by others. Nursing educators, nursing administrators, and nurse colleagues who have unrealistic expectations of the novice, all contribute to this situation. The move of nursing education from apprenticeship diploma training to the academic setting has also been a factor in that students do not practice as often in the familiar setting where they were educated.

Bellefleur (1991) hypothesizes that demands on the nurse have changed from a time when nurse's functions were more predictable and consistent. The nurse is now called on to be resourceful and confident and to make decisions on his or her own initiative. Bellefleur believes that today's nursing education emphasizes learning to perform without building the self-confidence in one's own ingenuity or independent judgment. She also feels that clinical self-confidence "depends as much on charismatic as on cognitive factors"(p.100), and it is hands-on practice that engenders

self-confidence. Guided practice in the laboratory setting is an indispensable part of building self-confidence in the student nurse.

Ellis (1980) conducted a study to determine how self-confidence and self-concept levels differ among students at each level in a baccalaureate program. She hypothesized that if students' self-confidence changes as a result of their education and increased practice, there should be differences between freshmen, sophomores, juniors, and seniors on the Tennessee Self-Concept Scale (Fitts, 1965). The scale consisted of 100 self-descriptive Likert-type statements that portray an individual's self-concept and self-esteem. It was administered to 177 students in a small midwestern private college at the beginning of the fall semester. This was done before those students with a clinical component would tend to be influenced by that experience. The study found that self-concept levels did appear to vary but rather than being the highest among seniors, students in their sophomore year were found to have the highest levels of self-confidence, with a steady decrease through the senior year. Statistically however, these variances were not significant. The major limitation of the study seems to be that the Tennessee Self-Concept Scale may not be sufficiently sensitive to measure a statistically solid amount of variance in the results. There was no measure of reliability or validity reported.

Also the study used a cross-sectional research design while the research question was of a longitudinal nature. Ellis stated that nursing faculties have been accused of destroying self-concept and self-confidence by their approaches to students, and she suggests that the presence of the instructor until graduation day may contribute to this lack of self-confidence. This may be true, but at issue is the need for the instructor to balance behaviors that increase the student's self-confidence and independence with those that are necessary to insure the safety of the client.

The most significant work that has been done on relating the student's development of self-confidence with instructor behaviors is the study that is being replicated. This original research was conducted by Flagler, Loper-Powers, and Spitzer (1988). The purpose of the study was to determine baccalaureate nursing student's perceptions of clinical teaching behaviors that help or hinder the student's development of self-confidence as a nurse. A survey method was used to collect data utilizing an instrument consisting of two parts. The first part contained 16 clinical instructor behaviors that respondents were asked to rate on a 5-point scale, as to the degree each behavior helped or hindered their self-confidence as a nurse. The second part of the questionnaire consisted of open-ended questions in which the respondent was requested

to identify additional clinical instructor behaviors that influenced the development of self-confidence.

The questionnaire was given to 155 baccalaureate nursing students who had received from five to seven quarters of clinical instruction. Ratings of the 16 instructor behaviors found the item entitled " gives positive feedback" as being the most favorable behavior while the item " gives mostly negative feedback" was the least favorable. The major categories of response from the open-ended questions were " giving positive reinforcement", "showing confidence in the student", "encouraging and accepting questions", "providing support" and "giving specific feedback" as helpful behaviors. Negative behaviors were " no feedback" or "negative feedback only", "intimidation", and "distress about the student's lack of knowledge or performance".

The researchers conclude that the major value of the study is that it reinforces the importance of not viewing clinical instruction as unidimensional or primarily evaluative but that other dimensions of instruction strongly contribute to the student's development of self-confidence. If the student's professional development is to be fostered, teaching behaviors that encourage the development of self-confidence must be utilized.

Limitations of the study were related to the utilization of a non-random sample and a questionnaire

without previously established validity and reliability. Content validity was established by selecting the items from literature on clinical teaching and submitting the items to nursing faculty to verify applicability of each behavior to clinical teaching. The sample size was adequate considering a 16-item questionnaire and a sample size of 155. Factor analysis was appropriately performed to correlate the variables in the data set and five aspects of clinical instruction were identified. These were the instructor as resource, evaluator, encourager, promoter of patient care and the instructor as benevolent presence.

The findings of the studies reviewed dealing with self-confidence in the nursing student agree that self-confidence is essential for effective functioning in the student as well as the novice nurse. Since the clinical instructor has been shown to have an important role in the student's development of self-confidence, it is therefore valuable to determine what behaviors are most effective in assisting the student toward this goal.

#### Research related to self-concept as nurse

One objective of nursing education is the socialization of students into the professional role of nurse. The student nurse must integrate the culture of nursing into the self-concept and develop a professional role identity. Nursing educators have a powerful potential for molding the professional self-concepts of their students. For proper



socialization to occur, a positive relationship must exist between faculty and nursing students and self-confidence must be nurtured.

Kelly (1992) found in interviewing 23 senior nursing students that they perceived themselves as caring and competent but they were lacking in confidence. They were highly influenced by caring role models and the qualities they used to describe themselves were reflections of what they admired most in their role models. Kelly concluded that nursing educators have a powerful potential for molding the professional self-concepts of their students as well as possessing an equally powerful potential for having a negative impact.

Olson, Gresley, and Heater (1984) hypothesized that since students decrease in self-esteem as they progress through school, an internship program that allowed them to further practice skills before becoming an independent practitioner, would increase their self-confidence and role identity. The results of the study did not support this hypothesis and it was felt that earlier studies supporting internship programs were purely subjective and had no empirical significance. The authors feel that these costly programs should not be continued unless further documentation of benefits is substantiated.

Cotanch (1981) studied junior and senior nursing students' level of self-actualization and their self-

perception. She found that a change in self-confidence, self-acceptance, and self-actualization is part of professional socialization which is likely to occur as students become familiar with the expectations demanded by their profession. As the self-concept of nurse becomes integrated into the student's self-concept, there is an increase in self-confidence and self-esteem. This process primarily occurs in the clinical laboratory where students are given the opportunity to practice previously learned skills.

George (1982) sought to determine at what stage in the education of student nurses the status of nurse is incorporated into the self-concept. Students were asked to give twenty answers to the question, "Who am I?", and the number of responses related to nursing were tabulated. It was hypothesized that the number of nursing references would increase as students progressed through the program, but this was not supported. George concluded that the objective of socializing nursing students into the professional role of nurse is not being adequately accomplished.

In summary, there is agreement in the literature that student nurses must integrate the professional role of nursing into their self-concept as part of the education process. Much of the opportunity to accomplish this is provided in the clinical area and the clinical faculty play an essential role in the process. Nursing educators have a

powerful potential to either positively or negatively impact this process. One study concluded that the objective of socializing students into the professional role of nursing is not being adequately accomplished. Another found that the development of internship programs in an effort to facilitate increased role identity has not accomplished that purpose.

#### Studies related to effective clinical instruction

There are a substantial number of studies which examine clinical teaching and what behaviors, actions, and activities of the clinical instructor are effective in promoting learning.

O'Shea and Parsons (1979) conducted a study to compare effective and ineffective teaching behaviors as described by students and faculty. A two-item written questionnaire was administered in which respondents were asked to list three to five teacher behaviors that they felt facilitated or interfered with learning in the clinical setting. The responses were sorted into three broad categories: evaluative behaviors, instructive/assistive behaviors, and personal characteristics. Faculty and students agreed on the importance of feedback to learning. There was also agreement that giving only negative feedback or none at all interferes with learning. In the category of instructive/assistive behaviors, faculty availability was the behavior noted by all groups to be the most facilitative of learning.

The most marked difference of opinion was in respect to role modeling. Faculty indicated role modeling as a facilitative behavior five times as often as students did. In the category of personal characteristics, it was generally agreed that friendly, understanding and supportive behaviors facilitate learning. Teachers that were authoritarian, intimidating, criticized in the presence of others, impersonal, took over assignments, and lacked clearly defined expectations were felt to be ineffective.

Knox and Mogan conducted two studies, one published in 1985 and the other in 1987, which also investigated faculty and student's perceptions of effective clinical teacher behaviors. Evaluation was the highest ranked category by all respondents in the 1985 study. There were also high scores ascribed to interpersonal relationships, and the lowest overall rating was given to personality. Faculty ascribed the second lowest importance to teaching ability and the second highest importance to nursing competence. This may be a direct reflection of nursing faculty having been educated as nurses before they became educators (Knox & Mogan, 1985). Both faculty and students in the 1987 study perceived "best" clinical teachers as good role models who enjoyed nursing and teaching. They were seen as self-confident, skilled clinicians who were well prepared and took responsibility for their own actions. They were also approachable and fostered mutual respect. Students

perceived "worst" clinical teachers as unapproachable and lacking empathy while faculty identified attributes such as deficient communication skills, lack of enjoyment of nursing, and inability to effectively evaluate students as being most negative (Mogan & Knox, 1987).

Brown (1981) also compared students' and faculty's descriptions of effective characteristics of clinical teachers. She hypothesized that students and instructors would be similar in their responses but found that in fact there was little congruence. Students regarded interpersonal relationships as more important than professional competence, while the faculty group ranked professional competence as the most important behavior. Both groups ranked personal attributes as the lowest.

Bergman and Gaitskill (1990) replicated and extended Brown's study to include a comparison of the findings between the grade level of students. They however, hypothesized that faculty and students would differ in their views of effective teacher characteristics. Their hypothesis was not supported as both groups indicated instructor interpersonal relations as most important over the professional or personal attributes of the instructor. They found partial support for the concept that as grade level increases, student's perceptions will more closely resemble those of the faculty. Both groups identified certain characteristics as effective. They were: 1) shows

genuine interest in patients and their care; 2) conveys confidence in and respect for the student; 3) is well informed and able to communicate knowledge to students; 4) provides useful feedback on student progress; 5) encourages students to feel free to ask questions or to ask for help; and 6) is objective and fair in the evaluation of the student. The study revealed that respect for students and a display of confidence in their abilities are effective characteristics, as was supported in Brown's (1981) study.

Windsor (1987) sought to understand clinical teaching from the senior student's perspective. Results of the study revealed that the quality of learning was affected by the quality of the student's preparation, characteristics of the instructor, and the variety of clinical opportunities to which students were exposed. The major categories of learning were classified as nursing skills, time management, and professional socialization. Students indicated that their relationships with instructors, as well as staff nurses, patients, and peers were important in their clinical experience.

Krichbaum (1994) sought to give empirical support to teacher behaviors generally thought to be effective by exploring 24 specific behaviors in relation to learning outcomes of nursing students in critical care. It was found that there was a strong correlation between the practice of

these behaviors and positive learning outcomes including both cognitive gain and effective clinical performance.

Only one study was found that used associate degree nursing students and faculty in its sample (Sieh & Bell, 1994). There was agreement between this study and Mogan and Knox's (1987) study on six of the ten most discriminating characteristics: takes responsibility for own actions, demonstrates clinical skill and judgment, is approachable, is well prepared for teaching, and is a good role model. In this study "is a good role model" was rated eighth, whereas it was the most critical characteristic rated in Mogan and Knox's study. This may be related to less emphasis and value placed on role modeling at the associate degree level. The students rated evaluation as the highest characteristic and personality traits as the least important which is in agreement with Brown's (1981) and O'Shea and Parson's (1979) studies.

Reeve (1994) utilized findings from studies reported in the literature previously done on effective clinical instruction to develop a tool for student evaluation of clinical instructors. The tool identifies 50 characteristics of effective clinical teachers which students can then utilize to evaluate specific teachers. Zimmerman and Westfall (1988) developed a tool entitled Effective Teaching Clinical Behaviors (ETCB) which

delineates 43 items by which students can evaluate clinical instruction.

A number of articles and studies have been published that deal specifically with the relationship between the student and clinical instructor. Griffith and Bakanauskas (1983) identified nine behaviors that are important in relationships with students. These include: shows a positive view of self and others; accepts students as worthy, unique learners; establishes a responsive environment; utilizes authentic, open, personal communication; demonstrates empathetic listening; serves as a role model and resource; emphasizes student's personal responsibility in learning; provides successful learning experiences; and gives honest appraisal and evaluation.

Positive feedback has been indicated by many students as a very important clinical teaching behavior (O'Shea & Parsons, 1985; Flagler et al., 1988; Windsor, 1987). Gallagher (1992) emphasizes that reinforcement must be something that the teacher has the power to deliver, it should be delivered immediately after the response, and it must be a reinforcer for that particular student. Feedback can be in the form of verbal praise, gestures, or special privileges. Layton (1969) found that students felt the most helpful attitude of instructors was to demonstrate interest in and acceptance of the student as a person. A threatening



or sarcastic approach was found to most often hinder learning.

Nursing students need to be taught the concept of caring and how it is used in the delivery of nursing care. One way students learn caring is by having it demonstrated by nursing faculty. Beck (1991) performed a phenomenological study where students were asked to relate a caring incident they had experienced with a faculty member. The conclusions that she derived after analyzing the data were that faculty need to surround students in a caring environment, caring can be applied to varied student-faculty situations, and students need to feel respected and valued.

In summary, clinical teaching is a major component of nursing education. Effective or ineffective teacher behaviors will enhance or obstruct learning in this setting. Identification of teacher behaviors that are effective and valued is necessary so that teachers may function more effectively. In general, the effective teacher is one who possesses professional competence, self-confidence, good interpersonal skills, and the ability to evaluate fairly and appropriately.

#### Summary and Implications for Study

There is agreement in the literature that self-confidence is essential for effective functioning in the student nurse. There is also the belief that the clinical

instructor has a major effect on the student's development of self-confidence and that the relationship between the student and the instructor is an important one. One researcher (Ellis, 1979) made the implication that faculty frequently destroy self-confidence by their approaches to students. If this is true, then it is imperative to identify specific behaviors that instructors use that destroy or enhance the student's self-confidence. Not only will this promote the development of the student nurse, but it will aid in the transition from student to practitioner. This information can then be utilized by educators to promote effective teaching and to assist the student in professional socialization.

#### Research Questions

Two questions were addressed in this study:

- 1.) What clinical instructor behaviors do nursing students perceive as important in promoting the development of self-confidence as a nurse?
- 2.) What clinical instructor behaviors do nursing students perceive as detrimental to the development of their self-confidence as a nurse?

#### Definition of Terms

- 1.) Self-confidence as a nurse - "A person's trust or belief in his or her ability to function as a professional

nurse" (Flagler et al., 1988, p. 342).

2.) Clinical nursing instructor (teacher) - An instructor of nursing students in the practice setting.

3.) Student nurse - A student who is admitted to the nursing program of a college or university and engaged in the study of nursing in pursuit of an associates degree or bachelors degree in nursing.

4.) Clinical instruction - The supervision of students as they practice learned skills in a client care setting.

## CHAPTER 3

### METHODOLOGY

#### Research Design

A non-experimental descriptive design was utilized to describe student nurses' perceptions of how clinical instructors influence their development of self-confidence. Data was collected from student nurses through the use of a written questionnaire.

#### Sample and Setting

Subjects were selected from three undergraduate nursing programs located in Western Michigan. Two were baccalaureate nursing programs and the third was an associate degree program. It was felt that both types of programs could be used because instructor behaviors in dealing with student nurses would not be different because of the type of program. This is supported in the literature, where a study was done determining effective clinical teacher behaviors in associate degree programs (Seih & Bell, 1994) and results were very similar to those done in baccalaureate programs (Brown, 1981; Mogan & Knox, 1987; O'Shea & Parsons, 1979). The only difference was a

stronger emphasis placed on role modeling from the subjects in baccalaureate programs.

This was a convenience sample because of the accessibility of the researcher geographically to these students. There were 165 students present in the classrooms at the time that data was collected who were eligible to participate in the study. Eight students were involved in another activity and didn't complete the questionnaire. The sample included a total of 158 subjects with 59 from the associate degree program and 38 and 61 from each of the baccalaureate programs.

Various criteria were used to select the sample: (a) subjects had to be enrolled in a nursing course with a clinical component at the time that data was collected, (b) subjects had to have completed at least two courses having clinical components involving direct patient care under the supervision of an instructor, and (c) subjects had to have been instructed by at least two different instructors in the clinical setting.

The subjects ranged in age from 19 to 48. The mean age was 26, and 50% of the sample were either 21 or 22. Females comprised 91% of the sample and 9% were male. The question on marital status revealed that 55% had never been married, 39% were married and 6% were widowed or divorced. The sample was quite ethnically homogeneous with 150 (95%) of the subjects indicating that they were Caucasian and only 8

(5%) indicating that they were other races. The majority of them (80%) had not been educated in any other discipline. Of the 20% (31 subjects) that did have other education, 4 had associate degrees, 3 had education in Spanish, 3 in religion and the remaining 21 had education in a variety of areas.

The question regarding previous experience in health care revealed that the majority of the subjects (79%) had some prior experience. Of these 125 subjects, 87 or 55% of the sample had been employed as nurse's aides and 12 (8%) were already licensed as practical nurses. The other 26 subjects who had previous health care experience had been employed in a variety of areas such as: emergency medical technician, unit secretary, volunteer, medical transcriptionist, medical assistant, pharmacy technician, veterinary assistant, and nurse extern.

The subjects had been taught by at least 3 and as many as 10 different clinical instructors, with a mean of 5 instructors. Thirty seven percent of the subjects were enrolled in an associate degree nursing program and 63% were enrolled in a baccalaureate program.

### Instruments

Two instruments were utilized in the study. One was titled Revised Survey on Clinical Instructor Behavior and

Student's Self-Confidence as a Nurse. The other was titled Demographic Information.

Revised Survey on Clinical Instructor Behavior and Student's Self-confidence as a Nurse

This was a Likert-type questionnaire which contained a list of twenty-one specific clinical instructor behaviors (see Appendix A). Students were asked to respond as to the degree these helped in their development of self-confidence ("very much" or "some") or hindered in their development of self-confidence ("very much" or "some"). There was also a response labeled "does not apply" if the student felt the behavior had no effect on their self-confidence. The survey contained two open-ended questions intended to elicit any additional behaviors that students felt were influential in their development of self-confidence (see Appendix A).

The tool was developed by Flagler, Loper-Powers, and Spitzer (1988), the authors of the study that was replicated. Permission was obtained for its use and duplication (see Appendix B). It was modified by this researcher with the addition of five items to the original instrument. Items 17 through 21 were the items that were added in the revised survey (see Appendix A). These items were based on responses to the open-ended questions in the original study.

Content validity was established by the original authors of the instrument (Flagler et al., 1988). This was

done by choosing behaviors from the literature on effective clinical teaching. These items were reviewed by a group of clinical instructors to verify the applicability of each behavior to clinical teaching. Face validity was established by this researcher by soliciting agreement of appropriateness from colleagues (9 RN MSN students) and two professors of nursing education.

Construct validity was examined using data from the present study by the means of a factor analysis to identify the principal components. Orthogonal rotation was done using the varimax rotation technique available in SPSS\PC software. This process revealed six factors which were responsible for 59.6% of the total variance. This finding will be discussed further in Chapter 4 in the section entitled additional findings of interest.

Reliability was not established in the original research or at least it was not reported. A Cronbach alpha was calculated using this study's results and was found to be .70 which reflects a moderate degree of internal consistency.

Stability was established by the administration of a test/retest on the instrument, using only the 16 items of the original survey. This was done with a sample of 15 nursing students over an interval of one week. These were ADN students who met the sample criteria. The correlation



coefficient was found to be .68 ( $p < .01$ ) which reflected a moderate relationship between the two tests.

### Demographic Information

The demographic data survey elicited basic demographic data as well as more specific data which was helpful in describing the study's population. Information on sex, age, marital status, and ethnic background was elicited. Several questions elicited information about education in areas other than health care. Respondents were also asked to give information about experience in health care and the number of instructors that had supervised them (see Appendix C).

### Procedure

Permission to collect data was obtained from the Human Research Review Committee of Grand Valley State University (see Appendix D) and from the institutions where data was collected. The director of each program was contacted to obtain permission and direction on which classes would be appropriate for collecting data. Arrangements were made with individual faculty members to collect data at the end of a class period. Data was collected at all three sites over a one month period.

The researcher distributed the questionnaire to the subjects and provided a container at the front of the classroom in which to return completed questionnaires. The purpose of the study was explained to the students and

verbal instructions were given on how to complete the questionnaire. It was emphasized that all items should be completed. Consent to participate in the study was implied by the completion of a returned questionnaire, which was explained to the subjects. Participation was completely voluntary and subjects were told they could terminate at anytime while completing the questionnaire. Those not wishing to participate were invited to leave the room at anytime or return a blank questionnaire. Students were asked not to put their name on the questionnaire and they were assured that individual results would not be shared. In relation to the open-ended questions, the students were informed that they could discuss a specific incident or a general behavior that had affected their development of self-confidence, but were told not to identify the particular instructor involved. They were told to focus on the instructor's behavior and not some other situation in the clinical area that might have influenced their development of self-confidence (see Appendix E for script). Questionnaires were collected as students left the room and a token of appreciation (candy) was offered.

In two of the programs where data was collected, the faculty members were eager to have their students involved in the research process and conveyed that to their students. All of the students in these programs completed the questionnaire and were generally very thorough in completing

the open-ended questions. In the third program, with the smallest number of subjects, the questionnaires were distributed while students were also involved in signing up for clinical rotations. Several students did not complete the questionnaire, a few had missing data, and a number did not answer the open-ended questions.

Risk to subjects was minimal since no experimentation was done. One risk might have occurred if confidentiality or anonymity was breached and specific instructors were made aware of individual student responses. This would be most detrimental if specific incidents related on the open-ended questions were shared. The result might be a change in attitude of the instructor toward the student or a poorer grade or evaluation. This was controlled by only allowing the researcher, who was not a clinical instructor of any of the subjects, to have access to the questionnaires.

## CHAPTER 4

### RESULTS

Data was analyzed using the Statistical Package for the Social Sciences (SPSS). The twenty-one items on the Likert-type scale were analyzed individually by frequency and percent of response. The responses on the open-ended questions were reviewed and categorized with similar responses. Out of this analysis, there were eight helpful behaviors and nine hindering behaviors that were identified. These 17 responses were coded for each subject to indicate whether the behavior had been mentioned or had not been mentioned by that subject. Frequency and percent of response were determined for each category.

Surveys with missing data were included in the sample. Missing responses were coded as such and percent of response and valid percent of response on each item were computed.

All of the 158 subjects (100%) who received the questionnaire, completed the first part which contained the 21 items on a Likert scale. In addition, 139 of the subjects (88%) wrote further comments on the open-ended questions in the second part of the survey.

The students' ratings of the 21 instructor behaviors are displayed in Table 2. The behaviors have been reordered from those most frequently rated as helpful to those most frequently rated as hindering the development of self-confidence. In the following discussion, these ratings along with the additional comments that were given in the open-ended questions will be presented as they related to the two research questions proposed by this study.

#### Research Question #1

Research question #1 states, "What clinical instructor behaviors do nursing students perceive as important in promoting the development of self-confidence as a nurse?" When responses from the first part of the survey were ranked by valid percent of response, the item that received the greatest weight as being most helpful was "gives positive feedback". A close second to this instructor behavior was "accepting of student's questions". Other behaviors that students felt helped in their development of self-confidence were: "shows confidence and trust in students", "encourages students to ask questions", and "provides opportunities for student's independent actions". Several of these behaviors received a single response in one of the hindering categories, which was unexpected and may indicate measurement errors.

Of the 158 subjects, 129 or 82% of the sample, responded to the open-ended question in the second part of

Table 2  
Students' Ratings of Clinical Teaching Behaviors That Promote  
or Hinder Their Development of Self-Confidence By Valid  
Percent of Response (N=158)

Instructor Behavior	Valid Percent of Response				
	Very Much	Helps Some	Does Not Apply	Hinders Some	Very Much
Gives positive feedback (IV)	90	9	0	1	1
Accepting of student's questions (II)	89	11	0	1	0
Shows confidence and trust in students (II)	86	13	0	1	0
Encourages students to ask questions (II)	80	20	0	1	0
Provides opportunities for students' independent actions (IV)	76	22	0	1	0
Instructor is readily available to students on the clinical unit (IV)	71	20	2	6	1
Encourages discussion of patient care (II)	70	28	1	1	1
Creates a climate in which less than perfect behavior at new skills & application of know- ledge is acceptable (II)	63	28	1	7	1
While observing student giving care, instructor is present for support (V)	57	34	3	6	0
Assists students in answer- ing their own questions (VI)	42	49	1	8	0
Instructor clarifies purpose of his/her presence in observing student giving care (V)	41	48	8	1	2

Table 2 (continued)  
Students' Ratings of Clinical Teaching Behaviors That Promote  
or Hinder Their Development of Self-Confidence By Valid  
Percent of Response (N=158)

Instructor Behavior	Valid Percent of Response				
	Helps Very Much	Some	Does Not Apply	Hinders Some	Very Much
Holds students responsi- ble for when to seek help (III)	41	46	4	8	1
Asks questions re: patients and patient care at random times (III)	32	45	4	18	1
Expects report of patient care at specified time each day (III)	26	43	15	25	1
While observing students pro- viding care, instructor is present for evalua- tion (III)	22	39	4	28	8
Makes a distinction between teaching time and eval- uation time (VI)	17	45	22	11	5
Unannounced, the instructor observes student pro- viding patient care (III)	7	35	8	44	5
Gives mostly negative feedback (I)	0	5	6	32	57
Appears distressed about students' lack of know- ledge or performance (I)	1	5	9	23	61
Gives no feedback (I)	1	1	10	15	73
Criticizes students in the presence of others (I)	1	1	13	8	78

NOTE: Items have been ordered from most to least helpful. Total percentages greater than 100 reflect error due to rounding numbers. The Roman numeral in the parentheses indicates the factor in the present study for which the item had the highest loading.

the questionnaire about instructor behaviors that enhanced the student's self-confidence as a nurse. The responses were grouped with similar responses. Eight general categories of behavior that the students identified emerged (see Table 3).

Table 3  
Additional Behaviors Identified By Students That Promoted Their Development of Self-Confidence

Instructor Behavior	Frequency	Percent of Response
Gives positive feedback	65	41
Shows confidence and trust in students	52	33
Provides support and encouragement	40	25
Personal characteristics of instructor	23	15
Reviews unfamiliar procedures	19	12
Provides specific and realistic expectations	17	11
Asks questions to elicit knowledge	15	10
Encourages and accepts questions	13	8

The behavior most frequently identified dealt with giving positive, specific feedback with 65 subjects, or 41% of the sample, mentioning this behavior. Students felt that feedback that was frequent, immediate, specific and honest was most helpful. They appreciated constructive criticism given in a positive manner. One student identified the sandwich approach of "good-bad-good" feedback as being



helpful. Several identified the need for nonverbal as well as verbal feedback, and especially found it helpful when instructors identified specific ways for them to improve behavior. Relaying of positive comments from patients and staff and sharing a student's successes in front of the group were also identified as enhancing self-confidence.

The second most frequently identified helpful behavior dealt with the instructor showing confidence and trust in the student with 52 subjects, or 33% of the sample, mentioning this behavior. Many found that it enhanced their self-confidence when instructors encouraged independence and allowed them to perform procedures unsupervised and make decisions independently. Being treated as an equal or a team member and not "just a student" was also helpful.

The provision of support and encouragement by the instructor as an enhancing behavior was identified by 40 subjects (25%). Some specific comments here were helping the students feel at ease, allowing imperfect performance, and giving one-on-one attention. A number of the students felt that their self-confidence increased when the instructor got to know them on a personal level and recognized that they had a life outside of school.

The next most frequently identified category dealt with personal characteristics of the instructor. Traits of the instructor that enhanced their self-confidence were identified by 23 subjects (15%). These included

descriptions such as: friendly, approachable, non-threatening, fun, understanding, relaxed, calm, confident, nonjudgemental, personable, concerned, and "down-to-earth". Instructors who exposed their own imperfections such as mistakes they made as a nurse or incidents that occurred when they were students, or were able to say "I don't know" were also found as helpful.

Another behavior that 19 students (12%) mentioned dealt with the instructor who reviewed unfamiliar procedures with the student before entering the patient's room. This involved "walking through" the procedure step by step before the student had to perform it. Included here was the instructor who sought out frequent opportunities for students to perform procedures.

Providing specific and realistic expectations was mentioned by 17 subjects (11%). Explaining expectations clearly at the beginning of the course and being specific about what was expected were identified as helpful. The instructor who had realistic expectations and didn't expect students to be perfect or know everything enhanced self-confidence.

Fifteen subjects (10%) felt it was helpful when instructors asked questions to elicit their knowledge. This helped "prove to myself that I knew it".

And the final category of helpful behaviors identified by 13 subjects (8%) was the instructor who was encouraging

and accepting of questions. Students found it helpful when they were assisted in answering their own questions and the instructor invited and was available for questions.

### Research Question #2

Research question #2 states: "What clinical instructor behaviors do nursing students perceive as detrimental to the development of their self-confidence as a nurse?" The item that received the largest percent of response (78%) as hindering the most is "criticized students in the presence of others". The next most detrimental behavior (73%) was "gives no feedback, followed by "appears distressed about students' lack of knowledge of performance" (61%), and "gives mostly negative feedback" (57%). There is a sharp drop at this point to 5% of the subjects indicating "hinders very much" in relation to the next response on the scale (see Table 2).

One hundred sixteen subjects (73%) responded to the open-ended question about instructor behaviors that hindered the development of self-confidence. When the responses were grouped with similar responses, there emerged nine general categories of instructor behavior that students identified (see Table 4).

The most frequently identified behavior, which was mentioned by 43 subjects (22%) was giving no feedback or giving negative feedback only. Students felt instructors

Table 4  
Additional Behaviors Identified By Students That Hindered  
 Their Development of Self-Confidence

Instructor Behavior	Frequency	Percent of Response
Gives no feedback or negative feedback only	43	22
Uses intimidation or unfair treatment, is insensitive	33	21
Is not specific or realistic about requirements and expectations	27	17
Personal characteristics of the instructor	23	15
Criticizes in front of others or behind student's back	22	14
Watches too closely or doesn't allow independence	18	11
Takes over the care of the patient	12	8
Is unavailable	11	7
Appears distressed about the student's performance or lack of knowledge	10	6

focused on the negative aspects of their performance or didn't let them know how they were doing or if they were going to pass.

Thirty-three subjects (21%) felt that some instructors utilized intimidation or were insensitive or gave unfair treatment. This included threatening, nagging, ridiculing and belittling the student. Some students felt "put on the spot" and felt that the instructor was trying to catch them "off guard". Another student felt treated as if she was ignorant and that the instructor had the expectation that school had to take priority over other aspects of life. Another said the instructor "asked questions point blank

like bullets being fired; I felt mortally wounded and extremely anxious". Several students mentioned instructors who questioned or ridiculed them during a procedure.

Another hindering behavior mentioned by 27 subjects (17%) was the instructor who was not specific or realistic about requirements and expectations. This included instructors who were unorganized and not clear or specific about what they expected. Students also felt negatively about the instructor who gave little direction to the clinical experience, was "too laid back" and as a result they felt like the experience was a "free for all". Some felt their self-confidence decreased when the instructor allowed them to perform skills that they did not feel prepared for.

Twenty-three subjects (15%) mentioned personal characteristics of the instructor that hindered their development of self-confidence. Some descriptors were: negative, critical, unprofessional, lacking confidence, somber, unhappy, particular, apprehensive, frazzled, anxious, nervous, rushed, one-sided, inflexible, judgmental, stern, and mean. The instructor who didn't appear to enjoy the clinical experience and was a "know-it-all" also reflected negatively on student self-confidence, as well as the instructor who was disliked by the staff and was uncomfortable to be around. Several students felt it hindered their self-confidence if the instructor didnt

introduce herself to the patient and explain her role in relation to the student.

Another negative behavior identified by 22 subjects (14%) was criticism in front of others or behind the student's back. This included criticism in front of patients, patients' families, other students, and staff. Several also mentioned instructors who criticized other students behind their back and they wondered what was being said about them. Subjects felt negatively when instructors used students' mistakes as an example to the group in post-conference.

Eighteen students (11%) felt that instructors who watched them too closely or didn't allow independence hindered their self-confidence. The term "hovering" was used frequently in this context as well as "watching over my shoulder". Students felt negatively about instructors who observed them unannounced, who were "sly", would "sneak around", "eavesdrop", or "peak in".

Taking over the care of the patient was identified by 12 subjects (8%). This was described as "putting her hands in", "taking things from me", and "taking over and doing it for me". One student said: "It makes me feel stupid when the professor is always trying to help you do it her way."

Eleven students (7%) felt their self-confidence decreased when the instructor was unavailable. This

included being off the floor, being too busy, having too many students, and not observing the student enough.

The final behavior identified by 10 subjects (6%) was when the instructor appeared distressed about the student's performance or lack of knowledge. This was described as "freaking out" or "making a mountain out of a molehill". "Rolling her eyes at my questions" or saying "you should know this" were other specific behaviors mentioned.

#### Additional Findings of Interest

As mentioned previously, factor analysis was done to organize the data related to instructor behavior into useable subscales. It was also consistent with the way the study was conceptualized. Furthermore, because new items were added to the instrument, it was necessary to examine the construct validity of the revised questionnaire by using factor analysis.

Factor analysis of the 21 instructor behaviors from the first part of the questionnaire revealed six mutually exclusive factors that were responsible for 59.6 % of the total variance. The factor loadings ranged from .41 to .83 (see Table 5). When a factor analysis was done on the new data, eliminating the five added items, the same amount of variance was explained (59.4%). Only five factors were identified with this data.

When the individual items in the factor analysis of the 21 instructor behaviors were examined, six dimensions of clinical instruction emerged (see Table 5). These were: instructor as discourager (Factor I), instructor as encourager (Factor II), instructor as evaluator (Factor III), instructor as enabler (Factor IV), instructor as benevolent presence (Factor V), and instructor as resource (Factor VI) (see Table 5). All items related to a specific dimension of clinical instruction loaded under the respective factor.



Table 5  
Factor Loadings for the Revised Survey on Clinical  
Instructor Behavior and Student's Self-Confidence as a Nurse

ITEM	LOADING
Factor I - Discourager	
Criticizes students in the presence of others	.83
Gives no feedback	.79
Appears distressed about students' lack of knowledge or performance	.72
Gives mostly negative feedback	.69
Factor II - Encourager	
Encourages students to ask questions	.81
Encourages discussion of patient care	.72
Accepting of student's questions	.60
Shows confidence and trust in students	.57
Creates a climate in which less than perfect behavior at new skills and application of knowledge is acceptable	.48
Factor III - Evaluator	
Asks questions re: patients and patient care at random times	.70
Holds students responsible for when to seek help	.69
Unannounced, the instructor observes students providing patient care	.62
While observing students providing care, instructor is present for evaluation	.59
Expects report of patient care at specified time	.55
Factor IV - Enabler	
Provides opportunities for independent actions	.82
Gives positive feedback	.58
Instructor is readily available on the unit	.49
Factor V - Benevolent Presence	
While observing student providing care, instructor is present for support	.80
Instructor clarifies purpose of his/her presence in observing student providing care	.66
Factor VI - Resource	
Assists students in answering their own questions	.81
Makes a distinction between teaching time and evaluation time	.41

## CHAPTER 5

### DISCUSSION AND IMPLICATIONS

#### Discussion of Findings

The findings from the first part of the questionnaire where students rated the 21 instructor behaviors, are given further weight by the fact that a number of these behaviors were reiterated by student comments in the open-ended questions. The following categories of response that appeared in the open-ended questions were also items in the first part of the questionnaire: gives positive feedback, shows confidence and trust in students, encourages and accepts questions, gives mostly negative feedback, gives no feedback, criticizes students in the presence of others, and appears distressed about students' lack of knowledge or performance. Even though students were instructed to identify behaviors that they had experienced in addition to those included in the survey, a number of them did mention the same behaviors in the open-ended questions. Many gave examples or related more specific incidents of these behaviors. Others talked about behavior in more general terms. This emphasizes the fact that these behaviors had a

definite impact on their self-confidence and gives further weight to the items identified in the instrument.

There is a certain amount of congruence between the results of this study and the study by Flagler et al. (1988) that was replicated. The addition of five items to the instrument, however, did lend further insight into instructor behaviors that hinder the development of self-confidence. The following discussion will look at comparisons between the two studies and interpret this study's results in the context of the two research questions. The results will also be discussed in the context of their interrelationships as part of the six factors identified by factor analysis.

#### Research question #1

Research question #1 deals with clinical instructor behaviors that nursing students perceived as important in promoting their development of self-confidence as a nurse. The three elements of test results will be examined as they provide insights into answering this question. These three elements were: 1.) the responses to the 21 items of the survey, 2.) the responses to the open ended question, and 3.) the results of the factor analysis.

When the percent of response to the 21 items of the survey are examined, (see Table 2) it can be noted that 17 of the 21 behaviors were more heavily weighted as helpful than hindering. This is a result of the items that were

chosen to be included in the survey. There is no doubt that there were more behaviors included that were intrinsically helpful to students, and fewer behaviors included that are by nature harmful to students' self-confidence.

The rank order of responses to the 21 items can be examined in comparison to the study by Flagler et al. (1988). Of the 5 items that received the greatest weight as being most helpful (see Table 2), there were 4 that were also included in the top 5 responses in the Flagler et al. (1988) study. These were "gives positive feedback", "accepting of student's questions", "encourages students to ask questions", and "provides opportunities for students' independent actions". The item "shows confidence and trust in students" was not part of the original questionnaire, and therefore was not part of that study's results.

The 10 highest rated helping behaviors in the original study also appear as the 11 highest rated behaviors in this study, with the addition being the one added behavior in the revised instrument (shows confidence and trust in students). The items appear in a similar order with the exception of the item "creates a climate in which less than perfect behavior at new skills and application of knowledge is acceptable". This item appeared as #8 in this study, with 63% of the students rating it as very helpful. It was the 4th highest ranked item in the original study with 83% of the students rating it as very helpful. These strong

similarities give weight to the generalizability of the study's results across another population.

The responses to the open-ended questions, gave a more equally balanced picture of helpful vs. hindering behaviors. There were 8 categories of behavior identified that promoted the development of self-confidence (see Table 3) and 9 categories that indicated its hindrance (see Table 4). There were similarities between the present study and the study by Flagler et al. (1988) in responses to the open-ended question on behaviors that promoted the development of self-confidence. Of the eight categories of behavior identified by students as promoting their self-confidence, four of the same categories appeared in the study by Flagler et al. (1988). These were: gives positive feedback, shows confidence in students, encourages and accepts questions, and provides support. This gives further credence to the importance of these behaviors in affecting students' self-confidence.

As previously mentioned, factor analysis of this study's results yielded 6 factors which revealed 6 dimensions of clinical instruction (see Table 5). When the items that loaded on each factor were examined in relation to the rank order these items received (see Table 2), it was recognized that 5 of the 6 factors contained behaviors that have a positive influence on students' development of self-confidence. This is not surprising in light of the fact

that the majority of the items were intrinsically helpful in promoting self-confidence.

Factor II: encourager. The items in factor II, the instructor as encourager, depict an instructor who is approachable, is available to students, shows confidence in students, and creates a non-threatening environment where learning can occur. This was found to be the group of behaviors that was most helpful in promoting the development of self-confidence. The five items that loaded on this factor are part of the top 8 responses when the study results are viewed in rank order (see Table 2). The fact that many responses to the open-ended question about instructor behaviors that promoted self-confidence dealt with giving encouragement, gives further weight to this dimension of clinical instruction as being very important.

Other studies parallel these findings on the importance of providing encouragement. O'Shea and Parsons (1979) and Layton (1969) also found that clinical instruction was more effective when the instructor conveyed a sense of support to the student.

The study by Flagler et al. (1988) also identified the instructor as encourager as one of its factors. However, the same items did not load onto this factor in the two studies. Their factor analysis included "gives positive feedback" and a reversed "gives mostly negative feedback" as part of this subscale. "Accepting of student's questions",

"encourages students to ask questions", and "encourages discussion of patient care" loaded under other factors in their study, but loaded under the instructor as encourager in the present study. A possible explanation for this is that the revised survey in the present study included three new items that loaded under Factor I, the instructor as discourager, along with "gives mostly negative feedback". Had these new items not been included this item may have likewise been grouped as an inverse to instructor as encourager.

The behaviors in factor II, the instructor as encourager, can be evaluated in relation to Purkey and Novak's (1984) theory of invitational education. The behaviors that depict the instructor as an encourager can be correlated to the inviting messages in Purkey and Novak's theory. Inviting messages are those that are sent with the intent of affirming for students that they are responsible, able and valuable (Spikes, 1987). When the instructor acts as encourager by sending inviting messages, the student is also more likely to give themselves a positive evaluation and show increased confidence.

Factor IV: enabler. Factor IV, the instructor as enabler, depicts an instructor who allows students to function independently, gives positive feedback and is available to them. These behaviors all enable the student to proceed in a safe environment where reinforcement has

been given for correct and effective actions. The comments on the open-ended questions confirm the feeling that having the trust and confidence in students to allow them to function independently does much to increase self-confidence.

The behaviors in factor IV can be seen as the second most helpful group of behaviors in promoting self-confidence. The 3 items in this factor are among the top 6 behaviors when placed in rank order (see Table 2).

The instructor as enabler is a factor that was not identified in the factor analysis of the study by Flagler et al. (1988). The three items that loaded under this factor in the present study were assigned to three different factors in the study by Flagler et al. (1988). It could be debated as to which factor is the most appropriate one for these behaviors, but this points to the fact that behaviors are interrelated and can not be easily limited to one category. They do, however, appear to fit well and provide a cohesive image of the instructor as an enabler.

Factor V: benevolent presence. The behaviors in factor V, the instructor as benevolent presence, describe the instructor as "being there" for the student in a supportive, kindly manner. One of the items that loaded under this factor also identifies an instructor who clarifies the purpose of his or her presence in observing the student



providing care. This group of behaviors were found to be the third most helpful set of behaviors (see Table 2).

This factor also appeared in the study by Flagler et al. (1988). The studies share two of the same items under this factor but the original study includes "holds students responsible to seek help" as a reversed item under this factor.

Factor VI: resource. Factor IV, instructor as resource, depicts a situation where the instructor assists students in answering their own questions and where it is understood when teaching will occur and when evaluation will occur. This was found to be the fourth most helpful set of behaviors (see Table 2). Additional comments on the open-ended questions support this concept. Students found it helpful when the instructor helped students to answer their own questions by referring them to a resource or by asking questions to assist them in problem solving.

This factor also appeared in the study by Flagler et al. (1988) but there are some differences in the items that loaded here. The item "assists students in answering their own questions" loaded on this factor in both studies. Two items in the Flagler et al. (1988) study that loaded on this factor, loaded on the factor of instructor as encourager in the present study, and it seems this was appropriate. These items dealt with being accepting of questions and encouraging students to ask questions. An item added to

the revised instrument (makes a distinction between teaching time and evaluation time) loaded under this factor. It seems that this item may have been more appropriate as part of the factor dealing with the instructor as evaluator and indeed the factor loading (.37) wasn't greatly different than its loading on factor VI (.41). The addition of this item may in part account for the differences between the two studies in the way items loaded on this factor.

Factor III: evaluator. Factor III, instructor as evaluator, deals with the behaviors necessary for the instructor to evaluate the student's performance and ensure that standards of clinical practice are maintained. The items that comprise this factor, received ratings that indicate that this in the fifth most helpful set of behaviors in the student's development of self-confidence (see Table 2). These items were found to be more helpful than hindering in affecting self-confidence with one exception. The item "unannounced, the instructor observes the students providing care" had an equally negative as positive response (see Table 2).

The study by Flagler et al. (1988) found evaluative behaviors to be the least helpful set of behaviors. One of the major conclusions of their study was that clinical instructors should not focus only on their role as evaluator because students found it to be least helpful in their development of self-confidence. The present study finds,

however, that there are other instructor functions that are detrimental to a much greater degree (ie. instructor as discourager). Nevertheless, the frequency and percent of response for evaluative behaviors were similar in the two studies. The difference is that the added items appear to have resulted in a factor (factor I, instructor as discourager) that had an even more negative weighting.

The students' written comments from the open-ended questions provide information about how instructors can be more effective in their role as evaluator. Students indicated that it was more helpful when instructors gave feedback that was specific, immediate, frequent and honest.

#### Research question #2

Research question #2 deals with students' perceptions of instructor behavior that hindered their development of self-confidence as a nurse. Looking first at the element of test results relating to responses to the 21 items, (see Table 2) the rank order of responses that fell toward the hindering end of the table in the present study correlate closely with the results of the Flagler et al. (1988) study. Except for the additions of the four new items that were weighted on the negative end, the items follow a very similar order on which were found to most hinder the development of self-confidence.

The second element of study data, the responses to the open-ended question on hindering behaviors, can also be

examined. Of the nine categories of behavior that were identified as hindering from the open-ended question, there were three that were also identified in the Flagler et al. (1988) study. These were: giving no feedback or negative feedback only, intimidation, and being distressed about students' lack of knowledge or performance. This similarity gives weight to these as hindering behaviors since they were identified in both populations.

Factor I: discourager. When the factor analysis is examined in relation to research question #2, it is evident that only one factor relates to hindering the development of self-confidence. This is factor I, the instructor as discourager. The items that loaded on Factor I depict an instructor who is stingy or negative with feedback and is insensitive to the student's feelings in delivering this feedback. Responses on the open-ended question also mentioned these behaviors most frequently as hindering self-confidence. Two important aspects seem to be involved here. First, there needs to be feedback given and negative feedback needs to be in balance with positive reinforcement. And second, the manner in which the feedback is given and the situation in which it is delivered are important in their effect on the student's self-confidence. O'Shea and Parsons in their 1979 study, also found that the personal characteristic of the instructor most frequently identified by students as interfering with their learning was

criticizing them in the presence of others. This item received the heaviest weight in this study as a hindering behavior and was also mentioned frequently in the open-ended question.

The instructor as discourager can be seen to correlate with the disinviting messages in Purkey and Novak's (1984) theory of invitational education. These inform their recipients that they are irresponsible, incapable, and worthless and they cannot participate in actions of any significance. These messages result in decreased self-confidence as do the behaviors depicting the instructor as discourager.

#### Summary

As noted, there were a significant number of differences in the way items loaded in the present study compared to the original study. When a factor analysis was run on the new data eliminating the added items, there were even more dissimilarities. This indicates that there is some instability in the instrument and that it was not consistent across another population. The same amount of variance was explained with the five new items added to the instrument. The instrument needs further testing and refinement, possibly with the addition of other new items.

It is significant that the items in the tool are biased toward helpful behaviors. Only four of the 21 behaviors (19%) are intrinsically not helpful in promoting self-

confidence. This also indicates a weakness in the instrument.

As in the Flagler et al. study (1988), it is interesting to note that all of the items in factor II (instructor as encourager) and factor IV (instructor as enabler) are rated by at least 63% of the subjects in the "helps very much" response. The items in factor V (instructor as benevolent presence) are given this response by at least 41% of the subjects. While factors II and IV require more active interaction between students and instructor, factor V takes on a more passive dimension. It appears that those behaviors that require more active student/instructor exchange are more helpful in promoting student self-confidence.

### Limitations

Several threats to internal validity were identified before data was collected and an attempt was made to control for these. These threats could be seen as situations, other than instructor behaviors, which might affect the student's development of self-confidence. First, was the student's general level of self-confidence, whether high or low, which was unrelated to their role as a student nurse. Second, was the student's personality related to accountability and ownership of behavior. For example, a student who had felt overly criticized in previous relationships may feel

especially threatened by an instructor's constructive criticism, resulting in a lowered sense of self-confidence. A third factor might be the student's level of comfort within the clinical group regarding relationships with other students. For example, a student might feel inferior to other students who have prior experience in health care and therefore have a decreased level of self-confidence. And a fourth threat may be related to the character of the clinical setting and experiences the student has had with clients and staff members. A student's response to persons in authority or to situations that threatened self-confidence might be displaced to the clinical instructor.

Little could be done to control for the first two threats to internal validity, since these were intrinsic traits of the individual student. An attempt to control for the last two threats was made at the time that data was collected. The students were instructed to focus on the behaviors of the clinical instructor and ignore other factors in the clinical setting that affected their level of self-confidence.

A threat to external validity, or generalizability of the study results, might be related to sample selection, which was a convenience sample. An attempt to control for this was made by utilizing subjects from three different nursing programs. However, there remains the fact that there was a great deal of homogeneity among the subjects.

The large majority were Caucasian and female. Another threat could be attributed to experimenter effects in that subjects may feel that there could be consequences if they didn't participate. They also might respond differently if they felt their responses would in some way affect their evaluation or grade. This was controlled for by informing the subjects at the time of data collection that anonymity would be maintained and that there was no way to identify individual students. Individual results were seen only by the researcher.

#### Recommendations

Based on analysis of the data and considerations of the limitations, the following recommendations are made:

1. Replication studies be conducted with further refinement and testing of the instrument.
2. Results of students in baccalaureate programs and associate degree programs be compared.
3. Perceptions of students be compared in relation to age to determine any difference among older and younger college students.
4. Inservices and faculty development programs be implemented to discuss the importance of self-confidence in the student nurse and the instructor behaviors that facilitate it.



5. Further studies that test the study's generalizability to other populations be conducted.
6. Further studies be done to determine the clinical instructor's perception of behaviors that affect student self-confidence.

### Conclusion and Implications for Nursing

Ellis (1980) states that the student nurse must graduate with a level of self-confidence that will enable performance at the standard expected in clinical practice. To accomplish this goal, nursing education must focus on building self-confidence in student nurses and it is the clinical instructor who plays a major role in facilitating this.

The findings of this study give support to previous research on clinical instruction: the importance of giving encouragement, providing positive feedback, and being accepting of questions. This study has made a contribution to the literature on clinical instruction by verifying the importance of the development of self-confidence in the student nurse and identifying specific ways in which the clinical instructor can facilitate it. This information can be useful in educating nursing faculty about this important dimension of their role as clinical instructor and can give them practical information about how it can be implemented. It also can be utilized to evaluate clinical teaching and

will provide valuable information to the individual instructor and the school with the goal of providing improved clinical instruction.

Kelly (1992) states that self-confidence is an important dimension of the professional role. It means that the student has "engaged in self-evaluation and been given a good grade" (p. 124). Clinical experiences have an important impact on nursing students. It is in this environment that nursing students not only learn the psychomotor skills necessary to perform as a nurse, but also receive the cues from patients and staff as well as the clinical instructor regarding their capabilities as a nurse. The clinical instructor can utilize all these factors and attend to the multiple dimensions of clinical instruction to enhance the student's self-confidence and move them toward the role development of the professional nurse. The combined efforts of the student and the clinical instructor will result in graduates who are self-confident, competent and able to move into independent, professional practice.

## APPENDICES

## APPENDIX A

### REVISED SURVEY ON CLINICAL INSTRUCTOR BEHAVIOR AND STUDENT'S SELF-CONFIDENCE AS A NURSE

Completion of this survey is completely voluntary. Participating or not participating will not influence your grade in this class or your standing in the program. The purpose of this survey is to learn more about the attitudes and behaviors on the part of clinical instructors that help or hinder the nursing student's self-confidence as a nurse.

Please be sure that you complete each item on the survey. If you do not wish to participate you may return the blank form as you leave the room. It is assumed that if you complete the survey, you have given permission for the information to be used in the study.

Thank you so much for your willingness to assist in this study!

How do the following actions or behaviors by a clinical instructor help or hinder your self-confidence as a nurse? For those that do not seem related to your self-confidence, please indicate "does not apply". Place an X in the box of your response.

	HELPS			HINDERS	
Instructor Behavior	Very Much	Some	Does Not Apply	Some	Very Much
1. Creates a climate in which less than perfect behavior at new skills and application of knowledge is acceptable.					
2. Holds students responsible for when to seek help.					
3. Provides opportunities for student's independent actions.					
4. Gives positive feedback.					
5. Gives mostly negative feedback.					
6. Accepting of student's questions					

Instructor Behavior	HELPS			HINDERS	
	Very Much	Some	Does Not Apply	Some	Very Much
7. Encourages students to ask questions.					
8. Encourages discussion of patient care.					
9. Expects report of patient care at specified time each day.					
10. Asks questions re: patients and patient care at random times.					
11. Instructor is readily available to students on the clinical unit.					
12. Unannounced, the instructor observes students providing patient care.					
13. Instructor clarifies purpose of his/her presence in observing student providing patient care.					
14. While observing student providing care, instructor is present for support.					
15. While observing students providing care, instructor is present for evaluation.					
16. Assists students in answering their own questions.					

HELPS			HINDERS		
Instructor Behavior	Very Much	Some	Does Not Apply	Some	Very Much
17. Shows confidence and trust in students.					
18. Gives no feedback.					
19. Makes a distinction between teaching time and evaluation time.					
20. Criticizes students in the presence of others.					
21. Appears distressed about students' lack of knowledge or performance.					

Please go on to next page.

Reflect for a minute on your previous clinical nursing instructors and how they have helped or hindered your self-confidence as a nurse. Please identify which additional behaviors (other than those listed above) enhanced or hindered your self-confidence as a nurse. You may relate specific incidents, but please do not identify the instructor involved. Try to focus only on behaviors that had an effect on your self-confidence, and not necessarily behaviors that helped you learn.

a.) enhanced your self-confidence as a nurse:

b.) hindered your self-confidence as a nurse:

Please check over the survey and make certain that you have responded to all the items. Thank you so much for your assistance. Please place your survey in the box as you leave the room and be sure you pick up the small token of appreciation.



## APPENDIX B

Debra Veltkamp  
1400 Rothbury Drive NE  
Grand Rapids, MI 94905

April 4, 1996

Office of the Dean  
Box 357260  
Seattle, WA 98195-7260  
206/543-8732  
FAX 206/543-3624

Dear Ms. Veltkamp,

Office of Academic  
Programs  
Box 357260  
Seattle, WA 98195-7260  
206/543-8736  
FAX 206/685-1613

Office of Nursing  
Research and Practice  
Box 357265  
Seattle, WA 98195-7265  
206/685-1525  
FAX 206/685-9264

Biobehavioral Nursing  
and Health Systems  
Box 357266  
Seattle, WA 98195-7266  
206/543-8577  
FAX 206/543-4771

Family and Child Nursing  
Box 357262  
Seattle, WA 98195-7262  
206/543-8775  
FAX 206/543-6656

Psychosocial and  
Community Health  
Box 357263  
Seattle, WA 98195-7263  
206/543-6960  
FAX 206/685-9551

As we discussed on the telephone earlier, you have my full permission to reproduce or modify the survey I and my colleague Sue Loper-Powers developed entitled "Survey on Instructor Behavior and Student's Self Confidence as a Nurse." You have our full permission to use the survey as is-- a copy is enclosed-- or to modify or use it in any manner that would suit your purposes. If your thesis proposal development takes you in the direction of replicating the study we conducted and reported in article Clinical Teaching is More Than Evaluation Alone! in the Journal of Nursing Education (October, 1988, vol. 27, no. 8), you have our consent as well to replicate the investigation, be it a full replication or a partial one. I have also enclosed the abstract of Sharon Parkman's thesis. If you are interested in more information you can write to Sharon here as she is currently a student in our PhD program.

Good luck to you in your investigation of clinical teaching. I will be pleased if our work can assist yours in any way. If it is not too much trouble, I would like to receive a copy of your thesis abstract when you finish. Let me know if I can provide further information to assist your work.

Sincerely,

A black rectangular box redacting the signature of Susan Flagler.

Susan Flagler, DNS  
Associate Professor  
Family and Child Nursing



APPENDIX C  
DEMOGRAPHIC INFORMATION

Please fill in the blanks or circle responses for the following information:

1. What is your age in years? \_\_\_\_\_
2. Are you male or female?    1. Male  
                                     2. Female
3. Marital status:    1. Married                    3. Separated  
                             2. Never married       4. Widowed or Divorced
4. Ethnic background:    1. Caucasian  
                                     2. African American  
                                     3. Hispanic  
                                     4. Native American  
                                     5. Asian/Pacific Islander  
                                     6. Other (please specify) \_\_\_\_\_
5. Do you have a degree or education in any other area than nursing?  
                                     1. Yes  
                                     2. No  
  
If yes, in what area? \_\_\_\_\_
6. What type of program are you enrolled in?  
                                     1. Associate Degree  
                                     2. Baccalaureate
7. Do you have any experience in health care besides what you have obtained in your nursing program (such as nursing assistant, LPN, technician, etc.)?  
                                     1. Yes  
                                     2. No  
  
If yes, please indicate your specific role \_\_\_\_\_  
\_\_\_\_\_
8. Including your present clinical instructor, how many different instructors have supervised you in the clinical area (including any you may have had in another program)? \_\_\_\_\_



APPENDIX D

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

October 17, 1996

Debra Veltkamp  
1400 Rothbury Dr. NE  
Grand Rapids, MI 49505

Dear Debra:

Your proposed project entitled "*Student Nurse's Perceptions of Clinical Instructor Behaviors That Affect the Development of Self Confidence*" 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,

A black rectangular box redacting the signature of Howard Stein.

Howard Stein, Acting Chair  
Human Research Review Committee

## APPENDIX E

### Script of Instructions to Study Subjects

This study is being conducted to determine how student nurses perceive the behaviors of their clinical instructors and how they help or hinder in the development of self-confidence. Participation in the study would be greatly appreciated but is completely voluntary. If you don't wish to participate you may leave the room at anytime or may hand in a blank survey. Participation in the study will not affect your grade in this course or your standing in the nursing program. Your responses are completely anonymous--there will be no way to identify you. So please do not put your name on the questionnaire. I will be the only to see the responses on the questionnaires and individual responses will not be shared with your instructors. It will be assumed that you have given your consent to have your responses included in the study if you complete the questionnaire and hand it in to me.

The first part of the survey includes 21 specific behaviors that clinical instructors might use while instructing students in the clinical setting. You are asked to respond by placing an X in the box of the response that fits how you feel this helps or hinders in the development of self-confidence as a nurse. There are ratings of "very much" and "some" for either helping or hindering. If you

feel this behavior has no influence on the development of self-confidence, mark the box for "does not apply".

Please be certain that you respond to all 21 behaviors.

The second part of the survey asks you to respond to two open-ended questions where you can relate any other behaviors of clinical instructors that you feel has helped or hindered in your development of self-confidence. This can be a general behavior or a specific incident. But please be sure that it relates to the instructor's behavior and not to some other situation in the clinical area that might have influenced your self-confidence.

The last page of the survey asks for some basic demographic data that will help in interpreting the results of the study. Please fill in the blank or circle a response for each question.

Are there any questions?

When you have completed the survey, you are free to go. You may place your paper in the box on the desk as you leave. Be sure to pick up the little treat next to the box as a token of my appreciation. Thanks so much for your willingness to participate.

## LIST OF REFERENCES

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