STUDENT'S PERCEPTIONS OF CLINICAL EXPERIENCES

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B.N., McGill University, 1970

A THESIS SUBMITTED IN PARTIAL FULFILMENT OF

THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF SCIENCE IN NURSING

in the School

of

Nursing

We accept this thesis as conforming to the

required standard

THE UNIVERSITY OF BRITISH COLUMBIA

April, 1976

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ABSTRACT

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Student's feelings, ideas and understandings of their experiences when learning to nurse have received very little attention as indicated by the nursing literature. The purpose of this study was to develop a tool which would gather data of the student's perceptions of her clinical learning experiences. The type of tool selected for development was a questionnaire. The questions were derived from three specific areas: past learning experiences, expectations of the teacher and the individual's ideas of her own learning needs in the clinical setting.

A sample of sixty-four student nurses from three basic nursing education programs were selected. These students, midway through their programs, had all had clinical learning experiences. The data were collected by the researcher who administered the questionnaire. All students who were asked to volunteer did so, all questions were completed by each group of students. The data results were compiled noting individual responses as well as similarities and differences between schools. No significant differences were noted in the responses between the three different nursing programs. A similarity of responses was noted for the majority of questions across the three schools. The students' choice of responses supports many of the findings revealed in the literature review. A specific preference for a small class size and the lecture-discussion method of instruction was evident. Students expressed a positive feeling toward clinical evaluation, but indicated that receiving a clinical evaluation from a teacher caused them a high degree of stress. Fifty-four per cent of the students supported past findings which

suggest that students believe they most often receive feedback from the teacher when they have performed unsatisfactorily. The majority of students believed that teachers did perceive themselves as counselors. One-third of the students indicated they thought teachers avoided giving direct negative criticism. Another one-third believed this might happen but had not personally experienced it.

Individual responses to the questions indicated a wide variety of perceptions related to clinical learning experiences. Although the tool may give an indication of trends in student's ideas and feelings, it is primarily designed to be used with individual students. Knowledge of the individual's perceptions may give the teacher insight into the meaning of events to the learner. Students in all three schools gave positive support for the collection and use of these data in attempting to improve individual teaching/learning experiences in the clinical area.

85 pages

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CHAPTER I

INTRODUCTION

The numbers of students from the health care professions utilizing community clinical resources has increased during the past years. The use of clinical facilities to provide the student with early client contact in order to develop knowledge of client experiences has been viewed as important in developing an understanding of the role of the nurse as a health care professional.

Due to the large numbers of students in clinical areas the allotted time must be used to its optimum advantage. The ability of nursing students to utilize this learning time is complicated by many variables. Dissatisfaction with nursing in the clinical area may be one of these factors.

Three studies, done in 1951, 1968 and 1974, have each described dissatisfaction with nursing courses as a major reason given by nursing students who withdrew from nursing programs.[1,2,3] Reasons given for withdrawal include: (1) dislike for nursing, (2) dissatisfaction with nursing faculty, (3) failure in classwork, (4) disappointment in the nursing courses, (5) difficulty in succeeding in clinical practise courses, and (6) difficulty with clinical theory courses.

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[1]"Withdrawal of Students," American Journal of Nursing, Vol.51 (May, 1951), 342-343.

[2]Barbara C. Rottkamp, "Attrition Rates in Basic Baccalaureate Nursing Programs," Nursing Outlook, (June, 1968), 45.

[3]Michael H. Miller, "A Follow-up of First Year Nursing Student Drop-outs," Nursing Forum, Vol.13 No.1, 1974.

These studies appear to support the idea that nursing experiences viewed as negative experiences may lead to attrition.

Student perceptions of clinical experiences do influence behavior. Combs has written extensively on the role of perception as it affects behavior. He suggests that if the perception is one of threat the perceptual field is narrowed and new perceptions or learning are decreased.[4]

Perception of events and their meaning to the individual also play a major role in developing the self concept. Coopersmith has pointed out the significant differences in the experiential worlds and social behavior of persons who differ in self-esteem.[5] Super's work suggests that in choosing an occupation the individual chooses a means of implementing a self concept.[6]

Lack of congruence between expectations and reality may lead to withdrawal. Kibrick, in a study on the effect of self and role perception of dropouts in schools of nursing, has supported this idea.

> If a student in the program fails to adjust or continue in the program it may be due to not only expectations of the prescribed role in terms of performance and behavior but because the student's personality and attributes are such that special demands, not necessarily included in the prescribed role, are made which the

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[4]A. W. Combs, "Intelligence from a Perceptual Point of View," Journal of Abnormal and Social Psychology, Vol.47, 662-673.

[5]Stanley Coopersmith, The Antecedents of Self-Esteem, (San Francisco: W. H. Freeman and Company, 1967).

[6]D. E. Super,"Vocational Adjustment; Implementing a Self Concept," Occupations, Vol.30 (November, 1951), 92.

> nursing school is unwilling or unable to meet, or special needs in the student are foremost which the school cannot meet.[7]

Knowledge of student's perceived needs is believed to be important in planning experiences which can best develop student potential. The purpose of this study is to develop a tool which will gather data of student perceptions to facilitate implementing this belief in the teaching/learning process.

I. THE PURPOSE OF THE STUDY

This exploratory study is designed to gather data of student perceptions of clinical experiences in three specific areas. These are: the student's perceptions of past learning experiences; the student's expectations of the teacher; and, the student's ideas of personal learning needs. The study focuses on the student's ideas, feelings and understandings asking forced choice questions which reveal a picture of the past experiences of the individual. These ideas, feelings and understandings are constantly influenced by events in the environment. They reflect only the moment in time at which they are revealed and may alter or disappear in a short time. Perceptions give clues to ideas and actions but must be recognized as requiring constant validation.

Past learning experiences, expectations of the teacher and individual learning needs were three areas selected following a review of the literature and discussions with student nurses. Not all students may have experienced problems related to these selected areas. Space on the questionnaire for

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[7] Anne K. Kibrick, "Dropouts in Schools of Nursing: The Effect of Self and Role Perception," Nursing Research, Vol.12 No.3 (Summer 1963), 140-149.

the student to share her own ideas is a suggestion to overcome this limitation when the tool is used in practise.

II. ASSUMPTIONS OF THE STUDY

The following three assumptions guided development of the study:

- student learning in the clinical area is influenced by past learning experiences.
- student perceptions of the expectations of the teacher may differ from the teacher's own expectations.
- students have unique individual needs which influence their learning ability.

III. LIMITATIONS OF THE STUDY

The study was limited by the type of data collected, ie. student perceptions, and the fact that only three specific topic areas were questioned.

VI. DEFINITION OF TERMS

Clinical Experience - the events a student experiences in the clinical setting.

Nursing Student - a student enrolled in a basic nursing education program preparatory to nurse registration (R.N.). Students selected from three nursing programs in the British Columbia lower mainland were, in the majority, midway through their basic nursing education.

Past Learning Experiences - this refers to teaching/learning experiences in the student's nursing education which have occurred prior to answering the study questions.

Perception - the integration of sensory impressions of events in the external world as a function of nonconscious expectations derived from past experiences and serving as a basis for further meaningful motivated action.[8]

Personal Learning Needs - this refers to the ideas which the student has of the factors perceived in the environment, in other people, or within herself which can assist her to learn.

OVERVIEW OF THE REMAINDER OF THE STUDY

The study is organized in the following way. Chapter II consists of a selected review of the literature pertaining to learning needs of individuals, the effect of past learning experiences of the individual, and student expectations of the teacher. Selected articles and studies from nursing, education and psychology are included. Chapter III discusses the research design, and analysis of the data. Chapter IV discusses the findings, analysis, and interpretation and Chapter V includes the summary, conclusions and recommendations.

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[8]Philip Babcock Grove, ed., Webster's Dictionary - 3rd New International Dictionary (Springfield, Massachusetts: G.& G. Merriam Company, 1971), 1675.

CHAPTER II

REVIEW OF RELATED LITERATURE

INTRODUCTION

Literature related to the student's perceptions of clinical experiences was classified into three general areas as follows:

1 Learning needs of individuals

2 Past learning experiences

3 Student expectations of the teacher

These three areas are discussed in this chapter. The topics have been broken down into sections which examine each of these broad areas in more detail.

There have been a few studies and articles in the nursing literature which examined factors which could influence student's perceptions of clinical learning experiences.

Metz and McCleary have looked at past learning experiences and have developed a tool to gather this data.[9] Kellogg has interviewed students to gather information related to personal goals asking questions in an interview which gave a picture of individual needs.[10]

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[9]Edith A. Metz and C. M. McCleary, "Knowing the Learner," The Journal of Nursing Education, (January, 1970), 3-9.

[10]Carolyn Jo Kellogg, "Individualizing Teaching of Students," The Journal of Nursing Education, Vol.14 No.3 (August, 1975), 14.

Fox's study of stresses and satisfactions in nursing education revealed the perceptions of student nurses.[11] Olesen's sociological study carried out in a school of nursing revealed many student attitudes and ideas.[12]

LEARNING NEEDS OF INDIVIDUALS

Recognition of the differences and similarities in learning needs of individual students has been acknowledged by teachers but has not always been a major consideration in planning learning experiences. Carroll believes that a student's ability to learn will be higher if the teaching is in accord with the student's abilities.[13] Carroll's learning model has been applied to nursing education by Wolf and Quiring.[14] In their discussion the authors raise the point that the time spent in determining behavioral objectives, and in sequencing the learning tasks has left little time for examining the means to assist students to achieve the learning objectives. Carroll's model, from general education, describes four variables which influence learning: aptitude; ability to understand instructions; quality of instruction; opportunity for learning, and perseverence.

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[11]David J. Fox, et al. Satisfying and Stressful Situations in Basic Programs in Nursing Education, Teachers College Columbia University, (1964).

[12]Virginia Olesen and Elvi W. Whittaker, The Silent Dialogue (San Francisco: Jossey-Boss Inc., 1968).

[13]J. B. Carroll, "A Model of School Learning," Teachers College Record, Vol.64 (May, 1963), 723-733.

[14]V. C. Wolf and J. Quiring, "Carroll's Model Applied to Nursing Education," Nursing Outlook, Vol.19 No.3 (March, 1971), 176-179.

These variables have been reviewed by Wolf and Quiring using nursing education practises to raise questions and give suggestions. In summary the authors state:

> In view of the nursing manpower deficit and the increasing need for continuing education programs, nursing educators cannot afford to use instructional strategies that produce avoidance tendencies due to deficient or inferior mastery of the learning tasks associated with nursing or to the frustrations from accumulated failures. The instructional method must produce learners who continue to seek learning and gain satisfaction through their successful mastery of new knowledge and behaviors relevant to learning.[15]

Gaining the knowledge of factors which account for stress or satisfaction was the subject of a study by Fox.[16] This study of satisfying and stressful situations in learning to nurse revealed that the satisfactions come mainly from the student's nursing experiences while the stresses come from the educational aspects of the nursing program. Fox suggests that modifying the stresses by examining and revising the educational aspects of the program is indicated. He suggests that any revision must be done with the knowledge of the student's short and long range goals, and the social and cultural setting in which they operate.

Kellogg agrees with this view. Writing in the Journal of Nursing Education she states: "An assessment of the student which recognizes the student as an individual and which highlights some of the outside pressures helps pinpoint the student's needs which may affect her ability to learn".[17]

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[15] Ibid., 179.

[16] Fox, et al., Satisfying and Stressful Situations in Basic Programs in Nursing Education, p.194.

[17] Kellogg, "Individualizing Teaching of Students," p.14.

Kellogg's assessment is carried out in a structured interview where information relevant to the student's personal goals is shared.

These three authors appear to agree on the need to assess the student as an individual with specific needs. Their emphasis is on using this information to improve learning outcomes. Authors in the behavioral sciences have also studied the individual and his needs focusing attention on the role of perception in defining needs.

THE ROLE OF PERCEPTION IN DEFINING INDIVIDUAL NEEDS

Arthur Combs describes the growing trend toward viewing behavior as a function of perception.[18] The individual's behavior is viewed, not so much as the result of physical stimulus, but as a function of the meaning of the events to which he is exposed. In Comb's article his attention is directed to the nature of intelligence as viewed from a perceptual frame of reference. The behavior of the individual is seen as dependent on his perceptions, if these are adequate the behavior will be appropriate. Using this idea Combs states: "The intelligence of an individual will be dependent upon the richness and variety of his perceptions possible to him at a given moment".[19]

In examining factors which limit perception Combs has included physiological factors, environmental factors, the individual's goals and values, cultural effects, the self concept, and threat. This author sees goals and

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[18]Arthur Combs, "Intelligence from a Perceptual Point of View," Journal of Abnormal and Social Psychology, Vol.47 (1952), 662-673.

[19]Ibid., 663.

values as either positive or negative, depending on previous experiences. Major goals and values remain relatively stable but fluctuations in how these goals are perceived vary with the events taking place.

Negative perceptions that are viewed as a threat also have a direct effect on behavior. Threat is seen to have a restrictive effect causing narrowing of the perceptual field in what is called "tunnel vision". Combs describes the phenomona of individuals who feel threatened drawing back, clinging to old perceptions. The threatened individual reduces his ability to perceive new ideas and learning may be decreased.

Combs and Syngg have elaborated on these ideas in a book called Individual Behavior.[20] Relating their ideas to education the authors write:

> The genius of good teaching is in the ability to challenge students without threatening them. To do this effectively means that teachers must be sensitive to the impact upon their charges of what they do and say, for the distinction between challenge and threat lies not in what the teacher thinks he is doing - but in what the students perceive him to be doing.[21]

The authors suggest techniques for exploring an individual's perceptive field. These include information from the individual himself and inferences from observed behavior.

THE INDIVIDUAL'S SELF CONCEPT AS AN INFLUENCE IN DEFINING NEEDS

Wylie, writing in her book The Self Concept, has used Carl Roger's definition - the self concept or self structure may be thought of as an

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[20]Arthur W. Combs and Donald Syngg, Individual Behavior - A Perceptual Approach to Behavior. (New York: Harper and Row Publishers, 1959).

[21]Ibid., 389.

> organized configuration of perceptions of the self which are admissible to awareness. It is composed of such elements as the perceptions of one's characteristics and abilities; the percepts and concepts of the self in relation to others and to the environment; the value qualities which are perceived as associated with experiences and objects; and goals and ideals which are perceived as having positive or negative valence.[22]

The role of perceptions is important in determining the self concept. S. I. Hayakawa has stated that the self concept is the fundamental determinant of our perceptions, therefore our behavior.[23] The self concept comes from personal experiences, from infancy on, and from personal evaluations. He suggests that people try to protect and enhance their self concept as they perceive it. The fact of different goals is a real one and the feeling that another is imposing their own goals results in a feeling of threat. The importance of finding out the meaning of events to the other person is essential in facilitating communication.

The behavior of people reveals their self concept. Coopersmith has described clearly the differences in the behavior of persons of high and low self-esteem.[24] The person with a low self-esteem lacks trust in themselves and is apprehensive about expressing ideas. These persons listen rather than discuss, they may appear self-conscious and preoccupied with personal problems. A person with a high self-esteem is social, independent and often creative. They can examine external issues as they are not preoccupied with self and can discuss rather than just listen in a group.

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[22]Ruth C. Wylie, The Self Concept. (London: University of Nebraska Press, 1974), p.9.

[23]S. I. Hayakawa, Symbol, Status and Personality. (New York: Harcourt, Brace and World Inc., 1958).

[24]S. Coopersmith, The Antecedents of Self-Esteem, (San Francisco: W. H. Freeman and Company, 1967).

Bruner has stated that ". . . effective intuitive thinking is fostered by the development of self confidence and courage in the student".[25] He agrees with Coopersmith that the insecure person may not have enough confidence to take risks.

PAST LEARNING EXPERIENCES

THE NEED FOR KNOWLEDGE OF PAST LEARNING EXPERIENCES

Metz and McCleary, writing in the Journal of Nursing Education, have suggested that characteristics of the learner may well be the most useful indicator of the effectiveness of the teaching/learning process.[26] They discuss the need for educators to increase their efforts in identifying student characteristics before deciding on the types of learning experiences. The role of past learning in shaping individual learning patterns, attitudes toward education, and personal motivation was recognized by the authors who developed a questionnaire to collect this information from students.[27] The authors discuss the need for educational programs to recognize individual differences. Bruner has stated that " . . . at its best a learning episode reflects what has gone before it and permits one to generalize beyond it".[28]

The review of the nursing literature did not reveal other articles which suggested a similar step to gain knowledge of past learning experiences of students.

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[25]Jerome S. Bruner, The Process of Education. (Cambridge: Harvard University Press, 1966), p.65.

[26]Metz, "Knowing the Learner," p.3-9. [27]Ibid., 6.

[28]Bruner, The Process of Education, p.49

THE EFFECTS OF PAST LEARNING EXPERIENCES ON THE INDIVIDUAL

In a study done in Australia, Everett has attempted to provide a descriptive picture of the self concept of high, medium and low academic achievers.[29] He describes the work of previous researchers who have suggested that scholastic performance tends to be consistent with the individual's self-assessment. Everett's study of fifty-nine female college students revealed distinct differences in the self concepts of high, medium and low achieving students. There was consensus among the students as to the qualities of the ideal student. This student was involved in discussion, enjoyed pursuing knowledge, and possessed iniative. The high achieving students possessed more of these qualities than the other two groups. The achievement related concept, examinations, was associated with anxiety and frustration in the medium and low achieving students, and seen as relating to ambition and competition by the high achieving students.

In a similar study by Bailey the results supported the idea that there is a difference in the self perception of students who are high achievers and those who are not.[30] This study revealed that the low achieving student lacks the goals and motivation to lead him to higher achievement.

Goldberg has studied the effects of fear of failure on the individual.[31] He studied some of the consequences of a fear of failure when it is related to a devaluation of self-esteem. He found that a person with low self-esteem

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[29]A. V. Everett, "The Self Concept of High, Medium and Low Achievers", The Australian Journal of Education, Vol.15 No.3 (October, 1971), 319-324.

[30]R. Bailey, "Self Concept Differences in Low and High Achieving Students", Journal of Clinical Psychology, Vol.27, (1971), 188.

[31]Carlos Goldberg, "Some Effects of Fear of Failure in the Academic Setting", Journal of Psychology, Vol.84-85 (1973).

whose self perception is closely linked to academic achievement may view failure as an indication of his true ability. This leads to a continual fear of failure even though the individual may have successful experiences. Goldberg concludes that the fear of failure person has a low self-esteem and is dependent on external criteria for a definition of self. His motivation and goals to achieve are lowered to avoid the possibility of failing.

Kates has also studied failure avoidance.[32] His study suggests that successful problem solving is dependent on an integration of personality factors, the kinds of demands made by the task, and the environmental conditions in which the task is attempted.

Pervin has developed the idea of the match of an individual with his environment in order to achieve optimum performance and satisfaction.[33] He views a "best-fit" of individual with his environment as showing itself in high performance, satisfaction and little stress; a "lack of fit" results in poor performance, dissatisfaction and stress to the individual.

The literature reviewed in this section has focused on the need to have knowledge of the individual's past learning experiences. Studies reviewed show the effects of past learning experiences in shaping the individual's self concept.

STUDENT EXPECTATIONS OF THE TEACHER

Student expectations of the teacher appear to reveal themselves most

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[32]S. L. Kates and Wm. T. Barry, "Failure Avoidance and Concept Attainment", Journal of Personality and Social Psychology, Vol.15 No.1 (May, 1970), 21-27.

[33]L. A. Pervin, "Performance and Satisfaction as a Function of Individual-Environment Fit", Psychological Bulletin, Vol.69 No.1 (1968), 56-68.

frequently when an evaluation of learning experiences takes place. When successes and failures are discussed both teacher and student may hear for the first time the differences in their individual expectations.

Schweer has defined evaluation as "a continuous process of collecting data to be used as a basis for applying a set of standards.[34] She describes a general trend in the purpose of evaluation toward determining individual student growth in developing clinical skills.

The difficulty of objectively collecting this data is discussed by Heslin.[35] She recognizes that the evaluator brings her own needs, feelings and biases to the evaluation task. The description given of the teacher who values neatness and organization to the exclusion of other qualities emphasizes this point.

Fox has written extensively of student's perceptions of the evaluation process.[36] In his analysis of incidents leading to stress or satisfaction Fox describes how the students wrote about the formal clinical evaluations less often than any other type of evaluation. He states:

> From the analysis of the incidents written about the clinical evaluations, students seemed to feel that they were evaluated solely on what they could do, and seldom on their knowledge or understanding of the total clinical situation. Students did write about the evaluation of theoretical knowledge of classroom examinations, but this type of evaluation seemed to have little relationship to clinical evaluation.[37]

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[34] Jean E. Schweer, Creative Teaching in Clinical Nursing (Saint Louis: C. V. Mosby Company, 1972), p.240.

[35] P. Heslin, "Evaluating Clinical Performance," Nursing Outlook, Vol.11 No.5 (May, 1963), 345.

[36] Fox, et al. Satisfying and Stressful Situations in Basic Programs in Nursing Education, p. 201.

[37] Ibid.

Fox's study included student's responses to informal evaluation, ie., casual comments about their clinical ability. Satisfaction was very high when informal comments were positive. Fox raises questions regarding the student's great need for this positive reinforcement. He cites incidents that stated the student thought she had done a poor job until told by another person that she had done well. He wonders if satisfaction from praise is an indication that the student is most often singled out only when doing something incorrectly.

Olesen has examined both teachers' and students' ideas of evaluation.[38] She describes the view of teachers that a student's errors in knowledge or performance should be pointed out to her. The manner in which this is done must not cause the student undue stress. Olesen writes:

> Negative criticisms are worded in such a manner that the reader is left with the assumption that the required norm of behavior or attitude is already present in the student in a submerged fashion and merely needs to exert itself. For example, the student is not described as "disorganized", but rather as "seems to be working toward better organization". The instructors are obviously mindful of their dual responsibility, first as teacher, but equally importantly, as counselor.[39]

The true meaning of the evaluative comments may become clear to the student only when a final grade is given, or a final evaluation conference is held.

Olesen describes the student's perception of these conferences and individual discussions.

> They had become aware that what they said in conferences and in individual discussions with the instructors formed some of the data on which the instructors based their evaluations. Very

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[38] Olesen, The Silent Dialogue, p.159.

[39] Ibid.

> quickly the "evaluation", the faculty recounting of their impressions of student behavior and progress on selected and differing variables, assumed a significant place as the most important criterion by which the students could gauge faculty perception of their successes or failures as fledgling nurses.[40]

Calamari has also examined the effectiveness of the evaluation conference from the student's viewpoint.[41] An opinionaire revealed many dissatisfactions with the conference. Among them the need for objectives and requirements of the clinical course before beginning the experience, the availability of anecdotal notes, and the need to review clinical evaluations prior to the conference were cited as ways to improve this evaluation experience. The students did feel that the conference stimulated them to do better as a result of learning where they could improve.

Fox has cited the evaluation conference as a stressful experience for the students he studied.[42]

Litwack has reviewed the literature related to evaluation conferences, and discusses the need to provide time for sharing of information about the student's progress in an nonthreatening an atmosphere as possible.[43] He also states:

> It is essential for student-faculty communication that an open, valid, fair and consistent evaluation system be developed, maintained, and safeguarded. Without individual conferences at regular intervals, evaluation tends to become biased and autocratic, for the instructor never needs defend her evaluations.[44]

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[40] Ibid., 158.

[41] Sister Dolores Calamari, "Factors that Influence Evaluation Conferences in Clinical Experience", The Journal of Nursing Education, Vol.7 No.4 (November, 1968), 12-14.

[42] Fox, et al. Satisfying and Stressful Situations in Basic Programs in Nursing Education, p.202.

[43] Lawrence Litwack, et al. Counseling, Evaluation and Student Development (Philadelphia: W. B. Saunders, 1972), p.160.

[44] Ibid.

Videbeck has related the development of the self concept to the evaluative comments of others and has listed four influencing factors.[45] These are: the number of times the other consistently approves or disapproves of the individual with reference to the specific qualities in review, (2) how appropriate or qualified the evaluation is in the opinion of the recipient, (3) the strength of motivation of the individual, and (4) the intensity with which the approval or disapproval is given. He concludes: "Findings of the study tend to support the general view that self-conceptions are learned and that the evaluative reactions of others play a significant part in the learning process."[46]

Differing expectations between students and faculty are one of the many problems that influence student expectations of the teacher. Litwack has reviewed the literature and discusses Bohan (1967) who found no significant relationship between the grades of baccalaureate nursing students in nursing courses, and the students' performance as professional nurses as measured by self and supervisory evaluations.[47] Conflicting expectations between nursing education and nursing service may contribute to the discrepancy felt by the student. Litwack states:

> On the one hand, she is evaluated by what she feels are the idealistic standards of the faculty. On the other, she constantly views around her in the clinical area the wide divergence in techniques, practises and attitudes used or expressed by staff nurses and supervisory personnel. The resulting contradictions in the student's mind seem to be one of the main contributing forces to the disillusionment students frequently feel at some stage of their program.[48]

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[45]Richard Videbeck, "Self-Conception and the Reaction of Others," Sociometry, Vol.23, (1960), 351-359.

[46]Ibid., 359.

[47]Litwack, et al. Counseling, Evaluation and Student Development, p. 141.

[48]Ibid.

Stein has studied this same phenomena using a questionnaire to gather data to reveal the development of student attitudes in the academic, professional and clinical areas of a student's life.[49] The students studied revealed awareness of tensions in the clinical area between teacher and staff expectations.

Three authors reviewed made suggestions which could reduce the gap between teacher and student expectations.

Mauksch has suggested that students should share in the selection of clinical learning experiences.[50] This opportunity is viewed as providing an opportunity to make decisions, take initiative and develop independent judgement. The concept of self direction is emphasized.

Litwack has discussed the view of Kramer (1967) which supports this idea.[51] The need for help in developing a greater feeling of responsibility toward her own learning is seen as an outcome of having students participate in selecting their own learning experiences.

Wiedenbach focused on the need for the student to see and to be able to challenge the evaluation.[52] This author discusses the need for the teacher to show she recognizes that the meaning to the student of the behavior evaluated may be different from its meaning to the teacher.

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[49] R. Stein, "The Student Nurse", Nursing Research, Vol.18 No.5 (September-October, 1969), 436-439.

[50] Ingeborg C. Mauksch, "Lets Listen to the Students", Nursing Outlook, Vol.20 No.2 (February, 1972), 103-107.

[51] Litwack, et al. Counseling, Evaluation and Student Development, p. 149.

[52] E. Wiedenbach, Meeting the Realities in Clinical Teaching (New York: Springer Publishing Company, 1969), p.52.

The importance of the development and maintenance of effective two-way communication is seen as an important means to make student and teacher expectations more congruent.

SUMMARY

The authors cited express concern and interest in the many factors which can influence student perception and possibly learning. The variables which influence perception are numerous and vary with each individual. The three areas chosen - individual needs, past learning experiences, and student expectations of the teacher, appear to be well documented in the literature.

Learning needs of individuals are beginning to be recognized as important by nurse educators. Articles in the nursing literature reveal a growing awareness of the need for this information in planning learning experiences. Authors in psychology and sociology studying individual needs examined the role of perception in defining these needs for the individual. The development of the self concept is closely related to the individual's perception, the meaning of events to each individual shapes his behavior.

Past learning experiences have a marked affect on the individual's perception of himself. The studies cited show the affect of failure in reinforcing a low self-esteem and in reducing motivation and attainment of goals. Knowledge of the learner's perception of his academic ability is suggested as important for the teacher to understand his motivation and goal setting. Actual academic achievement may be strongly influenced by the learner's perception of his ability.

The student's expectations of the teacher most often appear in discussions relating to evaluation. Differing student-faculty expectations with respect to clinical performance are well documented in the literature. Suggestions to improve congruency of expectations focus on the need to improve and facilitate two-way communication between faculty and students. Knowledge of student perceptions may be a first step in planning to implement changes and improve the individual's learning experiences.

CHAPTER III

METHOD

INTRODUCTION

For this study a questionnaire was devised to gather data on students' perceptions of clinical experiences. A quantitative representation of the perceptions of student nurses in three nursing programs was used to give an indication of student's ideas, feelings and understandings of their clinical experiences. A descriptive survey method was used in collecting the data.[53]

In planning the survey these steps were followed: first, a review of the literature was carried out to establish a basis for the study; second, the population was selected; third, the type of tool to be used was selected, developed, pretested and revised; and finally, the data were collected and presented.

POPULATION OF THE STUDY

Student nurses, entering the final half of their nursing program, who had had varied learning experiences in the clinical area were selected to participate. The student groups, randomly selected, were each composed of high, medium and low achieving students. These students were from three types of nursing education programs: a three year hospital school of nursing; a four year baccalaureate program at a university; and, a two year community college program. The total number of students from each school was 20, 25 and 19 respectively. The total sample of students participating was 64.

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[53]Eleanor W. Treece and James W. Treece, Jr., Elements of Research in Nursing, (Saint Louis: The C. V. Mosby Company, 1973), p.76.

DEVELOPMENT OF THE TOOL

The decision to use a questionnaire was made following a review of the literature related to exploratory descriptive research. The non-experimental design of exploratory research appears to lend itself to the use of questionnaires, interviews and observations. The emphasis is on the discovery of new insights, facts and relationships. The results may lead not to established conclusions but to what Helmstader terms an "empirically developed hypothesis".[54]

The development of the tool was in three phases: review of the literature to develop the content of the questions; discussion with three recent (less than six months) graduates to gather new ideas; and, ideas suggested by the researcher's personal experience in teaching nursing.

Several questions were adapted from McCall's work on role identities.[55] These questions gather data of the student's perception of the degree of self-support, social support, intrinsic and extrinsic gratifications, commitment and investment which she perceives from nursing.[56] Other questions used ideas of authors who raised questions about the possibility of factors which could influence clinical experiences, eg., the student's perception of her ability to learn in the clinical area, and, the type of feedback received from the teacher.

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[54]G. C. Helmstader, Research Concepts in Human Behavior, (New York: Appleton-Century-Crofts, 1970), p. 50.

[55]George J. McCall and J. L. Simmons, Identities and Interactions, (New York: The Free Press, 1966), p.264-267.

[56]Appendix A, Questions C 4-9, p. 73-74.

The questions were divided into three areas: past learning experiences, student expectations of the teacher, and individual learning needs. The directions asked the respondents to select the answer which best reflects her personal experience. The choice was presented in a Likert-type scale of five answers.[57]

THE PILOT STUDY

The pretesting was conducted for the purpose of assessing areas of misunderstanding or ambiguity, to obtain an idea of the length of time required to complete the questionnaire, and to obtain comments for improving the questionnaire.

In the early development of the tool the three new graduates acted as a panel of experts in discussing the merits of the ideas on which the questions were to be based. The ideas, opinions and feelings expressed revealed very different personal experiences as students. This fact gave the researcher clues to the possible perceptions of other students.

A sample of 8 students also participated in an assessment of the content validity of the questionnaire. Using the random probe technique developed by Schuman, each student was asked to explain the meaning of a randomly selected sample of the questions.[58] This sample of students was representative of the other students who participated in the study.

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[57]Stanley L. Payne, The Art of Asking Questions, (Princeton, New Jersey: Princeton University Press, 1951), p.94.

[58]Howard Schuman, "The Random Probe: A Technique for Evaluating the Validity of Closed Questions", American Sociological Review, Vol.31 (1966), 218-222.

REVISION OF THE TOOL

Based on the pilot study a few changes were made in the terminology of the questions. For example, question C-2 item one was changed from "asks challenging questions", to "asks thought provoking questions".[59]

The content validity probe revealed no questions whose intent was unclear.

The time required for completing the questionnaire was from ten to fifteen minutes. This seemed acceptable.

No further changes were indicated on the basis of the pilot study.

COLLECTION OF DATA

The three schools of nursing were contacted by telephone, then mailed a cover letter to set up the appointment for the collection of the data.[60]

The researcher visited each of the schools and administered the questionnaire to the three groups of student nurses. Prior to administering the questionnaire the researcher shared with the students some personal experiences in teaching nursing which had led to the development of this study.

The examples used described experiences from evaluation conferences in which students had become upset and angry when discussing their attainment of the learning goals. This most frequently occurred with academically weak students who had been the object of discussion and concern. Efforts to assist these students to understand the goals of the experience, frequent checks to see that they were aware of the teacher's expectations, and almost constant

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[59]Appendix A, p. 72

[60]Appendix B, p. 76

feedback and discussion throughout the clinical experience did not lead to the desired learning outcome. In the conference these students were often unhappy stating, "no one ever told me I was doing poorly".

These experiences led the researcher to postulate that there may have been events in these students' past experiences, expectations of the teacher or individual needs which reduced their ability to receive, or attend to, the teacher's comments. Knowledge of these factors appeared to be one possible way to gain an understanding of the experiences of the learner.

A brief description of the type of questions asked and the possible future uses of this type of data in improving teaching/learning experiences was included. The students' participation was requested, no students refused to complete the questionnaire.

The students were made aware that the data would be used only by the researcher, the questionnaire and general summary of the findings would be sent to the schools only if desired by the faculty.

ANALYSIS OF THE DATA

The responses to each of the questions were compiled for each of the participating schools.[61] The responses were examined to see if students from the three different types of nursing programs revealed similar or dissimilar perceptions of clinical experiences. This was in line with the purpose of the study which was to develop a tool with which to gather student's perceptions of clinical experiences.

The content validity of the questions may possibly be indicated by the ability of the students to identify with, and answer each of the questions.

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[61] Appendix C, p. 78

Reliability of perceptions is very difficult to measure with any accuracy. The responses were examined for consistency of answers across the three types of nursing programs.

CHAPTER IV

FINDINGS, ANALYSIS AND INTERPRETATION

INTRODUCTION

The purpose of this study, to develop a questionnaire to gather data of student's perceptions of clinical experiences, does not lend itself to analysis in the statistical sense. The students' responses have been compiled showing answers by school and total sample. Differences, and similarities between the three different types of basic nursing education have been noted.

Sixty-four questionnaires were completed by the respondents in the three basic nursing education programs. In each school all students who were asked to volunteer completed the questionnaire. No questions were unanswered, the response was 100 per cent.

RESPONSES TO QUESTIONS RELATED TO PAST LEARNING EXPERIENCES

The first four questions asked the student to indicate the size of class, method of instruction, and her ability to learn in the clinical area. As shown in Tables I and II the responses across the three programs revealed that 79.1 per cent of the students preferred a small class size, with the lecture then discussion method selected by 76.6 per cent. Fifty per cent of the students stated they had found past learning experiences in the clinical area "sometimes demanding", this number included 19 of the 25 university students. Twenty-five per cent of the total sample stated these experiences had been "sometimes easy", the majority of these students were in the hospital and community college programs. Sixty-four per cent of the students described their ability to learn in the clinical setting as "fast", 23 per cent

TABLE I

RESPONSES TO QUESTIONS A1 AND A2

A1. The size of class I feel most comfortable in is:

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
less than 10	60.0	25.0	68.4	51.6
10 - 20	12.0	45.0	31.6	28.1
no preference	12.0	10.0	-	7.9
20 - 50	16.0	20.0	-	12.5
over 50	-	-	-	-
Total	100.0	100.0	100.0	100.1

A2. The method of instruction I feel most comfortable with is:

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
presentations by students	-	5.0	-	1.6
discussion group	20.0	10.0	15.8	15.7
no preference	4.0	-	-	1.6
lecture then discussion	68.0	80.0	84.2	76.6
lecture	8.0	5.0	-	4.7
Total	100.0	100.0	100.0	100.2

[a]School A = 4 year basic nursing education program in a university.

[b]School B = 3 year basic nursing education program in a hospital school of nursing.

[c]School C = 2 year basic nursing education program in a community college.

TABLE II

RESPONSES TO QUESTIONS A3 AND A4

A3. In the past my educational experiences in the clinical setting have seemed:

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
always easy	-	15.0	5.2	6.2
sometimes easy	8.0	40.0	31.5	25.0
uncertain	12.0	15.0	26.3	17.1
sometimes demanding	76.0	30.0	37.0	50.0
very demanding	4.0	-	-	1.6
Total	100.0	100.0	100.0	99.9

A4. I would describe my ability to learn in the clinical setting as:

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
very fast	-	5.0	5.2	3.1
fast	56.0	75.0	63.1	64.0
uncertain	28.0	15.0	26.3	23.4
slow	16.0	5.0	5.2	9.3
very slow	-	-	-	-
Total	100.0	100.0	99.8	99.8

[a]School A = 4 year basic nursing education program in a university.

[b]School B = 3 year basic nursing education program in a hospital school of nursing.

[c]School C = 2 year basic nursing education program in a community college.

stating they were "uncertain" of their ability to learn in the clinical setting.

In general these responses revealed a specific preference for a small class size, ie., not over 20, and a preference for the lecture then discussion method of instruction. The responses to the questions related to perceptions of learning ability revealed that the majority of students had found clinical educational experiences "demanding". The majority of the students described their ability to learn in the clinical area as "fast".

Questions A5 and A6 asked the respondent to indicate the behavior most often seen in a discussion group and to indicate the meaning of this behavior. As shown in Table III 48.4 per cent of the students indicated active participation in group discussions, this included 17 of the 25 university students. Forty-six per cent of the students indicated the response "listen, speak occasionally", this included the majority of the hospital and community college students. The expression of the meaning of this behavior indicated that 65.7 per cent of the students enjoyed group discussions, no students indicated a dislike of group discussions.

In general the majority of the students participated actively in discussion groups indicating that they enjoyed this experience. The indicated behavior of the students in small groups and their enjoyment of this method of instruction supports the responses to questions A1 and A2, Table I.

The next group of questions, A7 through A12 focuses on the student's experiences with clinical evaluation. Table IV shows the students' responses to questions A7 and A8. Question A7 asked the student to indicate her feelings about clinical evaluation. Fifty per cent of the students stated that their

TABLE III

RESPONSES TO QUESTIONS A5 AND A6

A5. In a discussion group my behavior most closely resembles:

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
consistent active participation . . .	68.0	30.0	42.1	48.4
listen, speak occasionally	32.0	60.0	52.7	46.9
none of these	-	-	-	-
listen, say little	-	10.0	5.2	4.7
never participate	-	-	-	-
Total	100.0	100.0	99.9	100.0

A6. My behavior in a discussion group means:

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
I enjoy discussion groups	72.0	60.0	63.1	65.7
I sometimes feel like participating .	16.0	15.0	26.3	18.8
none of these	4.0	10.0	-	4.7
I have difficulty expressing myself .	8.0	15.0	10.6	11.0
I dislike discussion groups	-	-	-	-
Total	100.0	100.0	100.0	100.2

[a]School A = 4 year basic nursing education program in a university.

[b]School B = 3 year basic nursing education program in a hospital school of nursing.

[c]School C = 2 year basic nursing education program in a community college.

TABLE IV

RESPONSES TO QUESTIONS A7 AND A8

A7. My feelings about clinical evaluation can be described as:

Response Categories	Responses in Per Cent School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
very positive	8.0	20.0	-	9.3
positive	52.0	65.0	31.5	50.0
uncertain	28.0	5.0	31.5	21.9
negative	4.0	10.0	37.0	15.7
very negative	8.0	-	-	3.1
Total	100.0	100.0	100.0	100.0

A8. The situation which would cause me the most stress would be:

Response Categories	Responses in Per Cent School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
caring for a patient I have nursed before	-	-	-	-
caring for a new patient	24.0	30.0	15.8	23.4
none of these	20.0	20.0	10.6	17.1
nursing assignment discussion with teacher	8.0	20.0	10.6	12.5
receiving clinical evaluation from teacher	48.0	30.0	63.1	46.9
Total	100.0	100.0	100.1	99.9

[a]School A = 4 year basic nursing education program in a university.

[b]School B = 3 year basic nursing education program in a hospital school of nursing.

[c]School C = 2 year basic nursing education program in a community college.

feelings about clinical evaluation were "positive". This response was consistent between the university and hospital schools. The college students had a wider variety of responses. Equal numbers of these students indicated the "positive", or "uncertain" response while 7 of the 19 students had "negative" feelings toward clinical evaluation.

Question A8 asked the students which clinical situation would cause them the most stress. The responses revealed that "receiving clinical evaluation from teacher" caused 46.9 per cent of the students stress. "Caring for a new patient" was the second choice causing 23.4 per cent of the students stress.

In general 59.3 per cent of the students indicated positive feelings about clinical evaluation. The community college students had the least positive feelings, their choices were nearly equally divided between the responses "positive", "uncertain" or "negative".

The two clinical situations which generally caused the greatest stress to the students were "receive a clinical evaluation from a teacher", and "caring for a new patient".

Table V shows the responses to questions A9 and A10. Question A9 asked the student to indicate which of the responses she thought she had been most frequently judged on during clinical evaluation. Fifty-three per cent of the students indicated they felt they had been judged on what the teacher had seen them do, with 34.3 per cent indicating they were judged on their knowledge of the total patient situation. Eight of the 64 students stated that none of the given responses were appropriate for their experience.

In general the majority of students believed they had been evaluated on what the teacher had seen them do rather than on knowledge of the total situation.

TABLE V

RESPONSES TO QUESTIONS A9 AND A10

A9. In past clinical evaluations I think I have been most frequently judged on:

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
my knowledge of total patient situation	44.0	35.0	21.0	34.3
what the teacher saw me do	48.0	55.0	57.9	53.1
none of these	8.0	10.0	21.0	12.5
what agency staff saw me do	-	-	-	-
what I told the teacher I could do	-	-	-	-
Total	100.0	100.0	99.9	99.9

A10. In my past clinical experiences I most frequently received feedback from the teacher:

Response Categories	Responses in Per Cent.			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
when I did very well.	8.0	35.0	10.6	17.1
when I did satisfactorily	12.0	30.0	21.0	20.3
none of these	16.0	-	5.2	7.2
when I did unsatisfactorily	64.0	35.0	63.1	54.7
when I failed	-	-	-	-
Total	100.0	100.0	99.9	99.3

[a]School A = 4 year basic nursing education program in a university.

[b]School B = 3 year basic nursing education program in a hospital school of nursing.

[c]School C = 2 year basic nursing education program in a community college.

Question A10 sought information from the student indicating when the student had received feedback from the teacher during clinical experiences. Fifty-four per cent of the students stated they had received feedback most frequently when they performed unsatisfactorily. Seventeen per cent stated this feedback came most often when the student had done very well, with 20.3 per cent indicating they received feedback when they did satisfactorily. Sixteen of the 25 university students, and 12 of the 19 college students indicated they received feedback from the teacher most often when they had done unsatisfactorily. This was a different response from the hospital students who were nearly equally divided between the responses of "when I did very well", "when I did satisfactorily", and "when I did unsatisfactorily".

Generally the responses to question A10 indicated students felt that they most frequently received feedback from the teacher, in the clinical area, when they had done unsatisfactorily.

Table VI shows the responses to questions A11 and A12 which focused on the student's rating of her clinical performance and the meaning of the feedback received during clinical evaluation. In question A11 59.3 per cent of the students indicated that their own judgement was the most important in rating their clinical performance. Thirty-six per cent indicated they believed the teacher's judgement was most important. These responses were consistent across the three schools.

Question A12 showed that 62.5 per cent of the students believed that clinical evaluation told them how well, or how poorly, the teacher thought they were learning to nurse. Twenty-nine per cent felt that the clinical evaluation was an indication of the fit between the learning experience and the student's ability to nurse.

TABLE VI

RESPONSES TO QUESTIONS A11 AND A12

A11. In the past when rating my own clinical performance the judgement I considered to be the most important was:

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
my own	44.0	54.0	73.7	59.3
my classmates'.	-	-	5.2	1.5
none of these	-	-	-	-
my teacher's	52.0	30.0	21.0	36.0
agency staff	4.0	5.0	-	3.1
Total	100.0	100.0	99.9	99.9

A12. In the past clinical evaluations have told me:

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
there was a good/bad fit between the learning experience and my ability to nurse	28.0	40.0	21.0	29.7
where I stand in relation to my classmates	-	-	-	-
none of these	8.0	5.0	10.6	7.9
how well/poorly the teacher thinks I am learning to nurse	64.0	55.0	68.4	62.5
the agency staff liked/disliked me	-	-	-	-
Total	100.0	100.0	100.0	100.1

[a]School A = 4 year basic nursing education program in a university.

[b]School B = 3 year basic nursing education program in a hospital school of nursing.

[c]School C = 2 year basic nursing education program in a community college.

In general these two questions reveal that the majority of students appear to rate their own judgement as most important when evaluating their clinical performance. The teacher's assessment of their nursing appears to be viewed as a major outcome of the clinical evaluation.

RESPONSES TO QUESTIONS RELATING TO STUDENT EXPECTATIONS OF THE TEACHER

This group of questions seeks to identify information about the student's expectations of the teacher. These include questions dealing with interpersonal relations between the student and faculty, ideas regarding the use of course objectives, and the instructor as a counselor, as well as teacher.

Table VII shows the responses to questions B1 and B2. Question BI asked the students to indicate how well they were known as individuals in past clinical experiences. Forty-five per cent of the students felt they were well known as an individual, while 36 per cent felt they had occasionally been treated as an individual. A difference noted across schools was the few number of university students who felt they were well known, only 7 of the 25 students. Question B2 revealed that 67.1 per cent of the students felt fairly relaxed while 17.1 per cent felt ill at ease in their interpersonal relationships with teachers.

Generally the students in all schools felt they were known as individuals, a feeling that may account for the high number of students feeling fairly relaxed in their interpersonal relations with their teachers.

Table VIII shows the responses to three questions which asked the students to indicate their ideas related to course objectives. Question B3 revealed that 53.1 per cent of the students thought that course objectives were most useful

TABLE VII

RESPONSES TO QUESTIONS B1 AND B2

B1. In my past clinical experiences I felt I was:

Response Categories	Responses in Per Cent School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
well known as an individual.	28.0	60.0	52.7	45.3
occasionally treated as an individual	56.0	25.0	21.0	36.0
none of these	-	-	-	-
one of many students	16.0	15.0	21.0	17.1
not known at all	-	-	5.2	1.5
Total	100.0	100.0	99.9	99.9

B2. In my interpersonal relationships with teachers I felt:

Response Categories	Responses in Per Cent School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
very relaxed	-	25.0	10.6	11.0
fairly relaxed	68.0	65.0	68.4	67.1
none of these	12.0	-	-	4.7
ill at ease	20.0	10.0	21.0	17.1
very ill at ease	-	-	-	-
Total	100.0	100.0	100.0	99.9

[a]School A = 4 year basic nursing education program in a university.

[b]School B = 3 year basic nursing education program in a hospital school of nursing.

[c]School C = 2 year basic nursing education program in a community college.

TABLE VIII

RESPONSES TO QUESTIONS B3 AND B4

B3. In my opinion the course objectives are most useful for:

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
a guide for my own progress. . . .	8.0	50.0	15.8	23.4
tell me the school's expectations.	64.0	50.0	42.1	53.1
none of these	12.0	-	10.6	7.9
give direction to the teacher. . .	16.0	-	31.6	15.6
tell agency staff what to expect .	-	-	-	-
Total	100.0	100.0	100.1	100.0

B4. In my opinion individual teachers have different personal criteria for evaluating clinical performance:

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
very definitely.	68.0	60.0	63.1	64.0
sometimes.	28.0	25.0	26.3	26.6
unsure	-	5.0	5.2	3.1
perhaps, but not in my experience.	4.0	10.0	5.2	6.2
never in my experience	-	-	-	-
Total	100.0	100.0	99.8	99.9

[a]School A = 4 year basic nursing education program in a university.

[b]School B = 3 year basic nursing education program in a hospital school of nursing.

[c]School C = 2 year basic nursing education program in a community college.

TABLE VIII (continued)

RESPONSES TO QUESTION B5

B5. In my opinion teachers' personal evaluation criteria differ from stated course objectives:

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
very definitely	8.0	-	10.6	6.2
sometimes	48.0	55.0	42.1	48.4
unsure	16.0	10.0	31.6	18.8
perhaps, but not in my experience .	24.0	30.0	10.6	21.9
never in my experience	4.0	5.0	5.2	4.7
Total	100.0	100.0	100.1	100.0

[a]School A = 4 year basic nursing education program in a university.

[b]School B = 3 year basic nursing education program in a hospital school of nursing.

[c]School C = 2 year basic nursing education program in a community college.

for indicating the school's expectations. Of these students 16 of the 25 university students indicated this response. Twenty-three per cent of the total sample indicated the response "a guide for my own progress, while 15.6 per cent chose "give direction to the teacher".

Generally the majority of the students appeared to use the objectives to gain an understanding of the school's expectations.

Question B4 revealed that 64 per cent of the students believed that individual teachers do have different personal criteria for evaluating clinical performance. Twenty-six per cent of the students indicated they believed that this could happen "sometimes".

Across the three schools the majority of students believed that teachers do have personal criteria for evaluating clinical performance.

Question B5 sought to discover if the students believed that the teacher's personal criteria differed from the stated course objectives. The findings showed that 48.4 per cent of the students believed that this occurred "sometimes". Twenty-one per cent indicated the response "perhaps, but not in my experience", while 18.8 per cent indicated "unsure". The responses were consistent across the three schools.

Generally students did appear to feel that the teacher's personal criteria may differ occasionally from the stated course objectives.

Table IX shows the results of two questions which attempted to discover if students perceive the teacher's counseling function as interfering with her teaching role. Question B6 showed that 31.2 per cent of the students felt the teacher might avoid giving direct negative criticism but had not directly experienced this. Twenty-one per cent said this could happen while 26.6 per cent said they had never experienced it. Of the individual schools 11 of the 25

TABLE IX

RESPONSES TO QUESTIONS B6 AND B7

B6. In my experience teachers may avoid giving students direct negative criticism:

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
very definitely.	8.0	5.0	21.0	11.0
sometimes.	12.0	35.0	21.0	21.9
unsure	8.0	15.0	5.2	9.3
perhaps, but not in my experience	44.0	15.0	31.6	31.2
never in my experience	28.0	30.0	21.0	26.6
Total	100.0	100.0	99.8	100.0

B7. In my experience teachers may perceive themselves as helpful counsellors as well as teachers:

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
very definitely.	24.0	55.0	15.8	31.2
sometimes.	56.0	40.0	52.6	50.0
unsure	-	-	5.2	1.5
perhaps, but not in my experience	20.0	5.0	15.8	14.0
never in my experience	-	-	10.6	3.1
Total	100.0	100.0	100.0	99.8

[a]School A = 4 year basic nursing education program in a university.

[b]School B = 3 year basic nursing education program in a hospital school of nursing.

[c]School C = 2 year basic nursing education program in a community college.

university students chose the response, "perhaps but not in my experience". This was the highest number of any of the responses.

In question B7 81.2 per cent of the students selected the responses "very definitely", or "sometimes" in answer to the question "do teachers perceive themselves as helpful counselors as well as teachers?"

Generally the students seemed to feel that teachers do perceive themselves as counselors as well as teachers. This idea does not appear to have interfered with the teacher's giving the students direct negative criticism as is inferred in the literature.

Table X shows the responses to the last two questions in this section.

Question B8 revealed that 59.3 per cent of the students believed that teachers most often acquire knowledge of student achievement through direct observation and discussion with the student. Thirty-seven per cent believed this knowledge came only from direct observation. These responses were consistent across the three schools.

Generally students appeared to believe that teachers observe students and discuss with them when seeking knowledge of student achievement.

The responses to question B9 showed that students depended on their own opinion in deciding if an instructor has value as a teacher. This was evident in 84.3 per cent of the responses, an overall general response.

RESPONSES TO QUESTIONS RELATED TO THE INDIVIDUAL NEEDS OF THE STUDENT

The questions in this final section seek information about teacher behaviors that students value, the people students feel at ease with in the learning environment, and knowledge of the value for the individual of her nursing role.

TABLE X

RESPONSES TO QUESTIONS B8 AND B9

B8. I think teachers most often acquire their knowledge of student achievement:

Response Categories	Responses in Per Cent School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
from direct observation and discussion with the student	80.0	15.0	78.9	59.3
from direct observation only	16.0	85.0	15.8	37.5
none of these	-	-	-	-
from agency staff	4.0	-	-	1.5
from what student tells teacher	-	-	5.2	1.5
Total	100.0	100.0	99.9	99.8

B9. For me deciding whether an instructor has value as a teacher depends on:

Response Categories	Responses in Per Cent School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
my own opinion	88.0	80.0	84.2	84.3
my classmates' opinion	4.0	-	-	1.5
none of these	4.0	15.0	15.8	11.0
other teachers' ideas	4.0	5.0	-	3.1
agency staff's opinion	-	-	-	-
Total	100.0	100.0	100.0	99.9

[a]School A = 4 year basic nursing education program in a university.

[b]School B = 3 year basic nursing education program in a hospital school of nursing.

[c]School C = 2 year basic nursing education program in a community college.

Table XI shows the students' responses to two questions relating to teacher behavior and ability. A third question on Table XI asked the student to identify the people she feels most at ease with in the clinical area.

Forty per cent of the students wished the teacher "to be available when I request help", while 39 per cent of the students desired that the teacher "tries to understand me as a person". The answers across the schools are evenly divided between these two responses.

The teaching ability most desired in the clinical area was also divided between two responses. In question C2 37.5 per cent of the total sample desired that the teacher be able to "ask thought provoking questions" while 36 per cent desired the teacher to be able to "answer questions". Of the three schools nearly 70 per cent of the community college students desired the teacher to be able to ask thought provoking questions. In both the other programs the majority of the students desired that the teacher could answer questions.

Question C3 revealed that students feel most free to act the way they feel with their classmates. This answer was indicated by 62.5 per cent of the students with "patients" receiving 31.2 per cent of the responses.

Generally these answers support the literature which states that peers and patients are people with whom students feel most at ease in the clinical setting. These responses were consistent across the three schools.

The final six questions asked students to rate their role identity on a five point scale. These questions have been adapted from McCall's work.[62]

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[62]McCall, Identities and Interactions, p. 264-265.

TABLE XI

RESPONSES TO QUESTIONS C1 AND C2

C1. Teacher behaviors that are most important to me in the clinical area are:

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
tries to understand me as a person	32.0	60.0	26.3	39.0
listens to me	16.0	-	5.2	7.9
none of these	8.0	-	21.0	9.3
available when I request help . .	40.0	40.0	42.1	40.7
leaves me alone	4.0	-	5.2	3.1
Total	100.0	100.0	99.8	100.0

C2. The teaching ability I most desire in the clinical area:

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
asks thought provoking questions .	28.0	20.0	68.4	37.5
can answer questions	40.0	50.0	15.8	36.0
none of these	28.0	15.0	10.6	18.8
knows way around clinical area . .	-	-	5.2	1.5
informs agency staff of objectives	4.0	15.0	-	6.2
Total	100.0	100.0	100.0	100.0

[a]School A = 4 year basic nursing education program in a university.

[b]School B = 3 year basic nursing education program in a hospital school of nursing.

[c]School C = 2 year basic nursing education program in a community college.

TABLE XI (continued)

RESPONSES TO QUESTION C3

C3. In the clinical area I feel most able to act the way I feel with:

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
patients	28.0	30.0	36.9	31.2
classmates	60.0	70.0	57.9	62.5
none of these	4.0	-	-	1.5
agency staff	4.0	-	5.2	1.3
teacher	4.0	-	-	1.5
Total	100.0	100.0	100.0	100.0

[a]School A = 4 year basic nursing education program in a university.

[b]School B = 3 year basic nursing education program in a hospital school of nursing.

[c]School C = 2 year basic nursing education program in a community college.

Question C4, as shown on Table XII looked at the amount of self-support in the nurse role for the student at this time. Sixty-eight per cent of the students indicated they thought they did "fairly well" at being the sort of nurse they liked to think of themselves as being. Twenty per cent stated they were "unsure". This was similar across the three schools.

Question C5, Table XII, asked the student to rate the degree of social support she perceived in the nurse role. Fifty-five per cent stated that other persons thought they did "fairly well" at being the sort of nurse the student liked to think she was. Fifteen per cent indicated others thought the student did "very well" with 21.9 per cent indicating the response "unsure". These responses were very consistent across the three schools.

Generally the students perceived a moderate degree of self and social support in the nurse role.

Questions C6 and C7 as shown in Table XIII examined the amount of intrinsic and extrinsic rewards the students perceived in their nursing. C6 revealed that 92.2 per cent of the students received either a "great deal of pleasure", or moderate pleasure in doing the things they did as nurses. C7 which asked students to rate the extrinsic rewards they got from their nursing revealed that 67.1 per cent received "moderate rewards". Seventeen per cent of the students perceived "consistently high rewards" while 9.3 per cent indicated "very little rewards".

Generally the students appeared to gain more intrinsic than extrinsic rewards from their nursing.

Table XIV shows the responses to questions C8 and C9, which examined the student's commitment to nursing and her investment of time, energy and resources.

TABLE XII

RESPONSES TO QUESTIONS C4 AND C5

C4. How well do I do at being the sort of nurse I like to think of myself as being?

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
very well	4.0	15.0	5.2	7.9
fairly well	60.0	70.0	78.9	68.8
unsure	32.0	10.0	15.8	20.3
poorly	4.0	5.0	-	3.1
very poorly	-	-	-	-
Total	100.0	100.0	99.9	100.1

C5. How well do others, on the average, think I do at being the sort of nurse I like to think of myself as being?

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
very well	8.0	20.0	21.0	15.7
fairly well	56.0	60.0	52.7	56.2
unsure	20.0	20.0	26.3	21.9
poorly	16.0	-	-	6.2
very poorly	-	-	-	-
Total	100.0	100.0	100.0	100.0

[a]School A = 4 year basic nursing education program in a university.

[b]School B = 3 year basic nursing education program in a hospital school of nursing.

[c]School C = 2 year basic nursing education program in a community college.

TABLE XIII

RESPONSES TO QUESTIONS C6 AND C7

C6. How much do I enjoy doing the things I do as a nurse?

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
great deal of pleasure	32.0	50.0	52.7	43.8
moderate pleasure	52.0	50.0	42.1	48.4
unsure	12.0	-	-	4.7
small amount of pleasure	4.0	-	5.2	3.1
no pleasure	-	-	-	-
Total	100.0	100.0	100.0	100.0

C7. How much do I get out of doing the things I do as a nurse?

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
consistently high rewards	4.0	30.0	21.0	17.1
moderate rewards	72.0	60.0	68.4	67.1
unsure	8.0	5.0	5.2	6.2
very little rewards	16.0	5.0	5.2	9.3
no rewards	-	-	-	-
Total	100.0	100.0	99.8	99.7

[a]School A = 4 year basic nursing education program in a university.

[b]School B = 3 year basic nursing education program in a hospital school of nursing.

[c]School C = 2 year basic nursing education program in a community college.

TABLE XIV

RESPONSES TO QUESTIONS C8 AND C9

C8. How deeply have I staked myself on being the sort of nurse I like to think of myself as being?

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
very strong commitment	32.0	50.0	57.9	45.3
moderately committed	60.0	45.0	36.9	48.4
unsure	4.0	5.0	5.2	4.7
small commitment	4.0	-	-	1.5
no commitment	-	-	-	-
Total	100.0	100.0	100.0	99.9

C9. How much time, energy, and resources have I put into being the sort of nurse I like to think of myself as being?

Response Categories	Responses in Per Cent			
	School A[a] (N=25)	School B[b] (N=20)	School C[c] (N=19)	Total (N=64)
a great deal of time, energy, and resources	48.0	50.0	57.9	51.6
a moderate amount of time, energy and resources	48.0	45.0	42.1	45.3
unsure	-	-	-	-
a small amount of time, energy, and resources	4.0	5.0	-	3.1
very little time, energy, or resources	-	-	-	-
Total	100.0	100.0	100.0	100.0

[a]School A = 4 year basic nursing education program in a university.

[b]School B = 3 year basic nursing education program in a hospital school of nursing.

[c]School C = 2 year basic nursing education program in a community college.

Responses to C8 reveal that 93.7 per cent of the students were either very strongly, or moderately committed to nursing. Question C9 revealed a similar division between a great deal of time, energy and a moderate amount. These figures were 51.6 per cent and 45.3 per cent respectively.

Generally the students appear committed to the role of the nurse and have invested large amounts of time, energy, and resources to meet this goal.

SUMMARY

It is difficult to summarize trends from so wide a range of questions. The majority of responses from the three different programs in basic nursing education revealed a high degree of similarity. Most questions were answered by the selection of two of the five possible responses. In some instances, however, the responses indicated a wider variety of experiences.

The tool was designed to give the individual student an opportunity to express her experiences. Responses of "unsure", "uncertain", or "none of these", are as important in understanding an individual student's experience as are the other possible responses. These choices could guide the teacher in asking the student to express more fully the meaning of this choice. In some instances the questions may have been unclear and a revision may be necessary.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

It was the purpose of this study to gather data of student's perceptions in three specific areas:

1 student's perceptions of past learning experiences

2 student's expectations of the teacher

3 student's ideas of personal learning needs

The researcher developed a questionnaire which asked students to reveal ideas, feelings, and understandings by indicating which of five responses best suited her own personal experience in the clinical setting.

Both the questions and responses were developed after a literature review. The questions and responses reflect findings of other researchers studying the experiences of student nurses, and by this researcher's informal discussions with several young nurses. The researcher's own experience in teaching nursing also provided ideas which were included.

The sample of student nurses was selected from three basic nursing education programs on the Lower Mainland of British Columbia. These included twenty-five students from a four year basic program in a university, twenty students from a three year hospital program, and nineteen students from a two year community college program. The total sample of students was sixty-four. The students selected had all had past learning experiences in the clinical area. They were all nearly midway through their basic nursing education.

All students volunteered to participate. Each student completed the questionnaire administered by the researcher. All questions were answered by each student, a 100 per cent response. The student's responses were compiled in an effort to examine the consistency of answers across the three schools.

While it was recognized that the reliability of an individual's perception is unstable, the similarity of response across schools may give an indication of the frequency of similar experiences.

SUBSTANTIVE CONCLUSIONS AND RECOMMENDATIONS

The students' choice of responses support many of the findings and ideas which have been stated in the literature. The following are several examples to support this statement.

A specific preference for class size and method of instruction could be utilized in planning learning experiences. This is discussed by Wolf and Quiring.[63] The positive feelings revealed about clinical evaluation could be queried by Fox, but the stress of receiving the clinical evaluation would be supported by his findings.[64] The stress of caring for a new patient is also documented in Fox's study. Both Litwack and Fox suggest that it is apparent that students perceive they get feedback from the teacher only when they do unsatisfactorily.[65,66] This idea is supported by the responses to Question A10.

An example in the literature, which was of interest to the researcher, was Olesen's idea that students may not be able to pick up the negative

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[63]Wolf and Quiring, "Carroll's Model Applied to Nursing Education," p. 176.

[64]Fox, et al. Satisfying and Stressful Situations in Basic Programs in Nursing Education, p. 202.

[65]Litwack, et al. Counseling, Evaluation and Student Development, p. 150.

[66]Fox, et al. Satisfying and Stressful Situations in Basic Programs in Nursing Education, p. 202.

criticism in the teacher's comments.[67] This inability to hear the negative comments was postulated to be a result of the very subtle wording of the criticism. Olesen suggested it is the teacher's perception of herself as a counselor which interfered with her ability to express critical comments directly. Two questions, B6 and B7, Table IX were developed to test out this idea. The majority of the students did think teachers thought of themselves as counselors while nearly one-third felt this could happen, but had not occurred in their own experience.

The conclusions that can be drawn from the students' responses give the feeling that events in the learning experiences of student nurses have not changed very much in the past ten years. This raises questions about the quality of individual instruction taking place today. An examination of the responses from each individual may reveal a pattern of experiences. This pattern may indicate positive or negative past learning experiences, realistic or unrealistic expectations of the teacher, and individual needs which may or may not be able to be met within the learning environment. Would not this knowledge of a student's experiences, from her point of view, assist educators to plan to meet individual learning needs? Do teachers not need this knowledge to effectively bring about changes in behavior which will indicate learning? The reality in learning to nurse is the meaning of the experience to the learner. Learning which will last longer than the length of a student's school years must have meaning for the student as an individual.

Recommendations for the future use of the tool arise from two assumptions

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[67]Olesen, The Silent Dialogue, p. 159.

which have prompted the study. These are: (1) knowledge of a learner's perceptions gives the teacher greater information on which to plan, carry out and evaluate teaching strategies and learning outcomes, and (2) the student will benefit from individualized teaching strategies becoming better able to learn in the clinical area.

It would appear important that before the questionnaire is administered students are aware of the use the teacher intends to make of the data. An element of trust is essential if students are to share openly their perceptions, positive and negative, of past experiences. If the students feel free to risk their real feelings, the teacher has valuable information with which to plan individual learning experiences. She will have a picture of the student's experiences from an individual point of view - information to be respected and held in confidence. The use the teacher makes of this information is crucial in creating an environment in which it will be safe to risk again. The teacher should share with each student her ideas for the use of the information collected. Discussion to see that a student's ideas have not changed is important. Individual maturation, new experiences, and changes in values and goals, all influence perception. It is important to check with the student to see if her perception of events has altered. The researcher would recommend that teachers administer this type of tool at regular intervals.

The value of the tool in serving to improve teaching/learning experiences can be assessed during an evaluation conference. When students are aware that the teacher has used their ideas to try to facilitate learning, their evaluation is an important comment. For the teacher an evaluation of the teaching strategies which she has arranged to suit individual learning needs is essential.

The teacher may note the speed and ease with which students have met the learning goals. This information, when contrasted with past experiences may assist the teacher to evaluate her teaching interventions.

Teaching strategies based on knowledge of the individual appear to have a higher potential for meeting the individual's own needs as a learner. The data collection described in this study is only a beginning step in trying to improve the teaching/learning process in nursing education.

METHODOLOGICAL CONCLUSIONS AND RECOMMENDATIONS

In developing the questionnaire the researcher was aware that not all the students would have had experiences which would fit into the selection of responses. The most neutral response, eg. "uncertain", "unsure", was given the lowest number of responses in 73.3 per cent of the questions. This finding appears to indicate that in the majority of questions, the responses given did have meaning in terms of the student's own experience.

A blank space could be provided at the end of the questionnaire when the tool is used in practise. This space would provide the student a place in which to expand her answers if desired, and also give examples of more appropriate answers if the given responses do not match her experience. This idea should have perhaps been used when the current data was collected. This would have given ideas for question revisions and suggestions for new questions.

In administering the questionnaire the prior discussion of its development and objective appeared very effective in soliciting volunteer participation. In each group, students approached the researcher after they had answered the questions to offer support for the use of this tool. They appeared to believe

the data they had shared could be useful to teachers in improving clinical learning experiences.

SUMMARY

A questionnaire to gather data on student's perceptions of clinical experiences was administered to sixty-four students in three basic nursing education programs. The data revealed similar experiences in learning to nurse in the three different basic nursing programs. The data collected supported findings in the literature related to perceptions of clinical evaluation, the role of the teacher, and the type of feedback students receive from the teacher in the clinical area. Data related to individual needs and past learning experiences was also collected. Support for the use of this data in planning to meet individual learning needs and in facilitating improved teaching/learning experiences came from each group of students.

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APPENDIXES

APPENDIX A

QUESTIONNAIRE

APPENDIX A

QUESTIONNAIRE TO GATHER DATA OF STUDENT'S PERCEPTIONS OF CLINICAL EXPERIENCES

These questions are designed to gather information in three areas: past learning experiences, expectations of the teacher, and individual learning needs. The questions ask for information about your ideas, understanding, and feelings.

Please answer each question by selecting (✓) the answer that best reflects your personal experience.

A. 1. The size of class I feel most comfortable in is:

( ) - less than 10
( ) - 10 - 20
( ) - no preference
( ) - 20 - 50
( ) - over 50

2. The method of instruction I feel most comfortable with is:

( ) - presentations by students
( ) - discussion group
( ) - no preference
( ) - lecture then discussion
( ) - lecture

3. In the past my educational experiences in the clinical setting have seemed:

( ) - always easy
( ) - sometimes easy
( ) - uncertain
( ) - sometimes demanding
( ) - very demanding

4. I would describe my ability to learn in the clinical setting as:

( ) - very fast
( ) - fast
( ) - uncertain
( ) - slow
( ) - very slow

A. 5. In a discussion group my behavior most closely resembles:

( ) - consistent active participation
( ) - listen, speak occasionally
( ) - none of these
( ) - listen, say little
( ) - never participate

6. My behavior in a discussion group means:

( ) - I enjoy discussion groups
( ) - I sometimes feel like participating
( ) - none of these
( ) - I have difficulty expressing myself
( ) - I dislike discussion groups

7. My feelings about clinical evaluation can be described as:

( ) - very positive
( ) - positive
( ) - uncertain
( ) - negative
( ) - very negative

8. The situation which would cause me the most stress would be:

( ) - caring for a patient I have nursed before
( ) - caring for a new patient
( ) - none of these
( ) - nursing assignment discussion with teacher
( ) - receiving clinical evaluation from teacher

A. 9. In past clinical evaluations I think I have been most frequently judged on:

( ) - my knowledge of total patient situation
( ) - what the teacher saw me do
( ) - none of these
( ) - what agency staff saw me do
( ) - what I told the teacher I could do

10. In my past clinical experiences I most frequently received feedback from the teacher:

( ) - when I did very well
( ) - when I did satisfactorily
( ) - none of these
( ) - when I did unsatisfactorily
( ) - when I failed

11. In the past when rating my own clinical performance the judgement I considered to be the most important was:

( ) - my own
( ) - my classmates'
( ) - none of these
( ) - my teacher's
( ) - agency staff

12. In the past clinical evaluations have told me:

( ) - there was a good/bad fit between the learning experience and my ability to nurse
( ) - where I stand in relation to my classmates
( ) - none of these
( ) - how well/poorly the teacher thinks I am learning to nurse
( ) - the agency staff liked/disliked me.

B. 1. In my past clinical experiences I felt I was:

( ) - well known as an individual
( ) - occasionally treated as an individual
( ) - none of these
( ) - one of many students
( ) - not known at all

2. In my interpersonal relationships with teachers I felt:

( ) - very relaxed
( ) - fairly relaxed
( ) - none of these
( ) - ill at ease
( ) - very ill at ease

3. In my opinion the course objectives are <u>most</u> useful for:

( ) - a guide for my own progress
( ) - tell me the school's expectations
( ) - none of these
( ) - give direction to the teacher
( ) - tell agency staff what to expect

4. In my opinion individual teachers have <u>different</u> personal criteria for evaluating clinical performance:

( ) - very definitely
( ) - sometimes
( ) - unsure
( ) - perhaps, but not in my experience
( ) - never in my experience

B. 5. In my opinion teachers' personal evaluation criteria differ from stated course objectives:

( ) - very definitely
( ) - sometimes
( ) - unsure
( ) - perhaps, but not in my experience
( ) - never in my experience

6. In my experience teachers may avoid giving students direct negative criticism:

( ) - very definitely
( ) - sometimes
( ) - unsure
( ) - perhaps, but not in my experience
( ) - never in my experience

7. In my experience teachers may perceive themselves as helpful counsellors as well as teachers:

( ) - very definitely
( ) - sometimes
( ) - unsure
( ) - perhaps, but not in my experience
( ) - never in my experience

8. I think teachers most often acquire their knowledge of student achievement:

( ) - from direct observation and discussion with the student
( ) - from direct observation only
( ) - none of these
( ) - from agency staff
( ) - from what student tells teacher

B. 9. For me deciding whether an instructor has value as a teacher depends on:

( ) - my own opinion
( ) - my classmates' opinion
( ) - none of these
( ) - other teachers' ideas
( ) - agency staff's opinion

C. 1. Teacher behaviors that are most important to me in the clinical area are:

( ) - tries to understand me as a person
( ) - listens to me
( ) - none of these
( ) - available when I request help
( ) - leaves me alone

2. The teaching ability I most desire in the clinical area:

( ) - asks thought provoking questions
( ) - can answer questions
( ) - none of these
( ) - knows way around clinical area
( ) - informs agency staff of objectives

3. In the clinical area I feel most able to act the way I feel with:

( ) - patients
( ) - classmates
( ) - none of these
( ) - agency staff
( ) - teacher

C. 4. How well do I do at being the sort of nurse I like to think of myself as being?

( ) - very well
( ) - fairly well
( ) - unsure
( ) - poorly
( ) - very poorly

5. How well do others, on the average, think I do at being the sort of nurse I like to think myself as being?

( ) - very well
( ) - fairly well
( ) - unsure
( ) - poorly
( ) - very poorly

6. How much do I enjoy doing the things I do as a nurse?

( ) - great deal of pleasure
( ) - moderate pleasure
( ) - unsure
( ) - small amount of pleasure
( ) - no pleasure

7. How much do I get out of doing the things I do as a nurse?

( ) - consistently high rewards
( ) - moderate rewards
( ) - unsure
( ) - very little rewards
( ) - no rewards

C. 8. How deeply have I staked myself on being the sort of nurse I like to think of myself as being?

( ) - very strong commitment
( ) - moderately committed
( ) - unsure
( ) - small commitment
( ) - no commitment

9. How much time, energy, and resources have I put into being the sort of nurse I like to think of myself as being?

( ) - a great deal of time, energy, and resources
( ) - a moderate amount of time, energy, and resources
( ) - unsure
( ) - a small amount of time, energy, and resources
( ) - very little time, energy, or resources

APPENDIX B

COVER LETTER FOR QUESTIONNAIRE SENT TO SCHOOLS OF NURSING

APPENDIX B

COVER LETTER FOR QUESTIONNAIRE SENT TO SCHOOLS OF NURSING

Vancouver, British Columbia
February, 1976

Dear

Thank you for your interest in my thesis research during our recent telephone conversation. Enclosed please find a copy of my questionnaire. I would like to administer the questionnaire to a group of twenty to thirty students preferably in the final half of their nursing program.

The questions assume that the student will have had clinical experiences. If possible I would like to avoid giving the questionnaire to students who have just received a clinical evaluation, that is, in the past three or four days. Since the questions ask for feelings and understandings a very recent evaluation may influence the student's response. This latter concern is not a serious matter. My main concern is to establish reliability of the tool by seeing if students answer questions with similar responses.

The questions take approximately fifteen minutes to answer. The students will remain anonymous, the data will be used only by the researcher.

Please feel free to ask any questions you may have, I shall contact you at the end of the week of February 23, 1976 to see if you will be willing to participate in the study.

Thank you for your assistance,

Sincerely,

/s/

Judith M. Pinkham

APPENDIX C

PERCENTAGE RESPONSES TO ITEMS ON QUESTIONNAIRES BY EACH PARTICIPATING SCHOOL

APPENDIX C

PERCENTAGE RESPONSES TO ITEMS ON QUESTIONNAIRE BY EACH PARTICIPATING SCHOOL

Questionnaire Item Number		Response Categories	School A[a]	School B[b]	School C[c]	Total
A	1		(N=25)	(N=20)	(N=19)	(N=64)
		1	60.0	25.0	68.4	51.6
		2	12.0	45.0	31.6	28.1
		3	12.0	10.0	-	7.9
		4	16.0	20.0	-	12.5
		5	-	-	-	-
	2		(N=25)	(N=20)	(N=19)	(N=64)
		1	-	5.0	-	1.6
		2	20.0	10.0	15.8	15.7
		3	4.0	-	-	1.6
		4	68.0	80.0	84.2	76.6
		5	8.0	5.0	-	4.7
	3		(N=25)	(N=20)	(N=19)	(N=64)
		1	-	15.0	5.2	6.2
		2	8.0	40.0	31.5	25.0
		3	12.0	15.0	26.3	17.1
		4	76.0	30.0	37.0	50.0
		5	4.0	-	-	1.6

[a]School A = 4 year basic nursing education program in a university.

[b]School B = 3 year basic nursing education program in a hospital school of nursing.

[c]School C = 2 year basic nursing education program in a community college.

Questionnaire Item Number		Response Categories	School A[a]	School B[b]	School C[c]	Total
A	4		(N=25)	(N=20)	(N=19	(N=64)
		1	-	5.0	5.2	3.1
		2	56.0	75.0	63.1	64.0
		3	28.0	15.0	26.3	23.4
		4	16.0	5.0	5.2	9.3
		5	-	-	-	-
	5		(N-25)	(N=20)	(N=19)	(N=64)
		1	68.0	30.0	42.1	48.4
		2	32.0	60.0	52.7	46.9
		3	-	-	-	-
		4	-	10.0	5.2	4.7
		5	-	-	-	-
	6		(N=25)	(N=20)	(N=19)	(N=64)
		1	72.0	60.0	63.1	65.7
		2	16.0	15.0	26.3	18.8
		3	4.0	10.0	-	4.7
		4	8.0	15.0	10.6	11.0
		5	-	-	-	-
	7		(N=25)	(N=20)	(N=19)	(N=64)
		1	8.0	20.0	-	9.3
		2	52.0	65.0	31.5	50.0
		3	28.0	5.0	31.5	21.9
		4	4.0	10.0	37.0	15.7
		5	8.0	-	-	3.1

Questionnaire Item Number		Response Categories	School A[a]	School B[b]	School C[c]	Total
A	8		(N=25)	(N=20)	(N=19)	(N=64)
		1	-	-	-	-
		2	24.0	30.0	15.8	23.4
		3	20.0	20.0	10.6	17.1
		4	8.0	20.0	10.6	12.5
		5	48.0	30.0	63.1	46.9
	9		(N=25)	(N=20)	(N=19)	(N=64)
		1	44.0	35.0	21.0	34.3
		2	48.0	55.0	57.9	53.1
		3	8.0	10.0	21.0	12.5
		4	-	-	-	-
		5	-	-	-	-
	10		(N=25)	(N=20)	(N=19)	(N=64)
		1	8.0	35.0	10.6	17.1
		2	12.0	30.0	21.0	20.3
		3	16.0	-	5.2	7.9
		4	64.0	35.0	63.1	54.7
		5	-	-	-	-
	11		(N=25)	(N=20)	(N=19)	(N=64)
		1	44.0	65.0	73.7	59.3
		2	-	-	5.2	1.5
		3	-	-	-	-
		4	52.0	30.0	21.0	36.0
		5	4.0	5.0	-	3.1

Questionnaire Item Number		Response Categories	School A[a]	School B[b]	School C[c]	Total
	12		(N=25)	(N=20)	(N=19)	(N=64)
		1	28.0	40.0	21.0	29.7
		2	-	-	-	-
		3	8.0	5.0	10.6	7.9
		4	64.0	55.0	68.4	62.5
		5	-	-	-	-
B	1		(N=25)	(N=20)	(N=19)	(N=64)
		1	28.0	60.0	52.7	45.3
		2	56.0	25.0	21.0	36.0
		3	-	-	-	-
		4	16.0	15.0	21.0	17.1
		5	-	-	5.2	1.5
	2		(N=25)	(N=20)	(N=19)	(N=64)
		1	-	25.0	10.6	11.0
		2	68.0	65.0	68.4	67.1
		3	12.0	-	-	4.7
		4	20.0	10.0	21.0	17.1
		5	-	-	-	-
	3		(N=25)	(N=20)	(N=19)	(N=64)
		1	8.0	50.0	15.8	23.4
		2	64.0	50.0	42.1	53.1
		3	12.0	-	10.6	7.9
		4	16.0	-	31.6	15.6
		5	-	-	-	-

Questionnaire Item Number		Response Categories	School A[a]	School B[b]	School C[c]	Total
B	4		(N=25)	(N=20)	(N=19)	(N=64)
		1	68.0	60.0	63.1	64.0
		2	28.0	25.0	26.3	26.6
		3	-	5.0	5.2	3.1
		4	4.0	10.0	5.2	6.2
		5	-	-	-	-
	5		(N=25)	(N=20)	(N=19)	(N=64)
		1	8.0	-	10.6	6.2
		2	48.0	55.0	42.1	48.4
		3	16.0	10.0	31.6	18.8
		4	24.0	30.0	10.6	21.9
		5	4.0	5.0	5.2	4.7
	6		(N=25)	(N=20)	(N=19)	(N=64)
		1	8.0	5.0	21.0	11.0
		2	12.0	35.0	21.0	21.9
		3	8.0	15.0	5.2	9.3
		4	44.0	15.0	31.6	31.2
		5	28.0	30.0	21.0	26.6
	7		(N=25)	(N=20)	(N=19)	(N=64)
		1	24.0	55.0	15.8	31.2
		2	56.0	40.0	52.6	50.0
		3	-	-	5.2	1.5
		4	20.0	5.0	15.8	14.0
		5	-	-	10.6	3.1

Questionnaire Item Number		Response Categories	School A[a]	School B[b]	School C[c]	Total
B	8		(N=25)	(N=20)	(N=19)	(N=64)
		1	80.0	15.0	78.9	59.3
		2	16.0	85.0	15.8	37.5
		3	-	-	-	-
		4	4.0	-	-	1.5
		5	-	-	5.2	1.5
	9		(N=25)	(N=20)	(N=19)	(N=64)
		1	88.0	80.0	84.2	84.3
		2	4.0	-	-	1.5
		3	4.0	15.0	15.8	11.0
		4	4.0	5.0	-	3.1
		5	-	-	-	-
C	1		(N=25)	(N-20)	(N=19)	(N=64)
		1	32.0	60.0	26.3	39.0
		2	16.0	-	5.2	7.9
		3	8.0	-	21.0	9.3
		4	40.0	40.0	42.1	40.7
		5	4.0	-	5.2	3.1
	2		(N=25)	(N=20)	(N=19)	(N=64)
		1	28.0	20.0	68.4	37.5
		2	40.0	50.0	15.8	36.0
		3	28.0	15.0	10.6	18.8
		4	-	-	5.2	1.5
		5	4.0	15.0	-	6.2

Questionnaire Item Number		Response Categories	School A[a]	School B[b]	School C[c]	Total
C	3		(N=25)	(N=20)	(N=19)	(N=64)
		1	28.0	30.0	36.9	31.2
		2	60.0	70.0	57.9	62.5
		3	4.0	-	-	1.5
		4	4.0	-	5.2	3.1
		5	4.0	-	-	1.5
	4		(N=25)	(N=20)	(N=19)	(N=64)
		1	4.0	15.0	5.2	7.9
		2	60.0	70.0	78.9	68.8
		3	32.0	10.0	15.8	20.3
		4	4.0	5.0	-	3.1
		5	-	-	-	-
	5		(N=25)	(N=20)	(N=19)	(N=64)
		1	8.0	20.0	21.0	15.7
		2	56.0	60.0	52.7	56.2
		3	20.0	20.0	26.3	21.9
		4	16.0	-	-	6.2
		5	-	-	-	-
	6		(N=25)	(N=20)	(N=19)	(N=64)
		1	32.0	50.0	52.7	43.8
		2	52.0	50.0	42.1	48.4
		3	12.0	-	-	4.7
		4	4.0	-	5.2	3.1
		5	-	-	-	-

Questionnaire Item Number		Response Categories	School A[a]	School B[b]	School C[c]	Total
C	7		(N=25)	(N=20)	(N=19)	(N=64)
		1	4.0	30.0	21.0	17.1
		2	72.0	60.0	68.4	67.1
		3	8.0	5.0	5.2	6.2
		4	16.0	5.0	5.2	9.3
		5	-	-	-	-
	8		(N=25)	(N=20)	(N=19)	(N=64)
		1	32.0	50.0	57.9	45.3
		2	60.0	45.0	36.9	48.4
		3	4.0	5.0	5.2	4.7
		4	4.0	-	-	1.5
		5	-	-	-	-
	9		(N=25)	(N=20)	(N=19)	(N=64)
		1	48.0	50.0	57.9	51.6
		2	48.0	45.0	42.1	45.3
		3	-	-	-	-
		4	4.0	5.0	-	3.1
		5	-	-	-	-